

carf



# 2010 CARF Update

**AMRPA  
New Orleans  
October 2010**



carf International

carf - CCAC

carf Canada

# CARF International

- International: US, Canada, Europe, Asia, Africa, South America, Middle East
  - 19 Countries
  - 8.3 million people served in 2009
  - 6,000+ organizations
  - 46,700+ programs
  - 20,000+ locations
- Europe: Denmark, Norway, Sweden, Portugal, Netherlands, Ireland, England, Scotland, Northern Ireland,
- Saudi Arabia
- South Africa, Israel, Guam, Belize, Singapore, Bermuda (BH)
- Organizations preparing in Spain, Italy, France, Australia, New Zealand, Chile, Brazil, Israel, Greece, Slovenia, Croatia, Korea, Bermuda, Costa Rica

# CARF International

- **Ownership of CARF accredited organizations:**
  - Private, not-for-profit      53.4%
  - Private, for profit      30.4%
  - Government agency      9.3%
  
- **Number of employees In CARF organizations:**
  - 3-19 staff      10.7%
  - 20-49 staff      18.4%
  - 50-99 staff      27.9%
  - 100-499 staff      17.2%

# CARF International

## ■ Funding Sources:

● HMOS	55.9%
● IPA/IPP	18.5%
● PPO	55.5%
● Medicaid/Medical/AHCCCS	64.3%
● Medicare	67.6%
● Self pay	41.6%
● Workers Comp	63.4%

# CARF International

- More than 2,600 surveys annually
- More than 1,400 peer surveyors
  - Surveyor training in June 2010
  - Next will be February 2011
- Pricing for 2010:
  - \$975 Intent
  - \$1425 per surveyor/per day fee
  - - all inclusive, includes, travel, hotel, meals, survey, report, certificate
  - No annual fees

# 2010 Activities

- Technical Advisory Panel for OMR CMS project.....CARF providers asked to consider being pilot sites; invitation sent in July 2010
- Working with CMS to prepare for deemed status for Rehab Agencies
  - 5 surveys, 5 distinct geographic sites
  - Can apply only after surveys completed
  - Using OMR standards and 14 regs

# 2010 Activities

- New Home and Community Services standards
  - First set that cross over all of CARF
  - Payers mandating this in Canada
  - Four types of programs
  - Some states like Michigan require accreditation for home services
  - Some additional standards for “specialized medical programs”

# 2010 Activities

- Field review of ASPIRE Section
- Internal review of ISO, Six Sigma, LEAN, CHKS
- Staff review
  - Will be a few changes to Section One standards
    - Media
    - Tobacco
    - Cash flow
    - Performance Improvement “plan”
  - Attempting to get changes into 2011 Manuals

# 2010 Activities

- August 2010 Stroke International Standards Advisory Committee
- Field Review through October 31, 2010
  - [www.surveymonkey.com/s/SSPFR](http://www.surveymonkey.com/s/SSPFR)
- Please participate...after 3 days already had 68 responses
- Some things to think about with these standards

# New proposed Stroke Specialty standards

- Still must be attached to one of the following:
  - Comprehensive Integrated Inpatient Rehab Programs
  - OMR
  - HCS
  - Residential Rehab
  - Vocational Services

# Stroke Program Description

- SSP through application of research available to clinical practice delivers services that focus on unique need of persons who have sustained a stroke.
- Encourages management of their own health, appropriate use of health care systems and services, supports efforts to promote health and wellness, and improve QOL throughout lifespan

# Stroke Program Description

- Ongoing access to information, services, and resources
- Fosters integrated system of care that optimizes:
  - Prevention
  - Recovery
  - Adaptation
  - Participation

# Stroke Program Description

- Advocates to:
  - Regulators
  - Legislators
  - Educational institutions
  - Research funding organizations
  - Payers
  - Community at large

# Stroke Program Description

- Utilizes current research and evidence to provide effective rehabilitation and supports future improvements in care by facilitating or participating in stroke research

# Proposed Standards

- Assesses at beginning, intervals, dc/transition, and f/u need for resources, services, supports and interventions:
  - Adaptation to disability
  - Adaptation to aging
  - Caregiver insight
  - Caregiver stress
  - Insight of person served

# Proposed Standards

- Services/supports etc:
  - Life roles
  - Nutrition
  - Parenting skills
  - School re-entry
  - Spousal/significant other relations
  - Transportation
  - Work re-entry

# Proposed Standards

- Program demonstrates knowledge and appropriate utilization of:
  - Complementary and alternative medicine
  - Complementary therapies
  - Cultural practices
- Provides rationale for treatments to person served and families/support systems

# Proposed Standards

- Based on research available regarding intensity of treatment, program demonstrates a systematic approach to maximizing intensity of participation
- Educates person served of consequences associated with choices and behaviors that pose potential risk to their health and/or safety

# Proposed Standards

- Considers families/support systems:
  - Communication
  - Coping
  - Engagement
  - Insight
  - Problem solving
- Provides information about clinical trials

# Proposed Standards

- Gathers information and sets performance indicators:
  - Aspiration pneumonia
  - Falls
  - Falls with injuries
  - Other injuries
  - Re-hospitalizations
  - Unplanned medical visits/encounters

# Proposed Standards

- CIIRP addresses an dc plan to manage:
  - Diabetes
  - Hyperlipidemia
  - Hypertensiion
  - Stroke prophylaxis

# Proposed Standards

- At discharge has an indicator to measure % of persons served who are in compliance with evidence based guidelines to manage:
  - Diabetes
  - Hyperlipidemia
  - Hypertension
  - Stroke prophylaxis

# uSPEEQ

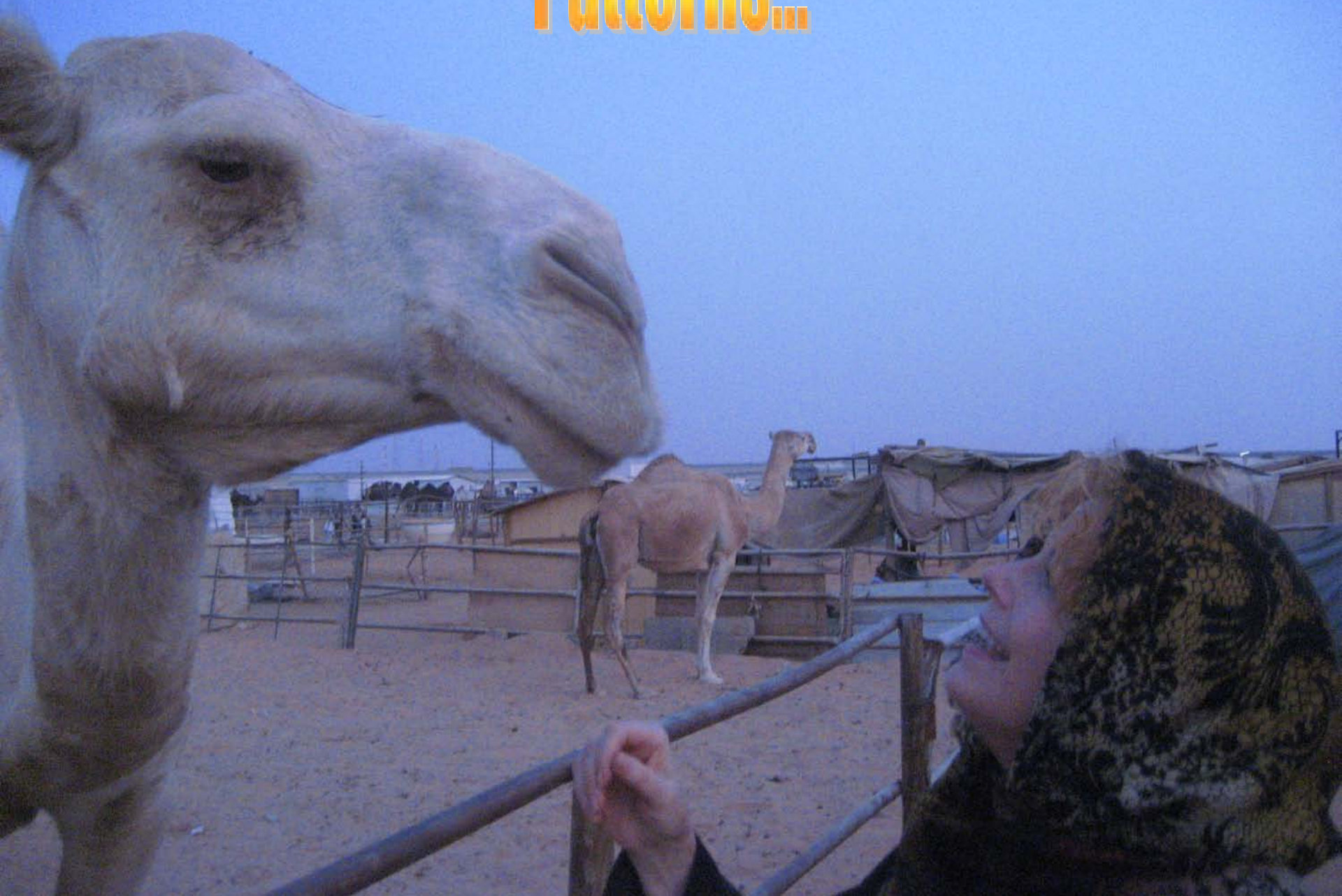
- Will be used throughout VA
- More than 300,000 people using it
- Beginning to benchmark
- For both person served and employees
- [www.uspeq.com](http://www.uspeq.com)

# VA and DOD

- VA RFP out for “Assisted Living” which is BI Residential rehab looking for CARF accreditation
- 22 new Amputee systems of care and 22 new Interdisciplinary Pain rehab programs
- DOD : Brooke Army, Walter Reed, Balboa – difficulty with deployments



Patterns...



# Patterns

## ■ Similarities:

- Team
- Rehab Physicians
- The work of communication
- Not paid enough for rehab
- Why rehab from payers
- Specialty programs

## ■ Differences:

- Lack of continuum
- Over 65
- Entitlement
- Few administrators
- In some countries many staff are engaged in research
- Specialty programs
  - Incidence
  - Fight for it
- Lack of regulation

# Patterns

- In the USA we see people question value of accreditation:
  - Cost
  - Who asks about it
  - Why should we do it
- Those that drop accreditation we see many return:
  - Without a requirement, things gone as dollars become scarce

# Patterns....

- Here is what those outside of North America have said about why people should seek accreditation.....





# Accreditation and impact on organisation

- Specific rehabilitation quality framework
- Golden standard within hospital system
- Continuity in quality work
- Structured administration
- Provider network
- Guide to best possible care

# Should you consider accreditation?

- Yes!!!
- Decision in Sweden to recommend and support all rehabilitation medicine departments to go through CARF accreditation
- Everyone has to be aware of quality
- CARF has all you need – why reinvent the wheel...

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Sveinung Tornås  
Department of Acquired  
Brain Injury, Sunnaas  
Rehabilitation hospital  
Norway



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# Why we chose accreditation

- The need for a comprehensive quality framework
- A framework of quality which;
  - is user driven
  - includes the organisation as a whole; organisational issues, delivery of services and specific programs
  - identifies the necessary areas/topics, but give room for local solutions
  - is useful on a day to day basis

# Why we chose accreditation

- Claims on behalf of the health authorities and stakeholders
- Improve the services in a systematic manner
- Be part of an international quality network
- Evaluation of the hospital and services against standards set up by well known non commercial organisation
- Recommendations from others

# Accreditation and impact on organisation

- WE are proud!
- Trust and status
- Part of international network
- Implementation of electronically based systems
  - Total quality management
  - "Handbook" for the organisation
  - Intranet, etc
- More clear-cut criteria
  - Target patient groups
  - Admission, discharge
- Bridge the possible "gap" between the different departments in the organisation

# Should you consider accreditation?

- We did a lot of good rehab for many years
- Hopefully we would have improved further without CARF
- But...
- A thoroughly clearing of the whole organisation
- User oriented in every aspect
- Continuous focus on improvement
- Part of an international network

# Accreditation and impact on organisation

- Documentation of quality and efficiency to paying stakeholders
- By implementing CARF our organisation became more efficient
- Keeps our organisation in an ongoing development

# Should you consider accreditation?

- Quality takes time
- CARF is developed specifically to ABI
- Our organisation gets external recognition
- Is built on good humanistic values
  - Dignity and respect
  - High involvement of persons served

# Why we chose accreditation

- Reaching for the edge
- Reach a higher level of quality
- Clarify our 6 p
  - Purpose
  - Patients
  - People
  - Processes
  - Patterns
  - Passion
- External survey by colleagues

# Accreditation and impact on organisation

- Focus on person served
- Measurements and its use
- Continuous development
- Strategy in our development
- Focus on our organisation
- Others interest in patient focus
- Others interest in microsystem
- Pride

# Should you consider accreditation?

- It feels natural when your in rehabilitation medicine
- It's not for your book shelf
- It becomes a part in your daily work
- A real kick for further development
- A chance for dialogue with other colleagues

# Why we chose accreditation

- Ensure that persons served and their families receive a service based on established best international practice
- Ensure funders of quality of services provided, and value for money.
- Ensure “we do what we say we do” by exposing ourselves to external, independent validation process.
- To keep us always looking for the better way

## **Chose CARF because**

- It is not a generic, ‘one size fits all’ accreditation process.
  - Brain injury specific
- It takes in all of the organisation
- It is client focused it is a prestigious and well established accreditation organisation and not for profit
- The help and openness to share information and to help us in our struggle was consistent and timely and relevant.

# Accreditation and impact on organisation

- Provides clarity around mission, a strategic vision and framework
- It must listen to persons served, families, staff and funders.
- Quality is at centre of organisations activity/debate/strategic planning.
- Foundation challenges itself in an on-going manner to constantly improve the services provided and the outcomes for persons served.
- Foundation must set goals for itself across a spectrum of service and organisational areas – cannot get lost

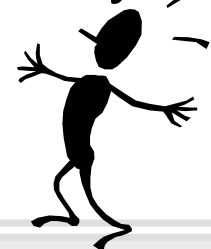
# Accreditation and impact on organisation

- Ensures we strive to provide services in a consistent manner across all services – and based on best international experience and practice.
- Received international recognition
- Good morale
- Been successful in new business – set us apart from other providers
- Hard work, demands consistency and time - a lot of groaning initially,

# Should you consider accreditation?

## Yes!

- Be recognised for the great work you do and face up to the bits that need improving.
- Be prepared
  - for change
  - Hard work, discipline and some set backs
  - Challenging meetings / exchanges
  - Success and a great sense of achievement when all are on the one page – eventually  
— and the penny drops!!



# Observations

- In the USA people do not get care...turned away
- Little or no rehab because of payment
- Team meeting with family...an observation
- Europe...very little development outside of inpatient; HCS very new
- As governments have to make cuts rehab is a target.....
- Isolation breeds false perceptions of what people do and how well they do it
- Need for more exchanges



**Partnerships**

# Partnerships

- Development of continuum
- Team development
- Competencies
- Family and patient education materials
- Measurement tools
- Documentation systems
- Interaction with stakeholders
- Meetings/conferences

# Contact information

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# Thanks - Questions?

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# For more information

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