Accreditation and Certification Preparation Activity Guideline

This guide is provided to support preparation efforts for achieving and maintaining health care facility accreditation. It contains tools, resources and other guidance, including a planning timeline and checklist, step-by-step tips and appendices with additional tools and resources referenced throughout the guide.

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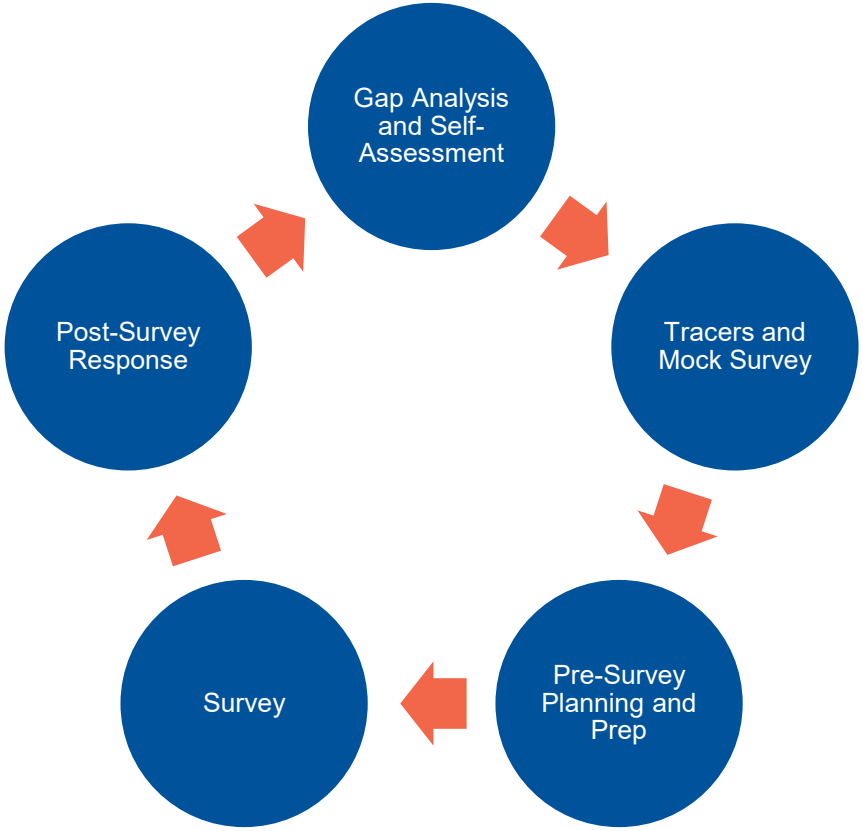
Guideline Contents

Accreditation and Certification Preparation Activity Guide

Preparing for accreditation, Primary Care Medical Home (PCMH) and/or other certification is an ongoing, cyclical process to ensure your facility is complying with evolving regulations and requirements, continuously improving processes and policies and always ready to welcome surveyors. For specific tools and additional support, contact your respective accrediting or certifying agency (e.g., The Joint Commission [TJC], Accreditation Association for Ambulatory Health Care [AAAHC], Centers for Medicare & Medicaid Services [CMS] or Det Norske Veritas [DNV]).



Assessing and ensuring compliance with regulations and requirements includes:

- Systematically organizing preparation activities.
- Reviewing and revising documented evidence including policies, personnel records, medical records and other documentation.
- Directly observing performance of processes, equipment and environment.
- Interviewing and coaching staff to ensure competence and confidence.
- Submitting required documentation to the accrediting or certifying agency in a timely manner.

30-10 Months before Survey

Gap Analysis and Self-Assessment

- ☐Form accreditation committee or incorporate into existing committee.
- ☐Assign departmental and/or topical champions.
- ☐Ensure leadership support for allocated resources such as staff and time.
- ☐Review regulations and accreditation requirements.
- ☐Self-assess and document.
- ☐Create an action plan to address areas of non-compliance.

18-6 Months before Survey

Tracers and Mock Surveys

- ☐Champions and staff perform tracers on own department or topic via direct observation.
- ☐External partners perform tracers or mock survey.

6-0 Months before Survey

Pre-Survey Planning and Prep

- ☐Submit application and/or required information to accrediting body.
- ☐Submit preferred dates and blackout dates for survey.
- ☐Train staff as scribes, escorts and command center support.
- ☐Prepare and reserve a designated secured space for surveyors to meet.
- ☐Prepare and gather required documentation as recommended by accrediting body.

During Survey (1-5 Days)

Survey

- ☐Welcome surveyors.
- ☐Alert all staff surveyors are on site.
- ☐Activate command center.
- ☐Perform an environmental sweep.
- ☐Escort surveyors around facility.
- ☐Alert staff to potential findings; correct immediately, if able.
- ☐Debrief survey activity and findings with team at the end of each day.

0-6 Months after Survey

Post-Survey Response

- ☐Submit plan of correction.
- ☐Implement corrective action plan with clear timeline and deadlines based on findings.
- ☐Begin gap analysis and self-assessment processes again.

Gap Analysis and Self-Assessment

- ☐ Form accreditation committee and/or incorporate into existing committee(s).
  - Form an accreditation/certification committee that consists of a committee champion and other identified key personnel (e.g., departmental supervisors).
    - Identify alternative delegate for each key personnel required to attend committee meetings.
  - Schedule recurring committee meetings with agendas.
    - Incorporate gap analysis processes and improvement discussions into existing committees across departments (e.g., nursing supervisor meeting).
- ☐ Assign departmental and/or topical chapter champions.
  - Assign topical chapters to those who should be considered a subject matter expert for specific topics (e.g., infection control topic should be led by the infection prevention specialist).
  - Chapter champions help coach the entire organization through compliance with specific standards (e.g., infection control, environmental safety).
    - Define clear roles and responsibilities for chapter champions.
- ☐ Ensure leadership support for allocated resources such as time.
- ☐ Review regulations and accreditation requirements.
  - The accreditation/certification committee members and chapter champions MUST review and be well versed in the requirements.
    - It is highly recommended to review both the most recent CMS regulations and the accrediting/certifying agency's requirements.
    - It is highly recommended all staff know how to access and have a basic understanding of the requirements.
  - The accreditation/certification committee members delegate requirements and provide education to departmental supervisors and staff as appropriate.
  - Sign up for regulatory updates from CMS and your respective accrediting or certifying agency, as standards and requirements may change more frequently than official manuals are published and available.
- ☐ Self-assess and document how the facility demonstrates compliance with each requirement as a committee.
  - Use a tool to self-assess compliance and track improvement actions for each standard or regulation at the department level.
    - Accrediting or certifying agency recommended tool, e.g., Joint Commission Resources (JCR) Accreditation Management Program (AMP) software.
    - Create a tracking tool that contains all regulations, standards and/or elements of performance (EPs) and current status of compliance.
    - Require a process to stay up to date on changes to regulations, standards and/or EPs on at least an annual basis.

- Assess documentation for proof of acceptable compliance such as:
  - Ensure observable proof of an activity (e.g., electronic health record [EHR] documentation, complete daily or monthly checklists, etc.).
  - Ensure all policies, procedures, processes and guidelines are reviewed and revised as appropriate.
- Ensure staff can speak to and perform current policies, procedures, processes and guidelines through direct observation and interviews.

☐ Create an action plan to address areas of non-compliance.

- Consider prioritizing action plans based on level of risk and prevalence of non-compliance (e.g., model after TJC's SAFER Matrix).
- Seek support from community partners or networks such as a quality improvement organization (QIO).

Tracers and Mock Survey

☐ Champions and staff perform tracers on own department or topic via direct observation.

- Identify roles and responsibilities for your team members and assign accountability, frequency and due dates to their departments, e.g., JCR AMP software has the ability for program administrators to assign tracers to key personnel.
  - The assigned team member turns in completed tracer.
  - Findings should be mitigated immediately or escalated to designated committee for action plan.
- To complete tracers:
  - Accrediting or certifying agency recommended tool, e.g. JCR AMP
    - Champions and assigned staff can use AMP tools to complete tracers.
    - Champion scores the safer matrix based on the completed tracers.
    - Champion provides reports back to designated committee.
  - Any high-risk findings are identified immediately with assigned accountability in an action plan.
  - Other options:
    - TJC tracers available electronically or in hardcopy book.
    - AAAHC Roadmap.
    - Create your own tracers specific to your facility's recent or common findings.
    - Create your own tracers based on common findings in other facilities.
- Assign people from different departments to conduct tracers in other departments for a fresh set of eyes.

☐ External partners perform tracers or mock survey.

- Invite external partners or consultants to conduct tracers as requested.
- Conduct a full mock survey to rehearse survey processes described in the next three sections.

Pre-Survey Planning and Prep

☐ Submit application and/or required information to accrediting or certifying agency.

- Ensure all required data and documents are submitted to the accrediting agency in a timely manner.
- Partner with your accrediting agency's account representative to guide the process and ensure receipt.
- Time the submission of your application to align with your desired survey window.
- Communicate with your Tribe and local community about any accreditation or certification changes.

☐ Submit preferred dates and blackout dates for survey (if able).

- Review and evaluate your organizational calendar and submit preferred and blackout dates for the survey window.
- Try to ensure key staff will be present during the survey window. Limit approval of planned vacation for key facility leaders during the open survey window.
  - Expect the unexpected. Ensure adequate delegation of responsibilities and preparatory training for those covering an absentee's role.

☐ Train staff as scribes, escorts and command center support.

- Command center support:
  - Serves as the central hub for direction and coordination of survey activity.
  - Responsible for compiling all documentation and resources requested by surveyors for review (e.g., policies, employee files).
  - Disseminates alerts and information to facility leaders and staff in real time.
- Scribes:
  - Partner with a surveyor and take notes throughout the direct observation processes.
  - Do not jump in and answer questions directed to frontline staff members during a surveyor interview.
  - Key notes to gather include:
    - The name/role of any staff directly interviewed.
    - Key questions the surveyor asked in each area.
    - Items the surveyor has mentioned as areas of concern.
    - Policies or documents requested by the surveyor for review, etc.
  - Debrief the command center team immediately via text or during breaks, lunch and the end-of-day debrief.
- Escorts:
  - Guide the surveyors throughout the building and campus.
  - Liaise the surveyor and answer basic facility questions.
  - Do not jump in and answer questions directed to frontline staff members during a surveyor interview.

- Consider creating an instant communication method (e.g., texting) between scribes/escorts and command center to alert the command center in real time of potential findings, common questions and when and where the surveyor is heading to the next department or location.

☐ Prepare and reserve a designated secured space for surveyors to meet.

- Designate a small meeting room that can be used by surveyors as a home base.
- Ensure this room can be locked and secured while surveyors are not present.
- During your survey window, carefully schedule meetings in this space with the caveat that planned meetings may need to move locations on very short notice.

☐ Prepare and gather required documentation as recommended by accrediting or certifying agency.

- Accrediting agencies often require basic information to be provided at the beginning of a survey. This information is provided in a checklist by the accrediting agency and should be used to prepare in advance (e.g., The JCR's "Big Book of Checklists").
- It is recommended information collected in preparation for a survey is printed out and kept in a binder or folder AND saved in an electronic folder for easy access on your computer.

Survey

☐ Welcome surveyors.

- Registration or greeter/information staff should greet surveyors with a warm welcome and lead the surveyors directly to the designated surveyor meeting space. Ensure surveyors go through any appropriate security or screening process outlined in policy.
- The individual(s) greeting and leading the surveyors should ask another staff member to assist by alerting the executive leadership and/or accreditation team that surveyors have arrived and are being led to the designated surveyor meeting space. Surveyors should NEVER be left to wander a facility alone. The only time surveyors should be left alone is when they are in their designated space or are performing personal tasks (e.g., using the restroom, answering a phone call).
- Executive leadership and/or accreditation team will meet the surveyors in the designated surveyor meeting space.
- Orient the surveyors to the space including location of restrooms, keys or access codes needed, if the designated space should remain locked and wi-fi or internet connection information.
- Arrange for water, coffee and snacks to be brought to the designated space for surveyors.
- Repeat these steps each day surveyors are on site.

☐ Alert all staff surveyors are on site.

- Make an overhead announcement welcoming the surveyors, which also serves as an alert to all staff surveyors are on site.
  - e.g., “Attention [Facility Name] patients, visitors and staff: We’d like to welcome surveyors from [accrediting agency] to our facility today. We’d like to thank the survey team for joining us in our pursuit of continuous improvement for the wellness, experience and safety of our patients, staff and community.”
- Send an email to all staff marked as “High Importance” to alert staff surveyors are on site.

☐ Activate command center.

- Executive leadership and/or accreditation team will activate the command center staff and processes, including:
  - Gathering command center support, scribes, and escorts in the designated space.
  - Physically setting up designated space for the command center team.
  - Arrange for water, coffee and/or snacks to be brought to the designated space for command center team, scribes and escorts.
- Orient surveyors to the location and phone number of the command center.

☐ Perform an environmental sweep.

- Upon notification surveyors are on site, ALL STAFF should perform an environmental sweep of respective work areas to ensure:
  - Space is tidy and presentable.
  - Floors are clean and dry.
  - Patient information and computers are secured when not in use.
  - Staff food and beverages are ONLY present in appropriately designated areas such as break rooms.
  - Any outdated supplies or items are removed if found.
  - If not already done, service/repair request(s) for damaged surfaces and/or equipment are submitted.
- Environmental services staff should do a sweep and quick clean of all public waiting areas and restrooms.
- Ensure grounds are kept safe for patient and visitor access (e.g., snow removal).

☐ Escort surveyors around facility.

- The designated person(s) (escort and/or scribe) accompanies the surveyors around the facility while they are performing direct observation activities.
  - It is helpful to pair each surveyor with an escort/scribe team that they will work with for the entire duration of the survey.
  - If only designating one person, this person will serve both escort and scribe roles.

☐ Alert staff to potential findings; correct immediately if able.

- As escorts and scribes check in, the command center staff immediately distribute key information and/or findings to department leaders via “High Importance” email.
- Department leaders correct related issues in their respective areas, so surveyors do not identify the same issue as a pattern.
- Record these items to ensure continuous compliance in the future.

☐ Debrief survey activity and findings with team (e.g., facility department and executive leadership, Area Office) at the end of each day.

- At the end of the day, all executive leaders, department leaders and accreditation support staff (including command center staff, escorts and scribes) meet to debrief the day.
  - Discuss key questions and findings mentioned by the surveyors.
  - Discuss what went well.
  - Discuss what needs to be corrected or improved before tomorrow.
  - Discuss and begin planning survey response and corrective action plan.
- Thank all staff and celebrate!

Post-Survey Response

☐ Submit plan of correction.

- Create an internal due date for the plan of correction prior to the date it is due to the accrediting/certifying agency.
- Delegate sections of the plan of corrections out to department or task leads to complete.
- Provide tools and resources for department or task leads to use to complete their plan of correction.
- Review plan of correction with facility accreditation and teams, including facility and organizational leadership, and make final revisions.
- Submit plan of correction into the accrediting agency.

☐ Implement corrective action plan with clear timeline and deadlines based on findings.

- Delegate tasks based on type of finding and skillset.
- Set completion date for all resolutions to findings.
- Correct areas of non-compliance.
- Review progress towards completion of action plan with accreditation and leadership team at least weekly.

☐ Begin gap analysis and self-assessment processes again.

- Ensure you are up to date with new/revised standards.
- Use tools from initial gap analysis on an ongoing basis to ensure sustained compliance.

Appendix Descriptions

Appendix A: Gap Analysis Example

This is a tool used for creating an action plan related to the items identified while working through the conditions of participation or other accrediting agency standards. You can list the items that the facility is not meeting as “gaps” and fill in what you will be doing to meet those goals.

Appendix B: Accreditation Roles

This is a guide of various types of accreditation roles and responsibilities. This will help you as you work towards your accreditation preparation.

Appendix C: Tracer Example

This tool is meant to be used as a mock tracer tool. To prepare for the mock tracer, select the standards or conditions of participation you are looking to evaluate.

Appendix A: Gap Analysis Example

Gap Analysis
Corrective Action Plan

Deficient Practice	Tag CoP	Corrective Actions	New or Revised Policies Required	Staff Education or In-services Required	Responsible Person	Target Completion Date	Status	Date Completed	QAPI Integration to Ensure Sustained Improvement	Barriers to Meeting Completion Date

Appendix B: Accreditation Roles

Champion: The accreditation champion is a role assigned to someone who has knowledge and experience with the accreditation process. They are the lead subject matter expert with accreditation. At some facilities, you may have chapter champions. These individuals are subject matter experts in the different sections or areas of accreditation such as infection control or leadership.

Scribe: This role accompanies the escort and the surveyor during the survey. This role is responsible for recording all notes such as surveyor findings or comments. You will need to have multiple scribes depending on the size of your facility.

Escort: This role accompanies the scribe and the surveyor during the survey. They will help guide the surveyor to the areas requested and will ensure the surveyor is always accompanied. This person may also be responsible for taking any key notes.

Appendix C: Tracer Example

Mock Survey Form					
Organization				Department /Unit	
Date of Mock Survey		Time of Mock Survey		Topic	
Type of Mock Survey	☐ Individual ☐ System ☐ Program ☐ High-Risk Area			Team	
Individual(s) Surveyed					

Questions(s) and/or Topics	Standard(s), Conditions of Participation, Laws Surveying			
	Compliant? ☐ Yes ☐ No ☐ N/A			
		☐ Immediate Threat to Life		
	High	☐	☐	☐
	Moderate	☐	☐	☐
	Low	☐	☐	☐
		Limited	Pattern	Widespread
Evidence of Compliance				

Questions(s) and/or Topics	Standard(s), Conditions of Participation, Laws Surveying
	Compliant? ☐ Yes ☐ No ☐ N/A

	☐ Immediate Threat to Life		
High	☐	☐	☐
Moderate	☐	☐	☐
Low	☐	☐	☐
	Limited	Pattern	Widespread

Evidence of Compliance	