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On-site Survey Process

The time has arrived for the on-site survey to begin. The components of the on-site portion of the CARF survey are the orientation conference, interview, observation of services, document review, possibly a pre-exit meeting, and the exit conference.

Remember, the goal of the survey is not only to gather and assess information to determine conformance to the standards that leads to an accreditation decision, but also to assist your organization in improving programs and services overall. The survey is a consultative process conducted by your peers. View this survey as an opportunity to generate new ideas to promote the quality, value, and optimal outcomes of your services.

In your communications with surveyors prior to the survey, please remember to let them know if you have specific areas that you would like consultation on during the survey.

The Orientation Conference

The survey team arrives at the time agreed upon in the presurvey call from the team coordinator. The survey team conducts an orientation conference that generally lasts between 30 minutes and one hour. The purposes of the orientation conference are to:

- Introduce the survey team to those in attendance. It is helpful for the organization to provide the surveyors with an updated organizational chart that includes the names of persons in each position.
- Provide the organization with an overview of CARF and the accreditation process.
- Outline the agenda for the site visit and how the team will conduct the survey, including a review of the programs for which the organization is seeking accreditation.
- Announce the sites to be visited, if appropriate. If services are provided at multiple sites, a sampling of sites may be visited, but these will not be revealed by the survey team before the on-site survey. All sites should be prepared for the survey.
- Give your organization an opportunity to provide information about itself. You should be prepared to provide the team with a brief overview of operations, including the mission and purposes, the population served, the array of services provided, and the programmatic objectives of your

organization.

- Verify the programs, services, and service sites. If you choose to make changes in the programs or services to be included in the survey, such as dropping or adding programs (including the governance standards) or services, or there are changes in the sites where services are provided, discuss this with the survey team. If there are changes, CARF International must be contacted as soon as the orientation conference ends. This is the last point at which your organization can choose to drop programs or services from the survey. CARF International must always be involved in decisions to drop or add programs and services and will require that you fax or e-mail a letter to CARF International with the request.
- Confirm any transportation arrangements to multiple service program sites that may have been discussed in the presurvey phone call. If the organization is not providing transportation, the survey team does appreciate directions, maps, and restaurant suggestions to facilitate an efficient use of time.

Tour

- A brief tour of the physical facility is generally conducted after the orientation conference to orient the team members to the layout of the physical plant and to provide information about the facility, operations, and programs or services. In the case of multiple sites, other arrangements may be made and not all survey team members may participate in the tour. During this tour, surveyors are already applying standards that have to do with the physical environment of your organization.

Interviews

- Following the tour, the survey team will meet with the leadership or with the person coordinating the survey to review the interview schedule. Frequently, those who will be interviewed and a tentative agenda have been established in presurvey calls to the organization by the administrative surveyor. The surveyors will minimize disruption of schedules as much as possible. As many persons served and personnel will be interviewed as time permits. Interviews will also be conducted with representatives of the leadership and funding and referral agencies.
- If there are individuals who are available only at specific times during the survey, the organization should communicate this during the presurvey phone call or before the orientation conference. The surveyors will make every attempt to accommodate an individual's schedule. Telephone interviews can be arranged if face-to-face interviews are not possible. Interviews generally last from 15 to 30 minutes. Most surveyors prefer that essential interviews (and site visits) be arranged, if at all possible, on the first day(s) of the survey and not on the last morning, because there are inevitable "catch-ups," team discussions, and preparation for the exit conference.
- In preparing for your survey, remember to remind all

individuals in your organization that if they are asked a question by a surveyor that they do not understand or that is not their role in the organization, it is appropriate to tell the surveyor, "I don't understand the question," or "Could you ask that in another way?," or "I am not involved with that, but I can take you to someone who is." Staff members should not "make up" an answer because they feel they have to answer the question.

- All information obtained during interviews with personnel, persons served, payors, referral sources, or other stakeholders is used to understand the operations and practices of the organization and to determine its conformance to the CARF standards. The interviews are confidential, and the information obtained is not discussed with anyone except other survey team members and CARF.

Interviews with the Persons Served

- Interviews with the persons served and family members are a major focus of the survey process. These interviews focus on what the persons served think about the program, the personnel, and related concerns and address the opportunities they are given to have input into the decisions about their services and treatment. In addition to their satisfaction with services, questions are asked about the outcomes they have achieved.
- Surveyors will attempt to interview persons served in each program seeking accreditation. Although the organization may preselect persons to be interviewed, the survey team may also request to interview additional persons.
- Generally, the surveyors will want to interview some of the same persons served whose records have been reviewed. In some situations, it may not be possible or appropriate for the surveyors to speak directly to a person served, so an interview may be conducted with the legal guardian, parent, spouse, friend, or family member.
- At times, in response to the poster announcing the survey, interested persons may have contacted CARF with comments about the organization's performance and their satisfaction with services. The survey team may interview persons who have submitted these comments and requested to be interviewed.

Interviews with Personnel

- The surveyors will identify which personnel to interview. The surveyors will interview direct care personnel and department supervisors for the programs seeking accreditation. The organizational leadership may have a longer interview or multiple interviews depending on responsibilities. If a key individual has not been scheduled to be interviewed, the organization should bring this to the team's attention.
- Interviews should be conducted in the usual work setting. It is preferable to conduct interviews with personnel in their offices or work areas or wherever privacy is possible.

Generally open-ended questions are asked so that personnel can describe a typical day or "walk" the surveyor through a particular procedure or process. Some standard-specific questions may be asked to determine how a particular standard is being met. A consultative exchange of ideas is also part of the interview process.

Interviews with Third-Party Representatives

- Speaking with referral and funding sources provides the surveyors with an opportunity to obtain information that sheds light on the organization's conformance to the standards, capability to maintain and improve its operations or program performance, responsiveness to community needs, and quality of results and areas for improvement from the perspective of third parties. These interviews also provide an opportunity for the surveyors to increase the third-party representatives' knowledge of the CARF accreditation process.
- Questions focus on each individual's impressions of the organization's services and its responsiveness in meeting the needs of the persons served, funding and referral sources, and advocacy groups. The questions will relate to the organization's conformance to the standards. Information regarding the findings of the survey team is not shared with third parties during interviews.
- As part of the Intent to Survey, the organization identifies state, provincial, or other funding and referral sources from whom CARF can request information regarding the organization before the survey. This elicits information from the funding source about the services purchased from the organization and its satisfaction with these services. Not all funding or referral sources return this inquiry. However, if it is returned, the surveyor may contact the respondent for further information while on site. The surveyor may also interview third-party representatives other than those who have responded to the confidential inquiry.

Document Review

- The primary focus of the survey process is to obtain sufficient information to allow the survey team to ascertain the organization's conformance to the standards. The review of documents is part of this process. Surveyors will review policies and procedures manuals, personnel manuals, board minutes, personnel records, records of the persons served, and other pertinent documentation. If a document is not available or the answer to a question regarding conformance to a standard cannot be determined, the surveyor will inform the leadership or person in charge of coordinating the survey. The missing item can then be located by personnel, or a discussion can be held to establish conformance. Prior to the survey, please review all standards that require documentation and review that you have evidence in writing.
- In a large organization, a sampling of the active and closed records will be reviewed. In a very small organization, all

records may be reviewed. This review can be discussed during the presurvey phone call. Surveyors will randomly select records of persons served to review.

- Sometimes surveyors will ask to take a few documents or manuals to their hotel to review during the evening. The organization decides whether to allow this, as this is not required. Confidential documents, such as personnel records or records of the persons served, should not be taken outside the organization. Under the Business Associate agreement between CARF and your organization, CARF surveyors are bound not to divulge any protected health information and not to keep notes or records that in any way can identify the persons served.

The Pre-Exit Meeting (optional)

- A pre-exit meeting may be held between one or more of the surveyors and the organization's leadership. The purpose of the pre-exit meeting is to offer a brief overview of the exit conference format and give attendees a general idea of the team's findings. A pre-exit meeting is optional and at the discretion of the organization. In some cases, it may not be necessary, useful, or desired by the organization. The discussion of whether to hold a pre-exit meeting is based on the nature of the situation and the preference of the organization. If they would like a pre-exit meeting, organizations are encouraged to let the survey team know as early as possible during the on-site survey. This will help facilitate time management and planning. If a pre-exit meeting is held, it is not intended to comprehensively review the findings related to each standard. This detailed information is presented at the exit conference only. It should be noted that surveyors are also encouraged to give ongoing feedback during the survey to personnel regarding the findings in their areas. As an organization, please feel comfortable throughout the survey to ask for consultation from the survey team.

Exit Conference

- The exit conference is held on the last day of the survey. The purpose of the exit conference is to summarize the survey team's findings regarding the organization's conformance or nonconformance to the standards. The exit conference also provides the opportunity for the organization to ask questions to clarify any of the surveyors' comments or recommendations and to provide additional evidence of conformance, as appropriate. The exit conference is not only the time to present the areas for improvement, but also a time when surveyors share impressions of strengths of the organization and positive feedback. Staff members, programs, and organizational operations are often complimented. This can be an opportunity for staff to hear feedback and reinforcement.
- The organization determines who should attend the exit conference. It generally begins in the early afternoon of the

last day of the survey, at a time mutually determined by the surveyors and the organization.

- During the exit conference, the surveyors will communicate their findings in each section of the standards. The written survey report the organization will receive from CARF should closely parallel this presentation. However, it is important to understand that the survey team findings are carefully reviewed and evaluated by CARF. Accordingly, there may be changes to comments and recommendations. The surveyors should clearly distinguish recommendations relative to nonconformance to the standards. The surveyors will not note specific standards by number in the exit conference. The specific number of each standard with recommendations will be noted in the written survey report.
- The accreditation decision will not be part of the presentation made at the exit conference. The accreditation decision is determined by CARF after the survey, based on the survey team's findings.
- The organization is encouraged to ask questions to clarify the information presented at the exit conference. If the organization disagrees with a recommendation, this is the organization's opportunity to provide additional information or evidence to demonstrate its conformance to the particular standard. The exit conference should be scheduled so as to leave time for this interchange prior to when the surveyors need to leave for the airport. If the evidence demonstrates that the recommendation is inappropriate, the survey team will change its findings appropriately. However, once the survey team has left the organization, additional information regarding a recommendation cannot be forwarded to the surveyors or to CARF. Once the surveyors have left the survey site, any questions or concerns should be directed to CARF.
- The survey team reports the findings to CARF. A written survey report is sent to your organization approximately six to eight weeks after the site survey. The survey report includes recommendations, consultation, a survey summary that highlights the organization's areas of strength and any areas where exemplary performance was noted, and a statement of the accreditation decision.
- Please note that if there are any issues or questions that arise before or during the survey that the organization cannot resolve with the surveyors, the organization is encouraged to call CARF for guidance and resolution.

Congratulations! You have completed the on-site survey process. Your organization is recognized for pursuing CARF accreditation to demonstrate your commitment to continual and consistent improvement of the quality of your programs and services.

Remember, contact your CARF resource specialist if you have any questions.

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Resources for Survey Preparation

Customer Connect and CARF Website Resources

Customer Connect, CARF's secure, online web portal, includes a variety of resources, including *Preparing for Your Survey*, which provides information about the survey process, including the orientation and exit conferences; document review; facility tour; interviews (persons served, personnel, and other stakeholders); and other important items. This document can be accessed through <http://customerconnect.carf.org> without logging into the web portal. Click on the "Help" link and select "The Survey and Accreditation Process."

CARF Med 101 and Webinars

CARF offers CARF 101s and webinars throughout the year and webinars to help you prepare for a successful survey. Check out the schedule at:

<http://www.carf.org/Providers.aspx?content=content/Events/MedSem.htm>

You might also be interested in the following webinar:

Preparing for a Successful Survey, narrated by Chris MacDonell, reveals how to prepare for a successful CARF accreditation survey (56 min., Media Player).

[View and listen to webinar >](#)

CARF publications and tools

In addition to the *Medical Rehabilitation Standards Manual*, CARF has a number of publications that might be useful in understanding the survey process, preparing for your survey, and maintaining continuous conformance. The *Survey Preparation Guide* is a companion to the standards manual. This helpful

workbook guides you through the process of preparing for accreditation. Completing the survey preparation questions helps you to determine your overall readiness for a survey, identify areas for improvement in order to be in conformance to the standards, and organize your materials in a manner that will be efficient for the survey team to review. The toolkit provides an Operational Time Lines grid and a Standards that Require Written Documentation grid.

The following may be of particular interest.

Accreditation Sourcebook

This nontechnical, reader-friendly guide to the CARF accreditation process provides a comprehensive overview of what accreditation is all about. It includes information about the application process, survey scheduling, sample survey preparation time tables, and much more. It is recommended reading for an organization seeking to maintain accreditation for its services and essential for those seeking CARF accreditation for the first time.

Find information about CARF publications at <http://bookstore.carf.org>.

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Highlighted Standards:

Emergency Evacuation Procedures and Drills

Planning for evacuation from the physical facility is a vital component of an organization's emergency preparedness process. Depending upon the emergency situation, evacuation from the facility may be a necessary part of the response to minimize the risk of harm to persons served, personnel, and other stakeholders. Evacuation from a facility in emergency situations is addressed in standards 1.H.5. and 1.H.13. in the Health and Safety section of Section 1. ASPIRE to Excellence® in the *2009 Medical Rehabilitation Standards Manual*.

Evacuation is an element of the standard for written emergency procedures applicable to all programs seeking accreditation in medical rehabilitation.

1.H. Health and Safety

5. There are written emergency procedures:

a. For:

- (1) Fires.**
- (2) Bomb threats.**
- (3) Natural disasters.**
- 4) Utility failures.**
- (5) Medical emergencies.**
- (6) Safety during violent or other threatening situations.<**

b. That satisfy:

- (1) The requirements of applicable authorities.**
- (2) Practices appropriate for the locale.**

c. That address evacuation, as follows:

- (1) When evacuation is appropriate.**
- (2) Complete evacuation from the physical facility.**
- (3) The safety of evacuees.**
- (4) Accounting for all persons involved.**
- (5) Temporary shelter, when applicable.**
- (6) Identification of essential services.**
- (7) Continuation of essential services.**
- (8) Emergency phone numbers.**
- (9) Notification of the appropriate emergency authorities.**

Established emergency procedures promote safety in emergency situations. The procedures detail actions to be taken in the event of an emergency. Being prepared and knowing what to do in emergency situations requiring evacuation is key to ensuring safety of persons served and personnel should evacuation be needed.

Most emergency responder organizations have defined emergency plans for evacuation. Programs are urged to work with the emergency providers in their community to gain knowledge about these plans and how they impact the rehabilitation program's plans. Information, including contact numbers of outside organizations available to provide emergency assistance, should be readily available to program staff. Some programs have worked collaboratively with their communities to develop a community evacuation system. For example, one organization's emergency preparedness system includes registering persons served who require ventilatory assistance on a vulnerable persons list. This allows those persons served to be contacted in an emergency situation in the community and brought back into the hospital if needed.

As an evacuation may be necessary in various emergency situations, it may be addressed in a separate procedure or incorporated into relevant emergency procedures, such as those for bomb threats, chemical spills, or natural disasters such as floods or hurricanes. When evacuation is a separate procedure, it can flexibly be used in conjunction with other emergency procedures when the need arises. Depending upon the level of the emergency, such as flooding, criteria in the emergency procedure helps the organization determine at what point the evacuation procedure should be implemented.

The evacuation process should be a guide for personnel to assess the situation, take appropriate planned actions, and lay the foundation for continuation of essential services. The plan should include actions to be taken by personnel to consider any unique needs of the persons served. These individualized needs could be mobility impairments requiring assistance; persons with cognitive, hearing, or visual impairments; or persons dependent on ventilatory support. The evacuation procedures should be relevant to the service delivery site or location, such as an outpatient clinic located on a ground floor, an inpatient unit located on an upper floor in a hospital, or a second floor apartment within a complex.

One organization develops an individualized safety plan for each

person served upon his or her admission to the rehabilitation program. The person served and family member are each oriented to the safety plan, as well as its purpose and the individual's responsibility related to the plan.

In developing emergency procedures, the organization needs to identify critical products, services, and operations that may be impacted in an emergency evacuation. It is important for the organization to know what backup systems, internal capabilities, and external resources may be needed or accessed.

An inpatient program located in an area subject to hurricanes has an emergency preparedness and evacuation plan that has proved to be valuable in the times when it has had to evacuate its facility. The plan includes maintaining a storage room in which medical supplies; backup equipment, including portable generators and batteries; and food supplies are kept in readiness. The expendable supplies are rotated into regular use in the program and are replenished on a routine basis. Bottled water, tube feeding supplies, and medication quantities are increased at the beginning of hurricane season each year. In the event of an evacuation, all the supplies are transported to the temporary site in a large trailer from which service is provided to the evacuated persons served. This organization conducts one of its evacuation drills just prior to the beginning of hurricane season each year. The approach of a smaller organization is to maintain a "disaster box" containing basic supplies in readiness. This box is taken to the temporary location site for use in providing continued services to the persons served in its program.

As evacuation usually requires the assistance of more personnel than are on duty at the time of a disaster, organizations obtain additional help in various ways. In the event of an evacuation, some plans have identified roles for all personnel classifications. Those employees not immediately involved in direct care report to a designated location in the facility from which they are sent to specific areas needing assistance. Some organizations also implement a call tree in which designated staff members call all off-duty staff to report to the facility to assist.

The plan in the hurricane area program requires all staff to report to the facility in the event an evacuation is required due to an impending hurricane strike. This is an important component of the plan as the organization serves persons who use ventilators, and their equipment must be transported along with them in an evacuation. This organization has an agreement system with ambulances and buses for transportation on two levels. If transportation is not available from the primary companies, the second level of transportation is initiated.

The evacuation plan should include provision for temporary shelter in a situation where the evacuees cannot be returned to the program site. If a designated temporary shelter is necessary at a location other than the program site, this could be addressed through an agreement with businesses such as other healthcare facilities, schools, or churches, either locally or in another safe location.

Identification and safety of persons served in evacuation is an important component of the evacuation plan. Some examples of how various organizations address this include:

- Inpatient programs with current information available in patient rooms that indicates the level of assistance needed by each person served during evacuation. The information is posted on red, yellow, or green paper based on the level of independence of the person served.
- The use of lanyards that contain pockets for securing information, which are placed on each person served as he or she is prepared for evacuation. Information placed in the pocket contains the individual's name, medication list, and other pertinent information necessary for continued care.

Essential services provided by the program that must be continued in the event of an evacuation should be identified for the population served. These would include communication processes and devices and the services, products, and operations necessary to maintain the health and safety of the persons served. Some items to be considered in this component of the emergency evacuation plan could include extra oxygen, portable generators for electricity and ventilators, and bottled drinking water. Agreements with the companies supplying these items for the program could include an emergency plan component.

A resource list of websites for use in developing emergency procedures is available under examples for standard 1.H.5. in the *2009 Medical Rehabilitation Standards Manual*. Included in this resource listing are:

- <http://www.fema.gov/pdf/plan/slg101.pdf> (Guide for All-Hazard Emergency Operations Planning)
- <http://www.disabilitypreparedness.org>
- <http://www.publicsafety.gc.ca> (Public Safety and Emergency Preparedness Canada)
- <http://www.ccep.ca> (Canadian Centre for Emergency Preparedness)

Having written emergency procedures for evacuation is one step in emergency preparedness. The organization must test all emergency procedures to help ensure that the procedures are appropriately implemented, workable, and effective. Testing of evacuation procedures is addressed in standard 1.H.13. Applicable standards notes are provided in the standards manual to help identify facilities where this standard applies. Please contact CARF for additional help if needed.

1.H. Health and Safety

13. Unannounced tests of all emergency procedures:

- a. Are conducted at least annually on each shift.**
- b. Include complete actual or simulated physical evacuation drills.**
- c. Are analyzed for performance improvement.**
- d. Result in improvement of or affirm satisfactory current practice.**
- e. Are evidenced in writing.**

Testing of all emergency procedures is for the purpose of improving the knowledge and readiness of personnel in the event of actual emergency situations. These unannounced tests should be conducted at least annually on each shift at each applicable location. Simulated evacuations should be limited to situations where actual evacuations are not possible. Tests of all emergency procedures must be conducted at all facilities regularly utilized by the organization.

Emergency procedure testing is part of an organization's performance improvement activities, and the analysis of results of the tests may indicate ways to improve performance. An organization should establish a benchmark or target prior to the test or apply it to an actual emergency. Many times the target is met and no improvement is needed. This confirms that current practice is appropriate.

Although the emergency testing may be done in a variety of ways, the evacuation drills must include the complete actual or simulated physical evacuation from the site. The physical evacuation drill should include leaving the building. All personnel who would be expected to participate in an evacuation should be included in the testing. A paper exercise does not meet the intent of the standard for testing evacuation procedures. If an organization experienced an actual emergency in which evacuation from the facility was necessary, that activity, if documented and analyzed, may be used as a test of the procedure for the shift and site at which it occurred.

The evacuation procedure does not have to be tested alone. If it is included as a part of another emergency procedure, it should be included in the test of that procedure. If evacuation is an independent procedure, it could be tested alone or in combination with the test of another emergency procedure. An organization might, for example, have a component of its bomb threat procedure where the person in charge of the incident may determine an evacuation from the facility is required. When testing the bomb threat incident, the organization might include an evacuation scenario to test the separate evacuation procedure. This exercise would meet the intent of the standard for an annual test of the evacuation procedure. Remember, however, to always check with local authorities about whether they recommend evacuation in any of your situations stating there should be evacuation.

Persons served may be involved in tests of the evacuation procedures. If persons served are not involved in the test, simulation of the evacuation may be accomplished by having personnel play the role of persons served. The personnel should simulate the types of restrictions that persons served may have when actually moving through the process of evacuation.

In summary, evacuation from the physical facility is a vital component of an organization's emergency preparedness. As an evacuation may be necessary in various emergency situations, it may be addressed in a separate procedure or incorporated into relevant emergency procedures. The evacuation process should be a guide for personnel to assess the situation, take appropriate planned actions, and lay the foundation for continuation of essential services, taking into

consideration any unique needs of the persons served. The testing of the evacuation procedure must include the complete actual or simulated physical evacuation from the building and be tested at least annually on each shift and at each applicable location.

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