

RehabConnection

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MEDICAL REHABILITATION

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with Chris MacDonell, the
Managing Director for
Medical Rehabilitation

The Survey Report

Congratulations, your survey is completed!

After the site survey, the survey team forwards its findings to CARF International for review and determination of the accreditation decision. Thereafter, CARF issues a survey report that closely parallels the information presented during the survey's exit conference.

The survey report is made up of three main components: the report top, the survey summary, and the report body. The report top lists the organization's name and address, key leadership, survey date(s), survey team members, programs and/or services surveyed, survey dates and accreditation decision of the previous survey (if applicable), and accreditation decision of the current survey.

The survey summary contains the organization's areas of strengths, any areas of identified exemplary performance, and the accreditation decision with supporting rationale.

The body of the report is divided into sections that mirror the structure of the standards manual applied during the survey. Each section within the report body contains the principal statement, key areas addressed, and statements of recommendations, exemplary conformance, and/or consultation identified for the section. Recommendations identify the standards where the organization was determined to be in partial conformance or nonconformance and which must be addressed in the Quality Improvement Plan (QIP). Exemplary conformance reflects the standards where an organization demonstrates performance that is innovative, creative, produces outstanding results, or exceeds the standard. Consultation offers suggestions or ideas put forth for consideration but is not something that the organization must do or address in the QIP. While recommendations, exemplary conformance, and consultation presented at the exit conference are typically included in the survey report, the quality control processes at CARF may result in some variations.

If accreditation for multiple programs is sought, the programs are listed in the report in the order they appear in the standards manual. If specialty program accreditation is sought, the relevant specialty

program section of the report may include recommendations, consultation, and areas of exemplary conformance for all portions of Section 3 of the standards manual that were applied to the specialty program. If the survey blended programs from more than one standards manual, the report lists all of the programs seeking accreditation from the primary standards manual first followed by the relevant service provision and program sections from the secondary standards manual(s) utilized.

If the organization has multiple locations, they are listed at the end of the survey report and include the name and address of each location (as identified on the submitted Intent to Survey) and any of the accredited programs/services offered at that location.

When the accreditation decision-making process is completed and the survey report is finalized, an e-mail is sent to the key contact identified by the organization on the Intent to Survey. The subject line for this e-mail states "Important Information from CARF now on Customer Connect." The e-mail indicates that documents titled *Accreditation Letter*, *Survey Report*, and *QIP blank form* have been posted to Customer Connect for review. Each document references the organization's survey number, and the Accreditation Letter and the Survey Report indicate the month and year that the accreditation will expire. The e-mail also provides information on how to access these documents through the Customer Connect portal, as well as contact information for the organization's CARF resource specialist. The length of time from the site survey to receipt of CARF's e-mail regarding the survey report and accreditation decision is approximately six to eight weeks. Originals of each of the documents are sent through regular mail. A Certificate of Accreditation is sent separately.

If the organization has questions or needs clarification after the survey or when the survey report is received, it should contact its CARF resource specialist directly. The resource specialist for each organization is identified in Customer Connect in the 'My Company Profile' tab located across the top of the page.

The next step in the accreditation process is completing the QIP. The explanation of and information regarding completion of the QIP will be addressed in the next edition of *Rehab Connection*.

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Highlighted Standard:

Sharing Performance Information

Performance improvement is an essential component of the CARF ASPIRE to Excellence® framework. Your CARF-accredited organization is committed to continually improving your organization and service delivery to the persons served. Data have been collected and information used to manage and improve service delivery. By setting specific, measurable goals and tracking performance, your organization has determined the degree to which it is achieving the desired service and business outcomes. Review and analysis of results allow your organization to develop focused actions to improve

performance against targets and engage in a dynamic, proactive process to review, renew, or revise its strategy and tactics, while ensuring alignment of organizational purpose. The next step in the process for CARF-accredited organizations is to share ongoing information about actual performance as a business entity and your ability to achieve optimal outcomes for the persons served through your programs and services.

Typically, organizations collect a copious amount of data and have an abundance of information. The standards in Section 1.M: Information Measurement and Management and Section 1.N: Performance Improvement of the standards manual specifically address collecting data and setting performance indicators for business function and service delivery improvement. In the development of your performance management system, you have identified and measured those aspects of your organization that are essential to meeting the mission, performing well as a business, and managing and improving quality of care. Consistent with the ASPIRE to Excellence framework, you have chosen these indicators and measures with input from your customers and thus already have a good idea of what information is meaningful to them. This input guided your selection of what data to collect, and now it can guide you as to what information to share.

Standard 1.N.3., in the *2010 CARF Medical Rehabilitation Standards Manual*, Section 1. ASPIRE to Excellence®, directly addresses the sharing of performance information.

3. Performance information is shared in format(s) that are useful to the:

- a. Persons served.**
- b. Personnel.**
- c. Other stakeholders.**

Initial questions you might ask yourself when looking at this standard are: How do you determine what information to share? How do you share it?

These questions should be asked in relation to each of the three audiences listed in this standard: persons served, personnel, and other stakeholders. For example, persons served may find it helpful to know how satisfied persons served were in the outpatient program within a specific diagnostic category, such as those persons with orthopedic injuries. Persons served may be interested in a variety of the information you collect to assist them in making a decision about whether the program meets their needs and answers the question, "What happens to people like me in your program?" Related standards in Section 2: The Rehabilitation Process for the Persons Served and specific program standards in Section 3 of the *2010 CARF Medical Rehabilitation Standards Manual* provide additional guidance on specific information to be gathered and shared from the outcomes management system with the persons served. Always remember that the language providers use to communicate may not make any sense to a person served. A review of your information with focus groups or persons served to ensure understandability may be useful if you have not had such a review.

Personnel may be interested in the indicator that measures fall rates to determine the effectiveness of a new fall prevention program they

have implemented. They might also be interested to know what the turnover rate is for personnel or if the program discharged the target percentage of persons served with stroke to home or community.

Stakeholders could include families of persons served, payers, regulators, referral sources, other providers, and others. What information you share can be determined by asking the stakeholder what is important to his or her individual needs. Family members/support systems might wish to know the characteristics of persons served, such as the number of children and adolescents with a specific diagnosis that your program has served to make a decision as to whether the program will meet their child's needs. A payer for an occupational rehabilitation program or injured worker program may want to know the number and percentage of persons who return to the same job, which is one of your effectiveness indicators. A case manager may wish to know what the wait time is for an injured worker to be admitted into an interdisciplinary pain program following referral, which is one of your access indicators. A board member may wish to know the financial indicator of the percentage of discharges that met predicted outcomes within the target cost per case. Information you have collected and measured for business function improvement, such as financial information or risk analysis, can be useful for this and other audiences.

Once you have identified what information is important to share, you will determine how this information can best be shared in formats that are useful. There are many methods for sharing information available from low to high tech, expensive and inexpensive, and simple or resource intensive. Investigate the options you currently have available as you may have existing avenues you can use instead of starting up new ones. Tailor the formats to your differing audiences. For a board of trustees, one organization includes graphs and a newsletter for the referral sources. Persons served could receive information on bulletin boards, fact sheets, or handbooks or orally in the preadmission screening interview process.

Information can be shared with personnel in staff meetings orally, in newsletters, on posters and bulletin boards, in intranet reports, or in video or Microsoft® Office PowerPoint presentations. It is helpful if you have included personnel throughout the performance improvement process from choosing indicators, collecting data, and analyzing information through developing action plans. The clinician can be a key conveyor of outcomes information directly to the persons served in discussion to set individual goals and predicted outcomes during the assessment process. For example, the clinician could share that 95 percent of persons in the vocational brain injury program returned to productive activity or that 85 percent of persons with shoulder injuries were able to demonstrate a significant functional improvement after 8 to 10 visits.

For external stakeholders, an annual report is another method to share performance information that would be appropriate for the board, referral sources, and other healthcare providers in the health system. A program's growth goal to achieve a target number of visits in a specialty area or a percentage increase in referrals can be easily

displayed in a graphic format and used to justify development of additional services and programs or communicate the success of new services or programs to the board or other executive leadership.

Visual graphs and brief summaries often work best as formats for presenting performance information. Graphs can be simple or more complex from bar charts or Pareto charts, up to the level of run charts or control charts with upper and lower control limits, which might be appropriate for the physician advisory committee. Pie charts, simple narrative analyses, or simple fact sheets combining brief narrative and graphs can be used. Pictorial representation may be appropriate to indicate whether performance targets were met. Symbols such as ribbons, medals, or stars might be used to depict achievement of indicators compared to target, such as a gold ribbon or medal for exceeds target, silver for meets target, and bronze for below target. A simple grid could be developed to display achievement to target information. A grid format can also be used to display such information as length of stay, discharge to community, satisfaction, or functional improvement. The addition of colorful graphics or clip art can make an interesting, readable, and understandable format on a printed fact sheet, marketing materials, or newsletter that can be tailored or personalized for each audience or recipient.

Outcomes information can be extremely powerful to assist in marketing efforts. Providing specific clinical data to physicians is one way to both meet the needs of stakeholders and support marketing of your programs. Some organizations develop a personalized letter to physician referral sources that includes information on aggregated outcomes from all persons served in the outpatient program by diagnostic category served and outcomes from a representative sample of the persons referred by the individual's physician. Another develops note cards that are sent out to referral sources and other stakeholders at holiday time. The note cards present outcomes information in a simple, clever, and eye-catching manner.

For all three audiences, the organization's website and/or intranet can also be used to display information. This information can be updated more easily than publications or printed material and highlight other events and new programs and services at the same time.

Some creative methods used by a CARF-accredited organization include placing performance information on the voicemail phone hold message. An example of this would be: "Did you know that [XYZ] organization served over 300 persons last year with low back pain, and 95 percent said they would recommend us to a friend?"

Another includes the concept of one sentence to provide clear and brief information, such as [XYZ] organization achieved 90-percent overall employee satisfaction exceeding our target personnel goal to achieve greater than 85 percent.

Organizations should remain mindful that useable formats include the aspect of accessibility. Communication barriers may include lack of translation of materials into languages or formats that are

appropriate for stakeholders to understand, lack of assistive technology to augment communication, lack of hearing amplification equipment in community settings that the persons served use, or website accessibility issues. If an organization has a website, it could request assistance from technical centers to evaluate its website to ensure the clarity of the site and ease of accessing information. Literacy and health literacy may also be barriers to communication.

An excellent resource has been provided by the Rehabilitation Institute of Chicago in a project funded by the National Institute on Disability and Rehabilitation Research. This guide, "Guidelines for the Presentation of Quality Information for Rehabilitation Programs," is specific to developing easy-to-read, accessible materials. It provides information on and examples of reading levels; writing style; use of simple language; conversational style; short simple sentences; presenting of numbers and data; spacing; text size; use of tables, graphs, and charts; considerations of cultural competence; and translation of materials. See a list of links to this resource and others on health literacy at the end of this article.

In summary, the sharing of performance information is a vital component of your performance improvement process. In your efforts to meet these CARF standards, you have an opportunity to convey the value and quality of your organization's program and services to personnel, persons served, and other stakeholders in meaningful and useful ways, assisting you in meeting your mission, vision, and goals. Please contact your resource specialist for further information and resources.

Resources on health literacy and accessibility include:

www.ric.org/cror/healthliteracy.aspx

Scroll to section on How to Create and Assess Literate Materials for "Guidelines for the Presentation of Quality Information for Rehabilitation Programs"
Rehabilitation of Chicago National Institute on Disability and Rehabilitation Research

www.cpha.ca/uploads/portals/h-l/directory_e.pdf

Directory of Plain Language Health Information,
Canadian Public Health Association

References for this article:

CARF 2010 Medical Rehabilitation Standards Manual,
© 2010 Commission on Accreditation of Rehabilitation Facilities

Wanda Bennett, Regional M.S., Presentation at CARF Medical Rehabilitation Conference , April, 2009: Sharing Outcome and Performance Information with Stakeholders

Lorraine Riche, B.M.R., PT, Dip, M.D.T., Presentation at CARF Medical Rehabilitation Conference, April 2009: Sharing Outcomes: What do they want to know and how I can I tell them?

Vicki Eicher, M.S.W.: "Overview of Performance Improvement"

Karen Mallett, PT, M.B.A., FACHE

“Managing Outcomes Customer–Driven Outcomes Management Systems., Employment and Community Services”. CARF Publication ©2002

“Guidelines for the Presentation of Quality Information for Rehabilitation Programs” Rehabilitation of Chicago National Institute on Disability and Rehabilitation Research.

www.ric.org/cror/healthliteracy.aspx

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News and Updates

Upcoming CARF 101: Preparing for a Successful Accreditation in Medical Rehabilitation

This comprehensive and engaging training session provides an interactive forum relating to CARF’s ASPIRE to Excellence® quality framework. ASPIRE to Excellence is designed to provide a logical, action-oriented approach to continuous quality improvement. The approach addresses both business and clinical strategies and tactics that lead to excellence in medical rehabilitation.

Session topics include:

- Overview of the CARF accreditation process.
- Examination of the value of accreditation for organizations, persons served, and the public.
- Helpful tips for preparing for your CARF survey.
- A review of the 2010 standards, including the ASPIRE to Excellence quality framework, rehabilitation process, and program standards.

This session is highly recommended for any organization preparing for the CARF accreditation process for the first time, organizational contacts new to the CARF accreditation process, or CARF-accredited organizations desiring to learn more about changes in the 2010 Medical Rehabilitation Standards Manual.

Dates and locations:

September 20-21, 2010, Dublin, Ireland

October 4-5, 2010, Las Vegas, Nevada

For registration information, please go to:

www.carf.org/events/

Medical Rehabilitation webinars

Please contact Sharon Martinez in the Education and Training department at (888) 281-6531, ext. 163, to purchase recordings of these webinars:

- Gerben DeJong, Ph.D., presenting on “The Growth, Development, and Future of American Post-Acute Care.”
- Joan Alverzo, Ph.D., CRRN, and Robin Hedeman, OTR, M.H.A.,

presenting on “The Challenge of Fall Reduction in Stroke Rehabilitation.”

- Bruce Gans, M.D., presenting on “How to comply to the 2010 IRF Rule.”
- John Corrigan, Ph.D., presenting on “Brain Injury and Substance Abuse.”

Recording of a free webinar, “Communication, Portable Profiles, and an Example: the Siebens Health Care Notebook,” presented by Hilary Siebens, M.D., may be accessed at

<http://lms.carf.org/healthportableprofilesept2109.wmv>.

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On the Road with Chris MacDonell, the Managing Director for Medical Rehabilitation

Chris MacDonell has recently participated, or will be participating, in the following Medical Rehabilitation activities.

Meetings in North America:

- International Brain Injury Association Meeting, Washington, DC
- Barrow Traumatic Brain Injury Symposium, Phoenix, Arizona
- CARF Surveyor Continuing Education Meeting, Tucson, Arizona
- Amputee Coalition of America, facilitator of strategic planning meeting, Washington, DC
- American Congress of Rehabilitation Medicine (ACRM) Mid-year meeting, Chicago Illinois

Meetings outside of North America:

- Valnesfjord Rehabilitation Center, Norway
- Riyadh Care Hospital, Saudi Arabia
- Humanitarian City, Saudi Arabia
- King Fahad Medical City, Saudi Arabia
- Institut for Serviceudvikling a/s, Denmark
- Annual CARF Swedish Provider meeting and training, Sweden
- CARF 101 for Home and Community Services, Toronto, Canada

If you would like to get in touch with Chris MacDonell about presentations, industry trends, or opportunities, please e-mail her at cmacdonell@carf.org.