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Tips for Preparing For Your Survey

Congratulations on your decision to pursue CARF accreditation. CARF accreditation lets consumers know of your organization's commitment to continual and consistent improvement of the quality of your services and programs. CARF accreditation demonstrates your focus on consumer satisfaction through observable practices, verifiable results over time, and comprehensive supporting documentation. Following are some helpful tips to remember while you are preparing for your survey.

Number one: Relax.

Most of the CARF standards are good business and common sense and a reflection of what you do on a daily basis. The easiest way for your organization to prepare for CARF accreditation and the survey process is to incorporate the CARF standards into day-to-day operational processes. The actual survey is a very small part of what CARF is about. The actual use of the standards in a consistent and continuous fashion is where you want to be.

Keep up with the standards

You can be adequately prepared by studying and implementing practices designed to meet the applicable standards and conducting self-evaluations. Stay current with the standards. Review the *CARF Medical Rehabilitation Standards Manual* on an annual basis. The place to start each year is with the changes section in the front of the manual. Accredited organizations are expected to maintain conformance to current standards throughout the tenure of their accreditation. The standards are your daily business and clinical tools to implement and practice routinely, not just in preparation for a survey.

Establish your CARF preparation project team.

Utilize a team approach. Everyone in the organization should be involved and informed. There are many ways to prepare. Each organization should choose an approach that will complement its own culture; elicit internal leadership capacity; and strengthen communication internally and with persons served, personnel, and other stakeholders. Although not all personnel will actually be involved with the preparation for the survey or be interviewed during the survey, all personnel should be educated about the CARF survey

process and using the standards relevant to their programs. Specific activities of the CARF preparation project team might include:

- Identifying key personnel.
- Involving leadership.
- Conducting a self-assessment.
- Setting time frames.
- Assigning tasks.
- Organizing your materials, such as policies and procedures, records, reports, meeting minutes, and documents, to present to the survey team as evidence of conformance to the standards.
- Involving and preparing personnel.

Understand conformance.

Conformance to the standards can be achieved in more than one way. Focus on the intent or purpose of the standards. Ask yourself what the standard is trying to accomplish and how it will work in your organization. Read the Intent Statements and examples in the manual. Network with other accredited organizations to determine various ways to conform. Call your CARF resource specialist if you have questions about standards or wish to discuss examples. The CARF resource specialist can also put you in touch with other organizations that may be similar to your particular setting or specialty program and able to furnish further examples.

Know what standards require written documentation. These include any standards that require a policy or a plan or that use the words written procedure, documentation, documented, or other words that indicate the need for written evidence. Be aware that if a standard requires a policy, the expectation is that the policy must be present and consistently implemented. Surveyors will be looking for evidence of the implementation, which could include interviewing staff members, persons served, or other stakeholders. The CARF Medical Rehabilitation Survey Preparation Guide has a list of standards that require written documentation and may be helpful for tracking the location of the documentation. The preparation guide also contains a list of documents or other materials that might be available to the surveyors to demonstrate conformance to standards in Section 2 and 3 of the *Medical Rehabilitation Standards Manual*.

Know what standards require activities conducted at specific frequencies. The documents and other materials or evidence you present for the survey should provide evidence that these activities are performed. The *CARF Medical Rehabilitation Survey Preparation Guide* has a list of operational time lines specified in the standards and formats for recording activities, which may be helpful in tracking your conformance.

To take optimal advantage of a CARF survey, you could consider identifying particular standards where you would like to have consultation from the survey team and sharing this with the team on the presurvey phone call or during the survey.

Know your tools and resources.

Medical Rehabilitation Standards Manual and Customer Connect resources

The Accreditation Policies and Procedures section in the front of the *Medical Rehabilitation Standards Manual* provides an overview of the survey process, including a general guideline to the daily schedule of a survey, involvement of various stakeholder groups in the survey process, and an overview of the Steps to Accreditation.

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

CARF education and training sessions

The CARF 101 course is presented by the Medical Rehabilitation customer service unit's Managing Director, Chris MacDonell. This course gives attendees an opportunity not only to learn and understand the standards, but also to network with surveyors and persons from other organizations. Information about CARF educational events is available at www.carf.org/Events/.

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 survey, and maintaining continuous conformance. Find information about CARF publications at <http://bookstore.carf.org>. 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.

Medical Rehabilitation Survey Preparation Guide: A companion to the standards manual, this helpful workbook or CD guides you through the process of preparing for accreditation.

Checklist: This binder-ready paper checklist can help an organization track its general conformance to the standards by using it to perform a self-evaluation and note areas for improvement.

Standards Manager™: Standards Manager is a project management tool for organizations seeking CARF accreditation for the first time or for those seeking reaccreditation. Organizations can use the Standards Manager software to engage their staff in the accreditation process by assigning tasks and developing action plans, tracking progress, and printing status reports.

Contact CARF.

Contact your CARF resource specialist if you have any doubt about the standards manual under which your survey will be conducted.

Discuss any questions regarding the Intent to Survey or implementation of the CARF standards, accreditation conditions, or policies and procedures. Don't hesitate to call or e-mail.

Utilize Customer Connect: Through CARF's dedicated and secure website, you can view up-to-date information about your survey, access information about the accreditation process, and access an e-mail link to communicate directly with your resource specialist.

Remember, make the standards part of your everyday business and practice activities. The CARF survey is conducted by your peers in a consultative manner. The goal of a CARF survey is not only to gather and assess information to determine conformance to the standards and an accreditation decision, but also to assist your organization in improving programs and services overall. Becoming CARF accredited and sustaining improvement over time by continually applying the standards, even when an accreditation survey is not about to occur, can help your organization meet the challenges it faces in achieving quality outcomes for the persons served.

Thank you for your commitment to quality and for choosing CARF accreditation!

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Highlighted Standard:

Fostering a Continuous Learning Environment for Persons Served and Families

Optimal outcomes for persons served are achieved through a team approach involving personnel, persons served, families/support systems, and other stakeholders. In the April 2009 edition of *Rehab Connection*, we addressed the CARF standards focused on continuous learning environments and educational opportunities for personnel. In this issue, the focus is on a similar standard for persons served, families, and support systems. The following standard from the *2009 Medical Rehabilitation Standards Manual* is located in Section 2: The Rehabilitation Process for the Persons Served.

32. The program fosters a continuous learning environment:

a. By providing educational opportunities for:

- (1) The persons served.**
- (2) Families/support systems.**

b. That recognizes and respects individual:

- (1) Learning styles.**
- (2) Needs.**
- (3) Strengths.**
- (4) Preferences.**

c. That assesses the effectiveness of the education provided.

d. That addresses performance improvement, as needed.

Just as not all staff members learn in the same way, persons served and members of their families and support systems will have differences in effective learning styles. This standard emphasizes the need for the accredited program to support educational opportunities for the persons served and their families/support systems that will facilitate optimal learning. To foster a continuous learning environment, the organization should first identify the different learning styles, needs, areas of strengths, and preferences that exist among its persons served, families, and support systems. Content of the educational opportunities provided will be guided by identified learning needs, strengths, and preferences. The format of opportunities offered should then take into consideration the identified learning styles.

For example, the person served or family might indicate the preferred learning style is a reading/writing mode, and another might identify his or her preferred learning style is hearing the information. To meet the variety of education needs, the learning opportunity might be offered via a direct presentation in a one-to-one format or in a group setting or possibly through a video or audio tape. These educational opportunities could also include written materials for each of the participants. An individual who learns best by a kinesthetic approach would benefit from practical hands-on sessions.

Fostering learning environments that recognize and respect individual learning styles, needs, strengths, and preferences of persons served and their families/support systems may involve some unique considerations. Depending on the impairments and activity limitations of the person served, modifications to reflect preferred learning styles may be appropriate. For example, a person with a preferred learning style of reading before experiencing a stroke may now have difficulty understanding complex written materials. An option might be to use printed materials with more pictures, plain language, and simplified text. A person who has memory limitations after a brain injury may benefit from educational opportunities that incorporate repetition of content, reminder cards, or a combination of approaches and materials.

The second component to a successful learning environment is that once education has been offered and completed, an assessment of the effectiveness of the education occurs. Information about the effectiveness of the education provided could be obtained through formal and informal feedback from the persons served or family members during the provision of services or at the time of discharge from the program. On an immediate basis, the person served could perform a return demonstration of the exercises included in the written home program, or the spouse of the person served could perform a return demonstration of a transfer technique to demonstrate learning. Did the person served or family member feel that the education provided increased his or her knowledge, skills, and needed competency for the area addressed?

If the education provided is not effective, the program should identify an action plan aimed at performance improvement for future educational opportunities. What factors were involved? What could be done in future educational opportunities to increase the effectiveness of what was offered?

In fostering a continuous learning environment, be creative in meeting the diverse and unique needs of your persons served and their families/support systems. Educational opportunities may be provided in a variety of formats. Examples of innovative conformance to education standards for persons served and their families/support systems that have been identified in CARF surveys include:

- Extensive and user-friendly information for persons served that addresses primary diagnoses, impairments, injuries or illnesses, potential risks and complications, utilization of healthcare resources, health promotion, and potential

discharge plans. The educational information is based on the primary diagnosis, such as lower extremity amputation, cerebral vascular accident, total hip arthroplasty, or chronic obstructive pulmonary disease. The education was developed through clinicians recognizing the needs of the persons served and working with persons served, family members, and support systems in a joint and collaborative effort.

- Thorough educational materials provide education and training to each person served addressing the skill sets necessary to be successful in the discharge environment. For example, the stroke specialty program demonstrates its commitment to returning the persons served to the community by having several community outings per week to familiarize persons served and their families/support systems with barriers that may be encountered and instruction in how to overcome these barriers. The community outings are multidisciplinary and specifically designed to meet the needs of the participating group or persons served.
- Educational presentations that include plastic cards the size of a credit card, which can be handed out to participants with pertinent information from the presentation. Examples include symptoms of autonomic dysreflexia, signs and symptoms of stroke, creating low-stimulation environments, and emergency response.
- Comprehensive educational programs and resources that include classes, on-demand videos, literature, and a resource library. The educational information is available online for persons served, families/support systems, and the community.
- Booklets to orient prospective or newly admitted persons served and their families/support systems to the program and to address discharge needs. Booklets include "Questions You Should Ask Before Discharge" and "Questions You May Want to Ask the Rehabilitation Team." These provide resources to ensure that persons served have access to the information needed to facilitate decision making.
- Educational information provided to persons served through their individual television screen. This allows persons served and families/support systems to access educational information free of distraction, at times most conducive to learning, and to review the information multiple times, if needed.
- Educational binders offered to all persons served and opportunities to receive and request education based on their evolving educational and learning needs.
- An educational series on spinal cord dysfunction that is comprehensive and comprehensible.
- A thorough educational program on medication management. Ongoing efforts to educate persons served during their stay include individualized medication folders, and thorough discharge counseling offers excellent opportunities for concerns to be raised and questions to be answered.
- The persons served are educated in self-control techniques and in self-evaluation of their emotional, behavioral, and psychosocial needs. This empowers the persons served to

continue to be their own major agents of change after discharge.

As you strive to create a continuous learning environment for persons served and their families/support systems, be creative! Find what works best to achieve successful learning for optimal and durable outcomes.

Resources on effective communication of health information, including how to address limited health literacy, the use of plain language, and teaching persons served, are located at the Rehabilitation Institute of Chicago (RIC) Health Literacy Information webpage at <http://www.ric.org/research/centers/cror/projects/quality/> and click on the Health Literacy link.

Other web-based resources are:

<http://www.plainlanguage.gov/howto/guidelines/reader-friendly.cfm>

<http://www.cpha.ca/en/pls.aspx>

In addition, you may find RIC's booklet helpful on formats for sharing quality information.

[Guidelines for the Presentation of Quality Information for Rehabilitation Programs](#)

Contact your CARF resource specialist at (888) 281-6531 for further examples and resources about this or other standards and for assistance in the accreditation process.

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