

**THE
HEALTHCARE
FACILITIES
ACCREDITATION
PROGRAM (HFAP)**

HFAP News is a newsletter developed to facilitate communication between the Division of Healthcare Facilities Accreditation Program, HFAP accredited healthcare facilities, HFAP surveyors and other interested parties.

Inside this issue:

Standards Updates	2
Hand Hygiene	2
Observation Services	3
Ambulatory Surgery Center Quality Initiative	3
New York State Agreement	4
RAC Audits	4
Conditions of Participation	5
Helpful Links & Resources!	5

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NEW!!! HFAP Accreditation Requirements Manuals Approved by CMS!

Acute Care Hospitals

The standards manual for hospital accreditation has been updated and approved by CMS.

The new manual incorporates new CMS regulations, nationally recognized standards of practice, and numerous patient safety initiatives.

The 2009 manual includes an expanded chapter 24 for Nutritional Services.

Those acute care facilities expecting to be surveyed on or after September 1, 2009, will be surveyed under the standards in the new 2009 manual. Those acute care facilities expecting to be surveyed prior to September 1, 2009, will be surveyed under the 2005 manual.

New HFAP acute care facilities will be surveyed under the standards in the 2009 manual. Please

note that an expanded Chapter 24 has been incorporated into the new manual.

Primary Stroke Center Certification

The Primary Stroke Center Certification manual version 2008 is now available for purchase. Those facilities seeking certification as a primary stroke center, will be surveyed using this new 2008 manual.

Ambulatory Surgery Centers

The 2009 Accreditation Requirements for Ambulatory Surgical Centers Manual has been approved for use by the Centers for Medicare & Medicaid Services.

These manuals are now available for purchase through our website: [Manual Order Form](#)

HFAP Welcomes New Healthcare Facilities!!

Deaconess Hospital, Inc
Evansville, IN

Progressive Hospital of Merrillville
Merrillville, IN

Mountain View Regional Hospital
Casper, WY

Monrovia Memorial Hospital
Monrovia, CA

The Women's Hospital
Newburgh, IN

Meridian Center for Surgical Excellence
Tualatin, OR

D & D Psych, Inc.
Miami, FL

East Valley Hospital Medical Center
Glendora, CA

Sparta Community hospital
Sparta, IL

Clarian Arnett Health
Lafayette, IN

Riverview Health Institute, LLC
Dayton, OH

Phoenix Behavioral Hospital of Eunice L
Pineville, LA

Pediatric Surgery Centers-Odessa, LLC
Odessa, FL

Covenant Medical Center (Stroke Center)
Saginaw, MI

Global Rehab, LP
Dallas, TX

Global Rehab-Fort Worth, LP
Fort Worth, TX

“House-keeping plays an integral role in any Infection Control Program”

07.01.15 Membership Requirements & 03.16.11 Meeting Frequency & Attendance Requirements

Upon review of the standards, it was noted that two of our standards appeared to contradict each other. The first standard, Medical Staff – Infection Control Committee 03.16.11 Meeting frequency and Attendance Requirements reads as follows:

“Minimum attendance will include the following: ... house-keeping repre-

sentation...”

The second standard in the infection control chapter 07.01.15 Membership Requirements under the document review column reads as follow:

“Ad Hoc member may include housekeeping, ...”

The standards have been updated, in order to coalesce the expectation for compliance with these standards. Housekeeping representation is mandatory for an appropriately configured

infection control committee.

For this reason, the phrase **“Ad hoc members may include housekeeping,”** has been removed from the 07.01.15 Membership Requirements standard.

Please note that this change can be found in the new 2009 Accreditation Requirements for Healthcare Facilities Manual. The changes also apply to those facilities which will be surveyed prior to September 1, 2008, using the 2005 manual.



03.16.11 Meeting Frequency & Attendance Requirements

The current standard reads as follows:

“The hospital shall determine the meeting frequency and attendance requirements for the Infection Control Committee. The committee must meet, at a minimum, every two months.”

Some facilities had indicated hardships in maintaining compliance with the above standard.

After careful consideration, the standard has been revised to read:

“The hospital shall determine the meeting frequency and attendance requirements for the Infection Control Committee. The committee must meet, at a minimum, quarterly.”

Please note that this change can be found in the new 2009 Accreditation Requirements for Healthcare Facilities Manual. The changes also apply to those facilities which will be surveyed prior to September 1, 2008, using the 2005 manual.



**Hand-Washing:
The number one intervention in preventing**

WHO's "Five Moments for Hand Hygiene"

If your facility is like most, you are still struggling for an effective way to implement and maintain a sound Hand Hygiene program.

The World Health Organization's "Five Moments for Hand Hygiene" has emerged from the WHO Guidelines on Hand Hygiene in Health Care (Advanced Draft) to add value to any hand hygiene improvement strategy.

The guidelines define the key times for hand hygiene.

The Five Moments is evidence-based, concerning the spread of Healthcare Acquired Infections and takes into consideration the natural workflow of care. The presentation is easy to learn, logical and applicable to a wide variety of settings.

Although participation in this

project is not mandatory, HFAP surveyors will be observing for hand-washing and hand hygiene techniques during on-site surveys.

If you would like to see what tools are available to you, please visit: [Five Moments for Hand Hygiene](#)

You can register your interest in this initiative, by visiting: <http://www.who.int/>



CMS allows for dedicated Observation beds in Critical Access Hospitals.

CMS Update—Provision of Observation Services in Critical Access Hospitals

The Centers for Medicare and Medicaid Services has issued an update memorandum concerning the use of Observation Beds in Critical Access Hospitals and the 25 inpatient bed maximum.

The update allows for CAHs to retain beds used solely for observation, without these beds being counted toward the statutory CAH maximum of 25 inpatient beds. However, facilities must take care as not to use

these beds as an extension of the 25 inpatient beds allowed.

HFAP has adopted this change in the new Critical Access Hospital manual. Surveyors will be using this new interpretation on site surveys.

You may access the full CMS update, by clicking: [CMS Bed Count Update](#)

Ambulatory Surgery Center Quality Collaboration

The Ambulatory Surgery Center Quality Collaboration (ASC QC) is a cooperative effort of organizations, including HFAP, and companies interested in ensuring that ASC quality data is measured and reported in a meaningful way. The ASC QC was formed in 2006 to initiate the process of developing standardized ASC quality measures. In March 2009, the ASC published the first voluntary reporting of ASC quality data on the ASC QC website at www.ascquality.org. The report represents aggregated performance data for the following six ASC facility-level quality measures, developed by the ASC QC and endorsed by the National Quality Forum (NQF):

- Patient Falls in the ASC
- Patient Burns
- Hospital Transfer / Admission
- Wrong Site, Side, Patient, Procedure, Implant
- Prophylactic IV Antibiotic Timing
- Appropriate Surgical Hair Removal

The HFAP is encouraging HFAP accredited Ambulatory Surgery Centers to begin voluntary data collection and sub-

mission of data directly to the Healthcare Facilities Accreditation Program, for inclusion into the ASC QC public reporting initiative. The measure-level data received from all of the HFAP accredited ASC's will be aggregated and submitted quarterly to the ASC QC by HFAP. HFAP accredited Ambulatory Surgery Centers will not be individually identified when the data is published on the ASC QC website.

We are unsure when CMS will issue its proposals for their mandated public reporting system

The HFAP accredited ambulatory surgery centers wanting to participate should begin data collection with the second quarter of 2009, and submit their data to HFAP by July 15, 2009. In the future, HFAP intends to provide its customers with periodic quality reports which will provide comparative data.

For more information about this voluntary program, please contact Monda Shaver, Director of Educational Services, at 312 202 8066 or by email, at mshaver@hfap.org.

On-line Educational Opportunities & New Website in Development

HFAP is in the midst of some great changes! Included in these changes is the development of on-line educational opportunities for facilities and surveyors!

These educational opportunities will include webinars and self-study modules on numerous topics—ranging from the overall survey process to the individual chapters and standards and

how you can anticipate being scored!

HFAP will post these on-line workshops and self-study classes, as they become available, on our website and in future issues of HFAP News.

HFAP is also in the process of developing a new website! Eventually, facilities and surveyors can look forward to secured areas for accessing quality data, applications, quality & patient safety ini-

tiatives, and educational opportunities via the website!

Should you have a specific educational need or suggestion regarding a topic in need of discussion / clarification, please do not hesitate to contact the Educational Services Department at 312 202 8066 or by dialing 800 627 1773 x 8066.



State of New York recognizes HFAP's deeming authority.

“To prepare for the start of the program, health care providers should consider conducting an internal assessment to ensure that submitted claims meet the Medicare rules.” (CMS, 2008)



Process improvement and accurate documentation becoming even more critical for healthcare providers.

HFAP Accredited Facilities Benefit from Collaborative Agreement with the State of New York

The New York State Department of Health and the Healthcare Facilities Accreditation Program are committed to a collaborative relationship with the expressed intent to reduce duplication of effort with respect to routine surveys of acute care hospitals and critical access hospitals. The State of New York will no longer routinely require a State-run survey for those facilities who are accredited by HFAP. In essence, facilities will be subjected to one survey, instead of two.

Through this collaborative agreement, the State of New

York will share with the HFAP information regarding State identified systemic concerns. A Systemic Concern is defined as a failure in the health care delivery process that resulted in patient harm or injury or had significant potential for patient harm or injury. Healthcare delivery process failures can include, but are not limited to, inadequate safeguards to prevent serious medication errors, untimely or incomplete emergency triage systems, ineffective infection control system, poor credentialing of medical staff, ineffective management of clinical data, or unsafe physical plant or environment.

The HFAP will, in turn, provide the State of New York with the decision letters & accreditation survey reports pertaining to participating hospitals in New York State. New York will then review the reports and a determination will then be made regarding the need, if any, for follow-up survey activity by the State Agency.

The Healthcare Facilities Accreditation Program looks forward to working with the State of New York, under this collaborative agreement.

Recovery Audit Contractors (RAC)

The healthcare industry is preparing for a new program being initiated by the Centers for Medicare & Medicaid Services (CMS), in an attempt by the agency to identify improper Medicare payments and to combat fraud, waste and abuse in the Medicare program. The national RAC program, required by Congress in the Tax Relief and Health Care Act of 2006, was developed from a successful trial of RACs to identify Medicare overpayments and underpayments to health care providers and suppliers in several states.

According to CMS, “The goal of the recovery audit program is to identify improper payments made on claims of health care services provided to Medicare beneficiaries. Improper payments may be overpayments or underpayments. Over payments can occur

when health care providers submit claims that do not meet Medicare’s coding or medical necessity policies. Underpayments can occur when health care providers submit claims for a simple procedure but the medical record reveals that a more complicated procedure was actually performed. Health care providers that might be reviewed include hospitals, physician practices, nursing homes, home health agencies, durable medical equipment suppliers and any other provider or supplier that bills Medicare Parts A and B.” (CMS, 2008)

CMS suggests that health care providers take the following steps, to assist in ensuring that submitted claims meet the CMS rules:

- I. Review RACs websites & identify patterns of denied claims in their own prac-

tice/facility

2. Implement procedures to promptly respond to RAC requests for medical records
3. Keep track of denied claims & preventing errors from occurring
4. Determine what corrective actions to track to ensure compliance with CMS and to avoid submitting incorrect claims in the future.

For more information and access to the full CMS Fact Sheet, click on [RAC](#). Please note that HFAP is not directly involved in any of the contracts, nor the auditing activities performed under the RAC Program.

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Conditions of Participation v. Standard-Level Requirements

Recently, many questions have arisen surrounding Conditions of Participation (CoP) and Standard-Level requirements. It is essential to understand the differences between a Condition of Participation and Standard-Level Requirements, as they pertain to CMS.

A **Condition of Participation** is a requirement which the Centers for Medicare and Medicaid Services puts forth as a requirement for the participation of a facility in the Medicare program. **Standards** are components of the overall Condition of Participation. Each Condition of Participation contains several standards.

In the HFAP Accreditation Requirements manuals, all Medicare Conditions of Participation and Standards are identified by *italicized* print. The **Condition of Participation** will be referenced with the Code of Federal Regulations number, which contains no 'subparts'. For example, §482.21 would be used as the reference for the Quality Assessment and Performance Improvement Program Condition of Participation.

12.00.01 Quality Assessment and Performance Improvement.

*The hospital must develop, implement, and maintain an effective, ongoing, hospital-wide, data-driven quality assessment and performance improvement program. ... The hospital must maintain and demonstrate evidence of its QAPI program for review by CMS. 482.21 ⇐ **Condition***

Standards within that Condition of Participation would be referenced with the relating CoP reference and subsequent Standard reference: §482.21(a).

12.00.03 Program Scope.

*The program must include, but not be limited to, an ongoing program that shows measurable improvement in indicators for which there is evidence that it will improve health outcomes and identify and reduce medical errors. 482.21(a)(1) ⇐ **Standard***

The HFAP has also created a 'quick reference' for identifying these CoPs and Standards, by the addition of the Cross Reference Grids, located at the end of each chapter in the accreditation manual.

As previously noted, a facility / provider is allowed to participate in the Medicare Program by complying with all of the Conditions of Participation in the provider agreement. Since the HFAP accreditation requirements explicitly incorporate the CMS Conditions of Participation and all of its subsequent Standards, the survey process is one way to determine that a facility / provider is complying with these requirements.

Condition-level citations may be given for one single infraction (note the above standard 12.00.01/ CMS CoP 482.21) or for a number of standard-level infractions (see above 12.00.03 / 482.21(a)(1)). There is no 'magic number' for standards deficiencies which will 'condition-out' a requirement. This depends upon the manner (how severe, how dangerous, how critical, etc.) and the degree (how prevalent, how many, how pervasive, how often, etc.) of the infraction. This could range from one infraction, to multiple infractions.

A Standard-Level deficiency is cited when noncompliance is found with any requirement(s) within a particular standard, which would not significantly limit the facility's ability to furnish adequate care, or which would not jeopardize or adversely affect the health or safety of patients if the deficient practice recurred. A citation at the Standard-Level is considered less severe than one applied at the Condition-Level. Nevertheless, all citations must be satisfactorily corrected within pre-determined time frames, in order to remain in compliance with the facility's provider agreement with CMS.

Helpful Links & Resources

[AHRQ Patient Safety Network](#)

[National Patient Safety Foundation](#)

[AHRQ Medical Errors & Patient Safety](#)

[Institute for Healthcare Improvement \(IHI\)](#)

[AHRQ Healthcare Innovations Exchange](#)

[The WHO Surgical Safety Checklist](#)