HFAP IS THE PARTNER OF CHOICE FOR HOSPITALS LOOKING FOR A BETTER SURVEY EXPERIENCE.
HFAP is:

**EXPERIENCED.** HFAP began evaluating quality in hospitals in 1945 and has held continuous deeming authority from CMS since that agency was founded in 1965.

**COMPREHENSIVE.** HFAP programs cover outpatient surgical settings to laboratories to acute care and critical access hospitals. We also offer a growing number of certification programs for specialty services.

**ACCESSIBLE.** HFAP account managers are process experts and our standards interpretation team (SIT) is staffed with clinical content and physical environment experts. Personalized help is readily available by phone or email, when you need it.

**CLEAR.** HFAP standards for hospital accreditation are founded on the CMS Conditions of Participation. Compliance assessment is consistent and based on published criteria.

**SENSIBLE.** HFAP surveys are rigorous but straightforward. Surveyors strive to understand each organization’s capabilities to maximize its unique potential for excellence.

**FRIENDLY.** We put customer experience and quality evaluation first, within an atmosphere of trust, support and education.

HFAP accredits:
- Acute Care Hospitals
- Healthcare systems
- Clinical Laboratories
- Critical Access Hospitals
- Ambulatory Surgery Centers

HFAP certifies:
- Joint Replacement programs
- Stroke Centers
- Wound Care programs
- Compounding Pharmacies
- Lithotripsy programs

ARE YOU READY?

**The HFAP Accreditation Cycle**

1. **Call us at 312.920.7383 or email info@hfap.org.**
   Discuss your organization with an HFAP account manager to determine which survey option is the best fit. An onboarding account manager can provide access to the relevant policies, procedures, and standards.

2. **Review the HFAP accreditation manual.**
   Our standards align with the CMS Conditions of Participation (CoP) making HFAP a practical choice whether your organization seeks accreditation in lieu of, or as an adjunct to a state survey.

3. **Complete the online application.**
   **HFAP Compass** is our online client portal where you can manage your organization’s profile, review standards, upload documents, and access tools.

4. **Participate in the onsite survey.**
   The survey is a positive, educational experience that happens with you, not to you.

5. **Provide your Plan of Correction.**
   Non-compliant standards will be identified onsite and a written Deficiency Report provided within ten days of your survey. Then you tell us your plan to address the deficiencies identified.

6. **Your accreditation decision is delivered.**

7. **Maintain compliance with the accreditation standards.**
   Accreditation lasts for three years. HFAP account managers will check in periodically—we want to keep the channels of communication open—and Standards Interpretation Team members are always available to you.
HFAP Academy
Ongoing education to support continuous improvement

ACADEMY WEBINARS
Free HFAP Academy webinars keep organizations up-to-date with regulatory changes and solutions for frequently-cited deficiencies.

ACADEMY LIVE
Multi-day, multi-track seminars provide intensive standards-focused education to prepare you to achieve and maintain accreditation.

ACADEMY ONSITE
Customized education when and where you need it. HFAP faculty brings expertise to your organization for a learning experience that can benefit your entire patient care and/or facilities management team.

Contact an account manager (info@hfap.org or 312.920.7383) for information about upcoming and archived educational programming.

The HFAP Survey Process

Before you apply
Review eligibility requirements in the Policies & Procedures section of the HFAP accreditation manual. Contact an account manager at 312.920.7383 if you have questions or concerns about which HFAP program will best meet your organization’s needs.

Before your survey
- Rally your team! Prepare your organization for survey through self-assessment or HFAP Academy options. Take corrective action as needed.
- Submit your online application with supporting documents and the non-refundable accreditation fee.
- Work with your account manager to schedule your onsite accreditation survey or prepare for your unannounced deemed status survey.

During your survey
An opening conference will set the tone for your survey with introductions and a comprehensive agenda.

Help the survey team understand your organization by sharing your successes and accomplishments. Provide evidence of standards compliance through documentation. Ask questions. Air concerns.

A closing conference will provide an overview of surveyor findings. You can begin planning corrective actions even before receiving your survey report.

After your survey
A hospital seeking accreditation must submit a plan of correction (PoC) for all deficiencies cited as a result of the onsite survey. For some deficiencies (e.g. those at the CMS “condition level”), a full or focused resurvey will be scheduled to confirm that corrections been fully implemented. Accreditation is awarded for a term of three years. Rarely, a hospital may require a one- or two-year follow up survey within that term to confirm continued compliance.

Program Cost
The cost of hospital accreditation consists of two elements: the accreditation fee paid with the application and the direct costs of the onsite survey, invoiced after the survey has been completed. An account manager can provide an estimate upon request.

I can honestly say I am one of those weird people who actually appreciates the survey experience. I am always beyond proud of the work we do and the level of integrity we hold ourselves to in the name of patient safety and outcomes. I generally shadow the nurse surveyor; it’s humbling and rewarding to see all 1100 colleagues show the surveyor our work and answer questions with sincerity and confidence. Yes, we always have a few citations, and we’ve deserved them. But we fix the issue and learn from it—ultimately, it makes us better.

— VP, Patient Care Services, 2019 letter to HFAP