Transition Resource Guide

for Hospitals and Health Systems

ACCREDITATION COMMISSION *for* HEALTH CARE

Section 1:

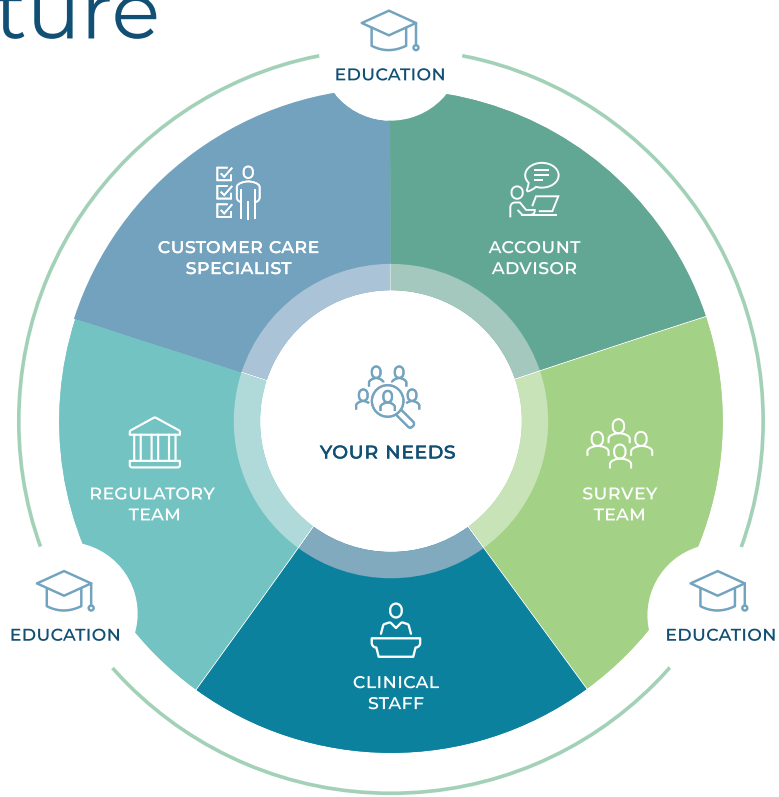
You've Made a Great Choice

ACHC®

Redefining the Culture of Accreditation

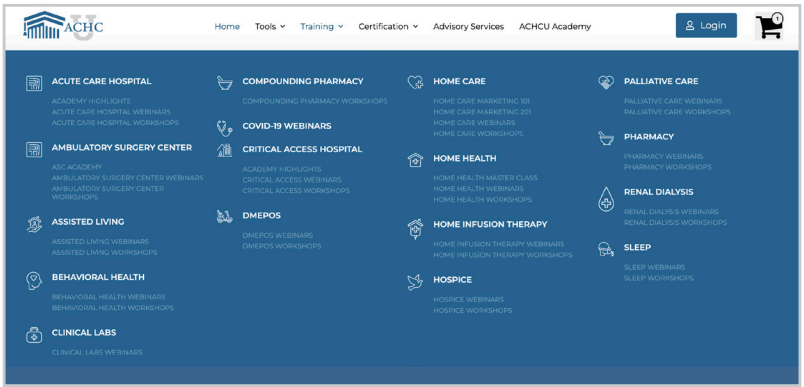
One source for education and accreditation

ACHC takes a team-based approach to help organizations prepare, achieve, and maintain accreditation. We surround your needs with expertise and education.



Education

ACHCU is committed to helping you prepare for accreditation through educational resources. ACHCU offers customized education delivered at your facility for any size group; *ACHCU Academy*, our flagship, three-day, multi-track conference; a range of focused tools and free webinars. We partner with leading experts to offer our customers the best possible learning experience.



Visit ACHCU.com

Use the dropdown menu under **Tools** to browse available resources. Use the dropdown menu under **Training** for access to on-demand webinars.

COFFEE CHAT

Education

Coffee Chat is a monthly interactive forum for ACHC hospital customers to explore and discuss topics of interest. A short presentation is followed by a lively, open Q&A session. In 2023, representative topics included:

- Assessing ligature risk throughout the hospital
- Alternative Life Safety Measures
- Infection prevention and control in the OR
- The use of restraints and seclusion
- The role of the Safety Officer

You can access recordings of selected past *Coffee Chat* sessions.

View Sessions **Password:** ACHCUcoffee

ACHC Publications

Did You Know? is a bi-monthly newsletter that focuses on a single standard and offers a perspective into the what, why, and how.

Other regular ACHC publications include:

- **Surveyor,** with an annual overview edition covering updates from all ACHC programs and a program-specific Quality Review edition detailing the prior year's most frequently cited standards.
- **Stroke Benchmarking Report,** identifying the annual performance results for ACHC-certified stroke centers.

View Publications

A Partner in Your Success

Smooth transitions of care enhance patient outcomes. A smooth transition from your previous accrediting organization minimizes disruption to hospital operations and builds team cohesion.

ACHC promotes the integration of education with accreditation. We reject the idea that a fear-based accreditation process is the best driver of regulatory compliance.

Hospitals are environments that depend on interdisciplinary collaboration. ACHC accreditation builds on that by partnering with you to create an effective accreditation discipline within your organization.

Meet Your ACHC Team

Transition Navigator

An ACHC staff member will be introduced in this role at your transition kick-off meeting. Your Transition Navigator will serve as your primary point of contact throughout the onboarding process. As a broadly knowledgeable generalist, they can respond to questions or concerns or get you to the right subject matter expert. They will work to keep you on track with any timelines you've established and will remind you of available resources, as needed.

Once your application is complete and your survey* scheduled, your dedicated Account Advisor will become your organization's primary contact at ACHC.

*For systems with multiple facilities transitioning to ACHC, your Transition Navigator will remain active with you until the last organization has completed onboarding.

ACHC®

Program Director

Deanna Scatena, RN, is the program lead for hospital accreditation. She also holds responsibility for critical access hospital accreditation and all specialty certifications available to hospitals.

Account Advisor

Each facility or system is assigned a personal Account Advisor to be the ongoing point of contact as it comes to the end of the onboarding process. This is the individual who will be available to answer process questions, help with the customer platform, and send reminders to keep required submissions (renewal applications, Plans of Correction, etc.) timely.

Customer Experience Manager

Your Account Advisor reports to a Customer Experience Manager who is dedicated to ensuring a smooth, supported process for each client organization throughout their term of accreditation or certification. In many cases, this individual will serve as your Transition Navigator.

Standards Interpretation Team (SIT), Life Safety Team

The SIT is comprised of clinical specialists with deep expertise in the ACHC standards and the CMS regulations on which they are based. SIT members are available to you at any time to answer questions about interpreting the requirements, evaluating compliance, or assessing a Plan of Correction (PoC) related to clinical and administrative standards.

Physical environment, life safety, and emergency management standards are usually the responsibility of the hospital's facilities team. ACHC's Life Safety experts are the SIT equivalent for these areas. With deep expertise gained from years of practical experience in the hospital setting, the Life Safety Team is a valuable resource and an accessible sounding board.

Surveyors

ACHC hospital survey teams include physicians, nurses, administrators, and facilities experts. Each of them has been vetted for their ability to deliver an educational survey experience that adds value for the hospital. ACHC Surveyors look for how your unique organization meets the intent of the standards. We believe a variety of approaches can all achieve compliance.

During your survey, don't be afraid to ask for clarification when needed and, in the rare instance when you disagree with an identified finding, you can call the SIT team for further discussion.

Section 2:

What to Know Before You Start

ACHC®

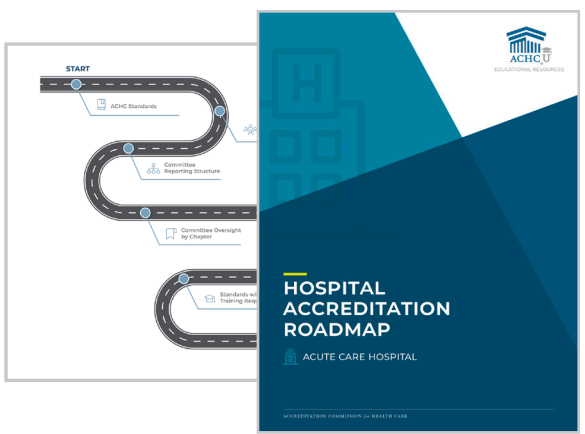
ACHC Standards

Understanding the ACHC Approach

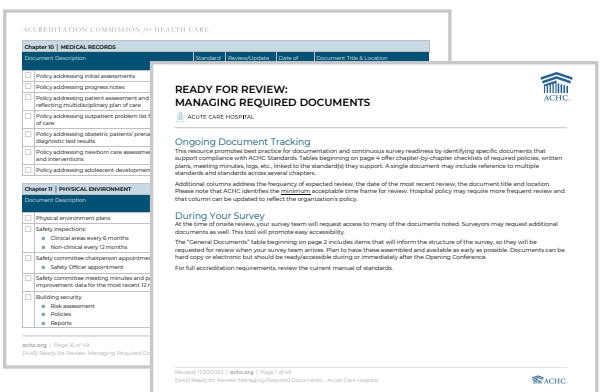
ACHC standards are your comprehensive resource for achieving and maintaining hospital accreditation. They are organized into chapters that mirror hospital departments and functions. Each standard includes detailed interpretive information including elements required to establish compliance. Explanations of how the survey team will assess each standard for compliance are included. There should be no surprises for your organization.

Key Resources

- **Hospital Accreditation Roadmap** (access through your Transition Navigator)



- **Ready for Review: Managing Required Documents** (access through your Transition Navigator)



Manual Format: Chapters

Accreditation Requirements for Acute Care Hospital is your manual of standards. It will be provided as a PDF by your Transition Navigator. The chapters correspond to specific hospital services or departments. Each chapter crosswalks to the CMS Conditions of Participation.

1 Administration

2 Basic Hospital Requirements

3 Medical Staff

4 Human Resources Management

6 Utilization Review

7 Infection Prevention and Control/Antibiotic Stewardship

8 Materials Management

9 Emergency Management

10 Medical Records

11 Physical Environment

12 Quality Assessment & Performance Improvement

13 Life Safety

14 Organ Procurement

15 Patient Rights and Safety

16 Nursing Services

17 Respiratory Care

18 Anesthesia Services

19 Radiology and Radiation Therapy

20 Emergency Service

21 Discharge Planning

22 Laboratory Services

23 Nuclear Medicine

24 Nutritional Services

25 Pharmacy/Medication Use

26 Physical Rehabilitation Services

27 Psychiatric Services (not PPS excluded)

30 Surgical Services

31 Outpatient Services

32 Swing Beds

33 DPU: Physical Rehabilitation

34 DPU: Psychiatric Unit

Note: Chapters 5, 28, and 29 are currently reserved for future use and have no standards.

Manual Format: Standards

Standards represent the requirements that must be met for accreditation.

Each requirement includes:

STANDARD	REQUIRED ELEMENTS/ ADDITIONAL INFORMATION	SCORING PROCEDURE
The requirement to be met. Where applicable, Medicare Conditions and Standards are indicated by the CfR reference (e.g., §482.xx, §485.xx). CMS Conditions of Participation (CoP) are noted and the *CoP and CMS standards are quoted verbatim and appear in italics.*	Further detail regarding expectations for full compliance. When the standards come from the CoP, supplementary detail is incorporated from the CMS interpretative guidelines in the State Operations Manual (SOM).	How ACHC Surveyors evaluate compliance through direct observation (of the environment, policy and procedure implementation, of direct patient care), through interviews (of licensed staff, employees, contractors, and/or patients), and through document review.

Preparing for Transition

Identify your Accreditation Leader

In addition to a designated Accreditation Coordinator or Leader, consider creating an Accreditation Committee or Multidisciplinary Accreditation Team to manage the process, promote organization wide transparency, and facilitate interdepartmental collaboration.

Turn Stakeholders into Champions

Regulatory compliance is a team effort, so communicating and promoting awareness of the importance of ACHC accreditation throughout your organization is important. However, there are individuals or teams within your hospital with experience and expertise related to the standards for specific chapters. These stakeholders can become influential change champions.

For example, your Governing Body is responsible for legal oversight of the entire organization, and for ensuring that all applicable federal, state, and local laws are met. These are key stakeholders who are sometimes overlooked in the nuts and bolts of preparing for accreditation. ACHC recommends providing education to the Governing Body regarding "their" standards and the associated survey expectations.

Creating champions at each level of the organization can have a significant, positive impact on the quality of your preparation for survey and for ongoing preparedness throughout the accreditation cycle.

Award Chapter Ownership

On a tactical level, as your hospital begins its transition, assigning each chapter to an owner is a crucial step.

Review and discuss the chapter with the assigned owner to confirm that they understand the standards. Work to establish goals and timelines for chapter compliance within the overall survey preparation strategy. This process will help to surface questions that you can then bring to your ACHC team for clarification and confirmation that your planned approach is sound.

Compliance Strategies

The Gap Analysis

With chapter owners designated, schedule regular meetings to track progress toward compliance. Early meetings should establish a process for review and assessment of the current state of compliance. Where there are gaps—a missing or incomplete policy, missing or inconsistent documentation, deferred maintenance, etc.—identify SMART goals (Specific, Measurable, Achievable, Relevant, Time-bound) for corrective actions, assign responsibility for follow-up tasks, and track progress toward completion in subsequent meetings.

Communication = Education

Share your progress. Provide education in the form of ongoing updates to your organization's Leadership Team and all employees to promote situational awareness. Chapter owners will need interdisciplinary support; and accreditation impacts the entire organization, so it's helpful to promote understanding about the standards and what will be needed as evidence of compliance.

Where's the Proof?

Your onsite survey team often will ask for documentation to demonstrate compliance. Examples include policies and procedures, meeting minutes, quality data, written programs and plans, and administrative reports. Once your chapter-level gap analysis is underway, each chapter owner should develop a method to demonstrate compliance for each standard within their chapter. Most organizations opt to assemble a paper or electronic binder with relevant documentation for each standard number.

Mock Surveys

Consider cross-departmental challenges. Create your own internal survey team(s) and assess your organization as an ACHC Surveyor would. This is an opportunity to critically evaluate compliance with the standards, prepare your entire team for the survey process, and enhance the culture of continuous quality improvement!

Just as ACHC Surveyors leave each organization with new ideas for how to do things, your internal mock surveys bring benefit to the teams and departments acting as Surveyors as well as to those they survey.

Tips from the Experts

Ask the Question.

Any time you are uncertain of your current state of compliance for a standard, or have any other questions related to accreditation requirements, please reach out to the SIT or Life Safety Team at **customerservice@achc.org.** We are here to help and we strive to respond within 48 hours or two business days.

As an onboarding organization, your Transition Navigator will schedule a series of conference calls to explain standards and identify gaps in compliance. Entire teams are welcome to participate.

There are no bad questions. Asking for clarification or guidance never reflects poorly on your organization or results in a punitive finding.

Think of Meeting Minutes like a Medical Record.

When writing meeting minutes, ensure your hospital clearly outlines the topic, discussion, follow up actions, and dates. Just as a patient's medical record is intended to create a narrative that can be followed by each provider who contributes to their care, meeting minutes must be sufficient for a reader (a Surveyor, in this case) to understand what was discussed, what decisions were made, who was responsible for next steps, and when they were to be completed.

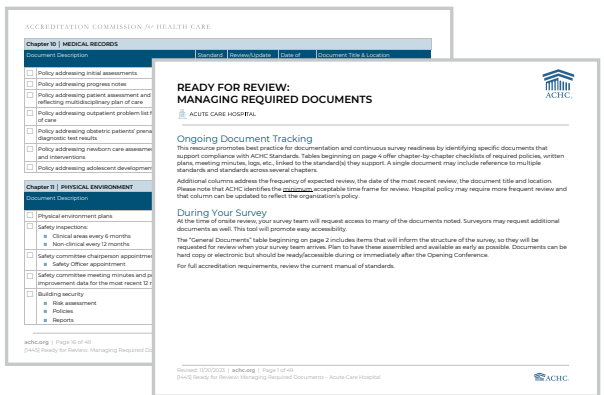
Audit your Policies and Procedures.

Establish a robust and consistent policy and procedure process that ensures accreditation standards and current practice guidelines are incorporated. Regular policy review and approval means at least triennial review (more frequent if required by individual standards or state law).

Re-educate staff on relevant policies following every review, at minimum. Policies that are long-standing and less frequently reviewed may become susceptible to drift when it comes to how they are implemented in actual practice. Surveyors look for congruence between policies and procedures and their execution.

Key Resources

- ***Ready for Review: Managing Required Documents Hospital Accreditation*** (access through your Transition Navigator)


ACCREDITATION COMMISSION for HEALTH CARE

Chapter 10 | MEDICAL RECORDS

Document Description | Standard | Review/Update | Date of | Document Title & Location

- Policy addressing initial assessments
- Policy addressing progress notes
- Policy addressing patient assessment and reflecting multidisciplinary plan of care
- Policy addressing outpatient problem list f of care
- Policy addressing obstetric patients' prena diagnostic test results
- Policy addressing newborn care assessme and interventions
- Policy addressing adolescent developmen

Chapter 11 | PHYSICAL ENVIRONMENT

Document Description

- Physical environment plans
- Safety inspections:
  - Clinical areas every 6 months
  - Non-clinical every 12 months
- Safety committee chairperson appointme
  - Safety Officer appointment
- Safety committee meeting minutes and p improvement data for the most recent 12 r
- Building security
  - Risk assessment
  - Policies
  - Reports

achc.org | Page 16 of 49

[1440] Ready for Review: Managing Required Do

READY FOR REVIEW:
MANAGING REQUIRED DOCUMENTS

ACUTE CARE HOSPITAL

Ongoing Document Tracking

This resource promotes best practice for documentation and continuous survey readiness by identifying specific documents that support compliance with ACHC Standards. Tables beginning on page 4 offer chapter-by-chapter checklists of required policies, written plans, meeting minutes, logs, etc., linked to the standard(s) they support. A single document may include reference to multiple standards and standards across several chapters.

Additional columns address the frequency of expected review, the date of the most recent review, the document title and location. Please note that ACHC identifies the minimum acceptable time frame for review. Hospital policy may require more frequent review and that column can be updated to reflect the organization's policy.

During Your Survey

At the time of onsite review, your survey team will request access to many of the documents noted. Surveyors may request additional documents as well. This tool will promote easy accessibility.

The "General Documents" table beginning on page 2 includes items that will inform the structure of the survey, so they will be requested for review when your survey team arrives. Plan to have these assembled and available as early as possible. Documents can be hard copy or electronic but should be ready/accessible during or immediately after the Opening Conference.

For full accreditation requirements, review the current manual of standards.

Revised: 11/20/2023 | achc.org | Page 1 of 49

[1440] Ready for Review: Managing Required Documents – Acute Care Hospital

Assemble your Documentation Early

Ensure your accreditation binders (electronic or hard copy) or evidence of compliance are prepared as outlined by the standards and ready prior to your survey window. This will help your teams know they are ready and it will save time during the survey.

Involve everyone!

It bears repeating: Compliance is a team effort. Encouraging participation within your organization will improve communication, promote shared goals, identify gaps in knowledge and preparedness, and generate questions.

Engagement is critical to trust and quality improvement and ACHC is an accessible resource for answers.

Section 3:

You've Got This

ACHC®

Submitting a Complete Application

The application provides ACHC with important information and documents prior to the survey. The hospital accreditation program team and assigned Surveyors review all documents submitted to verify compliance with requirements and to help make the survey process more efficient.

ACHC's hospital customers use the platform called **Compass** to submit their applications. A dashboard allows you to monitor application status in real time. Your Transition Navigator will share instructions on how to submit your application and upload required documents.

There are three sections to complete:

1. Review and Complete Location Information (includes all hospital-based outpatient departments)
2. Facility Availability
3. Upload Supporting Documentation

Examples of required supporting documentation include, but are not limited to:

- State License
- Governance Bylaws
- Restraint and Seclusion Policy
- QAPI Plans
- Infection Prevention and Control Plans
- Medical Staff Bylaws, Rules and Regulations
- Credentialing and Privileging Policy

You will also identify your "Ready for Survey" date on your application. This is the date that the survey window for your unannounced survey will open. ACHC will not arrive prior to this date, even if you have a complete application on file. In fact, we encourage you to submit your complete application before your desired survey window. This allows us plenty of time to assemble the most appropriate survey team and thoroughly prepare for the onsite visit.

The Survey

During the opening conference, the Surveyors will introduce themselves, request contact information for use while onsite, and review the survey agenda. You are invited to orient the survey team to your facility if you would like to do so.

Arrival

Survey team unannounced arrival (by 8 a.m.)

Opening Conference

Surveyor introductions, finalized survey agenda.

Team Conducts On-site Survey

- Tours (physical plant, Life Safety features)
- Interviews:
  - » Medical Staff
  - » Leadership
  - » Nursing Department
  - » Staff
  - » Patient
- Observations of care
- Document Review:
  - » Emergency Management
  - » Personnel Records
  - » Patient Records
  - » QAPI Overview
- Closing Conference

Site Visits

All sites providing anesthesia; others under the hospital CCN sampled.

The Surveyors will use direct observation, interviews, and review of documentation to evaluate compliance. Each preliminary finding will be shared with a member of your team so that they can acknowledge or dispute it immediately.

There may be a daily recap led by the team captain. A closing conference will summarize the experience from the Surveyor's perspective.

Key Resources

Accreditation Process – Acute Care Hospitals

Download

Getting to the Decision

After the Survey

The post-survey process is structured to meet time frames established by CMS. Begin your Plans of Correction immediately after the survey to stay on track!

Key Resources

Each of the documents below can be accessed through the Compass customer portal or by requesting them from your Transition Navigator or Account Advisor.

- **Completing a Plan of Correction**
- **Plan of Correction Checklist**
- **Revising a Plan of Correction in Compass**
- **Submitting a Plan of Correction in Compass**
- **Writing an Effective Plan of Correction (on-demand webinar)**
- **Plans of Correction – Hospital Work Groups (on-demand webinar)**

Welcome to ACHC. We look forward to providing the best possible accreditation experience!

ACHC®

We're here to help.

Call us at **(855) 937-2242**,
or email **customerservice@achc.org**.