

# ASF Accrediting Organization Interviews

## Survey Process and Staffing Model

### Findings

#### Accrediting Organizations Interviewed: December 2011

AAAHC – Marsha Wallander, Assistant Director Accreditation Services

AAAASF – Pamela Baker, Director of Accreditation

#### Interview Results:

Question Topics

AAAHC

AAAASF

<b>Staffing model – Impact on survey:</b>	<u>AAAHC</u>	<u>AAAASF</u>
Size and complexity	Some difference. More if no anesthetic and not MC. MC is more intensive across the board.	Yes - difference
Surveyor experience	They weed out bad surveyors. Provide training, policy book, and rotate staff.	No – it's more about the training and surveyors' organizational skills, and taking charge onsite
Better compliance 2 <sup>nd</sup> and subsequent surveys	Not necessarily – things often change causing slipping – staff, management, focus/direction.	Sometimes, but sometimes not – things change often that have negative impact; i.e. staffing, management
Already accredited v initial accreditation	No notable difference	Some
<b>What efficiencies can be achieved?</b>		
Pre-application listing everything needed for survey	Yes – they provide a list prior to survey	Yes – they provide a list prior to survey
What can be accomplished by paper, off-site, upfront?	Electronic application, upload documents (org charts, etc.). Prep – look at materials ahead of survey.	Send ahead list of needed items and the standards; nursing staff gather everything to get ready before survey
Advance notice v surprise visit	MC – random, surprise visit; Non-MC always advance notice	MC – surprise visit; Non-MC always advance notice
Corrections	If deficiencies, require facility submit plan of correction – board determines if it is acceptable.	100% compliance or not accredited – no partials or provisionals.
<b>Workload</b>		
Number of facilities – Medicare / Non-Medicare	1,400 MC, 3,600 Non-MC, 5,000 Total facilities	300 MC, 1,500 Non-MC, 1,800 Total facilities
Survey frequency (MC)	Routine – 1 every 3 years Follow-up and complaint as needed	Routine – 1 every 3 years Follow-up and complaint as needed

Consultation	Not by itself. As tone of regular surveys. Surveyors are working professionals able to give advice and examples.	No. Looking into doing that in future. When asked they provide a list of consultants.
Follow-up and/or Complaint	Follow-up - As needed if significant deficiencies. Complaint - yes	Follow-up - As needed if significant deficiencies. Complaint - yes
Facility Yearly Update Report		Yes – it is required – using a self inspection checklist
<b>Staffing</b>		
Who does the onsite review	Team made up of practicing healthcare professionals in the ASF field; often recommended or apply. They do minimum of 4 surveys in 2 years.	Volunteer doctors and RNs from ASF industry facilities. Have 500 trained volunteers. They do 3 surveys per year.
What is the length of survey? Hours on-site	Very unusual – 1 surveyor – 1 day Vast majority – 2 surveyors – 2 or more days Very few up to – 4 surveyors – 4 days Sometimes surveys are longer due to amount of compliance issues	Small – 1 surveyor – 6-8 hours Medium/majority – 2 surveyors – 6-8 hours Large – 3 surveyors – 6-8 hours
Not onsite hours to include	Prep, Report writing, Report review, Travel	½ - 1 hour – Prep – clear credentials, board privileges, copies of staff licenses... 1 ½ - 2 hours – Finish report (at hotel), overnight report to org. 1 – 2 hours – Org. reviews reports for completeness. Travel
Surveyors full time or part time	Part time. Rotate staff.	Part time. Rotate staff.
Pay and benefits		\$500 honorarium \$100 per diem per day Travel expenses
Turnover - Experience w/ surveys	Not much. Some back out at training.	Some
<b>Accreditation</b>		
Accreditation levels – Medicare	Life safety, patient tracer, more intensive survey	High level
Non-Medicare	Less intensive survey. Invite them in to excel, offer consultative and educational advice	Also high level, mostly equal, procedural – don't need the sterility of surgical
Standards applied at – Medicare level	Medicare standards and AAAHC standards	Medicare
Non-Medicare level	AAAHC standards and state's regulations	AAAASF standards
Cost to be accredited/deemed	Competitive with what the other org lists online	MEDICARE ACCREDITATION ANNUAL FEES

		Facility Class	
Specialists	# of Specialties	A,B,C-M,C	INSPECTION FEE
1 - 2	Less than 2	\$1,655	\$3,000
3 - 5	Less than 2	\$2,095	\$3,000
3 - 5	3 or more	\$2,370	\$3,000
6 - 9	Less than 2	\$4,625	\$4,000
6 - 9	3 or more	\$4,885	\$4,000
10 plus	Less than 2	\$6,570	\$4,500
10 plus	3 or more	\$7,410	\$4,500
<i>(Please Note: A separate fee will be charged for the Life &amp; Safety Code inspection, call the AAAASF office with questions)</i>			
Relevant characteristics for costs - # docs, procedures, procedure rooms	Scoping of a survey – number of providers, square feet of building, travel (rural/urban)	Number of specialties	
Charge for follow-up surveys and/or complaints	Follow-ups – yes. Complaints – yes if valid.	Follow-ups – no.	

**Medicare (true for both accrediting organizations interviewed)**

- Facilities take Medicare surveys more seriously
- Always unannounced surveys except initial survey
- More intense and time consuming
- Tighter reporting timelines
- Focused next surveys on previously noted deficiencies
- Life safety code
- Patient tracer method
- Requires two surveyors per inspection
- If out of compliance, must do follow-up