

## CARF HOT TOPICS

CARF stands for *Commission on Accreditation of Rehabilitation Facilities*

### **ASPIRE to Excellence:**

**A – Assess the Environment**

**S – Set Strategy**

**P – Persons Served and Other Stakeholders – Obtain Input**

**I – Implement the Plan**

**R – Review Results**

**E – Effect Change**

### General Center Information

- The Center is governed by a 21 member Board of Directors that meets once a month.
- Board Members are elected to a 3-year term and can serve for a maximum of 6 years
- The current Board Chair is Wade Davies.
- HRMC has been providing services since 1948 – 74 years
- The Center's **vision and mission:**  
**Vision:** To be a premier provider of high quality behavioral health and social services through a continuum of care focusing on our clients first and foremost, delivering quality services, demonstrating effectiveness, inspiring our staff, and building upon the spirit of our founder.  
**Mission:** **Improving the lives of the people we serve.**

### Compliance

- The Center has a **Corporate Compliance Plan** which establishes the Corporate Compliance Program
  - Paula Hudson is the Compliance and Privacy Officer
  - Corporate Compliance concerns can be forwarded to your supervisor, program management staff, the Compliance Officer, or the Center's anonymous hotline. The number can be found on e3 Datis.
  - The Center has a **non-retaliation policy** in response to good faith reporting of compliance concerns
- **Client Inquiries/Complaints** are to be sent to the staff member who has been designated as "Inquiries and Appeals Reviewer" – currently Karen Sprague, Compliance & Quality Systems Specialist
- **Sentinel Events and Incident Reports** are to be submitted to the Compliance & Quality Systems Department through the quickbase application and reviewed by Staci Reed, Compliance and Quality Systems Coordinator.
  - In situations where the report itself may not reach Staci within 24 hours, staff should leave her a voice message alerting her that the report that has been sent.
  - Incident reports are completed through the quickbase system for electronic reporting.

### Safety

- **Fire Drills** are conducted every month at all HRMC facilities – on all shifts for residential programs. Emergency Action Plans such as natural disasters, workplace threats, and medical emergencies are conducted quarterly during the year.
  - Each facility uploads a log sheet showing completion of these drills

- **Emergency contact numbers-** These must be *County specific*- the safety officer will provide these contact cards for all sites prior to the CARF survey. *Please confirm compliance with this item before the survey and request assistance from the Safety Officer, if necessary.*
- **Road Hazard warning equipment-** Center vans have road side triangles that must be used when the need occurs. All other vehicles must use their emergency flashers.
- Center-owned vehicles must contain a fire extinguisher and first aid kit.
- The Center provides first aid kits to staff who transport clients in their own vehicles.

### **Policy and Procedure**

- All HRMC personnel have access to both the **Center's Administrative Policies and Procedures Manual** and the **Personnel Policies and Procedures Manual** via Datis e3.
  - Each of the manuals is also located at each Center facility.
- The **Center's Organizational Chart** can be found in Datis e3.

### **HIPAA Privacy / Medical Records**

- The Center has both paper and electronic **medical records**
- HRMC maintains security and privacy of medical records by restricting access to unauthorized users, following the Center's policies and procedures regarding confidentiality.
- HRMC staff members must have a password protected screen saver that is programmed to 6 minutes of no activity – this has been established by I.T. for all computers
- HRMC staff members must NEVER share their passwords
- Passwords must be changed every 6 months – this process has been automated
- PHI must be transported in a Center, tear-resistant, locked bag
- In the event copies of PHI need to be discarded, staff must place the PHI in the Center's shred bins located within each facility. NEVER place PHI in the paper recycling bins or trash cans
- Privacy concerns can be forwarded to your supervisor, program management staff, the Compliance Officer, or the Center's anonymous hotline. The number can be found on Datis e3.

### **Data Collection/ Program Outcomes**

- For service delivery improvement the Center's data collection system measures each of the following areas:
  1. The effectiveness of services
  2. The efficiency of services
  3. Service access
  4. Satisfaction and other feedback from
    - a. the person served.
    - b. other stake holders (referral sources)
  5. These areas, or as we call them indicators, are measured by each Center program and the outcomes are used to identify trends and patterns for quality improvement. Each program's Quality Assurance/Quality Improvement (QA/QI) outcomes are reported to the QA/QI committee quarterly via the program's management staff.
- An annual analysis of the data produces the **Annual Performance Management Plan** presented to the Board of Directors

## General Program Standards

### Program Structure:

- Every accredited program has a program manual available on the I Drive (I:/Program Manuals). This manual contains the comprehensive program description. **Check yours out!**
- If services are modified, reduced, or ended due to unanticipated loss of funding or other resources for a program, that would be noted in the Progress Note, Transition Plan or Referral/Termination form showing how the client would continue services with another HRMC program.

### Screening and Access to Services

- Most of HRMC's outpatient programs do not keep a waiting list because they **"accept referrals on an ongoing basis and prioritize according to need."** Per CARF: *Referral lists include all persons referred for service...are not necessarily used to determine the sequence of admission.*
- Programs that utilize a waiting list are required to:
  - Provide an appt for orientation clinic within 48 hours. This ensures the first appt is **offered** as per established guidelines.
  - Client is then placed on waiting list.
  - Staff follow-up at least every 30 days to manage list.
  - Waiting Lists are used to manage clients, NOT exclude clients
- Programs must routinely monitor referral lists to ensure appropriate planning for continued improvement.
- Each client receives an **orientation** that is appropriate to their needs. The orientation must be understandable to the person. In cases where someone is unable to read, it is our responsibility to identify alternative ways in presenting the information, versus in written format.
- Clients must be offered a copy of a signed **Authorization to Release Information** form.
- If a person is found **ineligible for service**, documentation of the reasons and where the client was sent for more appropriate services can be found in the medical record.

### Individual Plan

- Each client is actively involved in, and has a significant role in, the individual planning process in determining the direction of his or her individual treatment/service plan.
- **SNAP-** The plan must reflect the goals and objectives that incorporate the unique **strengths, needs, abilities, and preferences** of the person served as well as identifying challenges and problems. Planning is consumer directed and person centered. (Preferences is defined as preferences for treatment, our role as providers is to attend to these preference as appropriate)
- **MOST MISSED STANDARD: The individual plan includes goals that are expressed in the words of the person served.**
- **SUGGESTED:** All treatment plans should have a description of the problem in the client's/guardian's words- use quotes to identify that it was a client statement.
- **"I cry all the time."** OR **"I've been depressed and have trouble dealing with everything since my divorce."**
  - All treatment plans should have objectives expressed in the words of the person served.
    - **"I think I need help to work through all of my grief in the best way."**
  - All goals should begin with **"client to..."**
  - All Crisis Plan responses should be in the client's words and in quotes.
  - All Progress Notes should contain client phrases in quotes.

- Short-term goals should be **measurable** and **time-limited**.
  - *Client to report social interaction 2 times per month by July 1.*
- Goals should identify the **frequency** of intervention.
  - *Client will attend a total of 10-12 individual therapy sessions within the next six months.*
- Goals should be **clear** and **concise**, not be “cookie-cutter.”
- Progress notes should be **directly linked** to the goals established in the individual treatment plan. This is known as the **“Golden Thread”**

### Transition/Discharge

- **Transition Planning** begins at the earliest possible point in service delivery.
- **Consent to Contact after Discharge.** Center programs must collect the needed information from the client; client must sign the Consent form. CARF Standards require that we provide post discharge follow-up within 72 hours if a client is discharged for aggressive or assaultive behavior (this must be documented in the clients chart as well). .

### Nonviolent Practices

- The Center uses *Handle with Care* for non-violent crisis intervention training. Approved program staff are trained in *Handle with Care* during New Employee Orientation – and updated on an annual basis.
- Approved programs use Therapeutic Holds/restraints, ***we do not seclude*** clients. Therapeutic holding or restraining should only be utilized as a **last** resort, and should not be utilized as behavior modification and intervention.
- A restraint will only be used as a time-limited emergency measure not to exceed 30 minutes with a physical restraint.
- Emergency intervention is used for safety of client and staff only.
- An **Incident Report** form must be filled out and submitted after every Therapeutic Hold.

### Quality Records Review

- CARF expects the Center to have systems and procedures in place that provide for ongoing monitoring of the quality, appropriateness and utilization of the services provided. The Center accomplishes this through a review of the records of the person served; better known to us as **Quality Records Review**. QRR forms are available on Datis e3 and covers areas for which CARF Is concerned including: Orientation to Services, Medication Consent, and Updated Treatment Plans.
- QRR forms are submitted to Courtney McCaslin, Compliance & Quality Systems Specialist, who reviews the information, compiles the data, and reports the information to the QA/QI Committee quarterly.