

CARF Accreditation – A Facility Perspective



Mariah Kolessar, PT, DPT
Rehab Manager – Acute Inpatient Rehabilitation Unit

Objectives

- Understand the CARF process
- Identify benefits and challenges
- Learn practical strategies for success
- Appreciate ongoing strategies for sustainability

The University of Kansas Health System (TUKHS) – Acute Inpatient Rehab Unit



- Part of a large, academic medical center
- 29-bed unit, free-standing from main hospital
- Primary programs include stroke, brain injury and spinal cord injury
 - Other common diagnoses include transplants (heart, liver, BMT), LVAD and critical illness myopathy

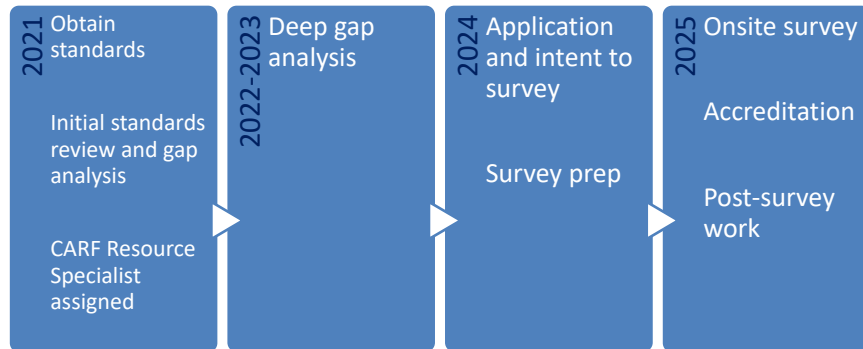
6/27/2025

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Our Why

- Validation of teams' efforts and quality of care
- Patient centeredness
- Transparency
- Gold standard
 - The experts use the literature to drive the standards and set an international standard of excellence
 - We could not generate those standards with independent brainstorming
- Recognition within our own health system
- Goal of being the regional leader for inpatient rehab

Timeline to Accreditation



How it started...

- Purchased the 2021 standards manual and workbook in digital format and used those as our base standards year after year
 - Over 1,700 standards
 - Made necessary changes to standards each year
- Resource Specialist assigned
- Initial overview of the standards
- Developed a Conformance Action Plan that met our needs, including a scoring system we decided to use to help prioritize gaps
 - Appendix A and C

Appendix A

1.H. Health and Safety

1.H.2.	Written procedures to promote the safety of persons served and personnel	
1.H.4.	Documentation of competency-based training in health and safety for personnel at orientation and at least annually	

Appendix C

Standard(s)	Training Requirements	Provided To	Competency-Based	Frequency
1.H. Health and Safety				
1.H.3.	Education designed to reduce identified physical risks	Persons served	No	None specified
1.H.4.	Health and safety training that addresses all areas listed in the standard	Personnel	Yes	Orientation and at least annually

Conformance Action Plan

Standard No.	Opportunity for Improvement	Actions to be Taken	Responsible Party	Time Frame for Completion	Progress Made	Gap Scale (1= Easy, 5= GAP)
1.H.2. The organization implements written procedures to promote the safety of: a. Persons served. b. Personnel.			PolicyStat: Cleaning, Disinfection, and Sterilization PolicyStat: Safety Management Plan Lippincott Procedures			1 1.H.2. Written procedures to promote the safety of persons served and personnel
1.H.3. Persons served receive education designed to reduce identified physical risks.						1 1.H.3. Required training: Education designed to reduce identified physical risks
1.H.4. Personnel receive training in health and safety at orientation and at least annually.			MFO and Associates			5

Most Challenging Standards to Close the Gap

1. Overarching strategic plan (1.C) and integration with other plans
2. Establishing structure and rhythm around analyzing data and written analyses (1.H.11, 2.A.14, 3.A.15)
3. Unannounced test of each emergency procedure (1.H.7)
4. Competency-based training and standardized education for staff, upon hire and at regular intervals
 - Wound management (2.A.25)
 - Brain injury (2.D.11)
 - SCI (2.D.24)
5. Written disclosure statement (2.B.8)
6. Durability of outcomes (3.A.16)

Strategic Plan (1.C)

Gap

- No strategic plan
- Program goals in silos

Solution

- Director of Rehab Unit wrote the strategic plan, including a SWOT analysis, however the plan did not provide a clear direction for the program

CARF Recommendation

Must include a SWOT analysis, specific priorities and goals, and discuss the financial position and impact in relation to the goals

- Helps influence the development of the individual plans
- Individual plans must speak to the strategic plan

Other Required, Written Plans

- Cultural, Competency, Diversity and Inclusion Plan (1.A.5)
- Risk Management Plan (1.G)
- Technology and System Plan (1.J.2)
- Accessibility Plan (1.L.2)
- Performance Measurement and Management Plan (1.M.3) and Analysis of Delivery Performance (1.N.1)

Gap

- No written plans

Solution

Written without clear direction and independent of strategic plan

CARF Consultation

- Individual plans should be the plans to assist with driving the overall strategic plan forward
- The strategic plan and individual plans should directly relate and work together

Rhythm of Analyzing Key Performance Indicators (1.M and 1.N)

- Critical incidents (1.H.11)
 - CAUTI
 - CLABSI
 - C. diff
 - HAPI
 - Falls
- Denials, Ineligible Service Referrals, Interrupted Services (2.A.14)
- Interrupted stays and acute discharges (3.A.15)

Gap

- Tracked a lot of data
- Did not document or follow up on action items
 - No PDCA

Solution

- Implemented more in-depth and valuable analysis to identify trends
- Established quarterly, interdisciplinary analysis of the main critical incidents

CARF Recommendation

- Add interrupted stays analysis

Unannounced Tests of Emergency Procedures (1.H.7)

- Fire
- Bomb threat
- Natural disasters
- Utility failures
 - Downtime
 - Cybersecurity
- Violent situations

Gap

- Hospital annual modules briefly touched on tornado, active shooter and cybersecurity.
 - Education not unit or program specific
- No education on bomb threat

Solution

- Leaned on other departments and expert staff in emergency management and security

No CARF Recommendations

Standard Education and Training

(2.A.25 Wound Management, 2.D.11 Brain Injury and 2.D.24 Spinal Cord Injury)

Gap

- Unit education mostly related to equipment and processes, not diagnoses
- Education related to diagnoses mostly upon onboarding and in silos

Solution

- Physician-led task forces for brain injury and spinal cord injury
- Wound module collaboration with acute service line
- Bundled education that is assigned upon hire and will be refreshed every 2 years (Helix or education platform)

No CARF Recommendation

Written Disclosure Statement 2.B.8

Gap

- No written disclosure statement for program
- Did not think a one-page paper form met our needs

Solution

- Process put in place to set up patient's MyChart or set up proxy access for a loved one
- Embedded billing contact information in the Team Conference Note template
- Signage in patient rooms to access MyChart for up-to-date information related to their stay

No CARF Recommendation

Durability of Outcomes 3.A.16

Gap

No data collected on patient status post-discharge

Hospital readmission data not informative to lead to programmatic improvements and affect outcomes

Solution

Utilized a standardized outcome measure, PROMIS-10 Global, available in Epic EMR
Established workflow for the questionnaire to be sent to the patient's MyChart 90-day post-discharge from rehab

Had a report built in Epic to pull the data for analysis

CARF Recommendation

No targets established for what outcomes we wanted to achieve

PROMIS Global-10 Score					
Patient Name: _____	Patient MRN: _____				
Date: _____					
Please respond to each question or statement by marking on box per row.					
	Excellent	Very Good	Good	Fair	Poor
1. In general, would you say your health is:	<input type="checkbox"/> +5	<input type="checkbox"/> +4	<input type="checkbox"/> +3	<input type="checkbox"/> +2	<input type="checkbox"/> +1
2. In general, would you say your quality of life is:	<input type="checkbox"/> +5	<input type="checkbox"/> +4	<input type="checkbox"/> +3	<input type="checkbox"/> +2	<input type="checkbox"/> +1
3. In general, how would you rate your physical health?	<input type="checkbox"/> +5	<input type="checkbox"/> +4	<input type="checkbox"/> +3	<input type="checkbox"/> +2	<input type="checkbox"/> +1
4. In general, how would you rate your mental health, including your mood and your ability to think?	<input type="checkbox"/> +5	<input type="checkbox"/> +4	<input type="checkbox"/> +3	<input type="checkbox"/> +2	<input type="checkbox"/> +1
5. In general, how would you rate your satisfaction with your social activities and relationships?	<input type="checkbox"/> +5	<input type="checkbox"/> +4	<input type="checkbox"/> +3	<input type="checkbox"/> +2	<input type="checkbox"/> +1
9r. In general, please rate how well you carry out your usual social activities and roles. (This includes activities at home, at work and in your community, and responsibilities as a parent, child, spouse, employee, friend, etc.)	<input type="checkbox"/> +5	<input type="checkbox"/> +4	<input type="checkbox"/> +3	<input type="checkbox"/> +2	<input type="checkbox"/> +1
	Completely	Mostly	Moderately	A little	Not at all
6. To what extent are you able to carry out your everyday physical activities such as walking, climbing stairs, carrying groceries, or moving a chair?	<input type="checkbox"/> +5	<input type="checkbox"/> +4	<input type="checkbox"/> +3	<input type="checkbox"/> +2	<input type="checkbox"/> +1

Approval and Commitment

- Intent to survey
 - Approval from Vice President and Executives
 - Approval from Regulatory Department
- Application
 - CARF Portal

Survey Prep

- Final review of conformance action plan
- Regulatory check-in
- Ongoing To-Do email
- Staff education
- Unit preparation
- Prepare cross-departmental teams

Survey – What to Expect

- Pre-survey virtual meeting
 - Administrative Surveyor vs. Programmatic Surveyor
- Microsoft Teams channel and folders per standard
- Surveyors schedule

Schedule

TUKHS INPATIENT REHAB CARF SURVEY SCHEDULE		
	Multipurpose Room	Consult Room
8:30-9:00	Rhonda/Dani Orientation Conference + TEAMS for virtual attendance	
9:00-9:30	Rhonda/Dani Facility tour, including empty patient room, bulletin boards, Meal Group board, Activity closet, Laundry Room, and Hall of Fame wall	
9:30-10:30	Rhonda Interdisciplinary group (Miriam, Kaden, Peter, Kate, Kyle, Carly, Mollie, Jama, Molly, Hilary, Kenzie, Hannah, Lindsey, Holly, Mona/scribe) (Dietitian needs to leave by 1010)	Dani Finances, Budget, Succession Planning (Julie, Kimberly, Mariah, Justin, Anne, Marion, Michelle/scribe) + TEAMS for virtual attendees
10:30-10:45		BREAK
10:45-11:00	Rhonda Medical Director (Dr. Aricks, Mona/scribe)	Dani Billing Compliance (Angie Mauch, Mariah, Michelle/scribe) + TEAMS for virtual attendees
11:00-11:15	Rhonda 10 min Referral Source (Dr. Lechtenberg, Mona/scribe) via TEAMS	Dani Leadership and Strategic Planning (Julie, Dr. Aricks, Mariah, Kimberly, Holly, Michelle/scribe)
11:15-11:30	Rhonda 10 min Referral Source (Dr. Berry, Mona/scribe) via TEAMS	
11:30-11:45	Rhonda Admissions Process (Melissa, Dr. Herman, Mona/scribe)	
11:45-12:00	Rhonda Psychologist (Dr. Jenkins, Mona/scribe)	

Cross-Departmental Teams



Post-Survey Work

- Quality Improvement Plan
- Keeping standards alive between surveys
- Aligning all leadership to integrate their work and workflows into the foundation laid by the CARF standards
 - Deciding what work is appropriate to be delegated
- Creating a Master Timeline document and Timeline Calendar, including Outlook appointments

July 2025

- Annual: 3.A.15 Discharges/Interrupted Stays to Acute Care, LTC, Expiration Written Analysis (July 2024-June 2025)
- Quarter 4: 1.F.7 Review of representative sample of bills Written Analysis (July 2024-June 2025)
- Annual: 1.G.1 Reach out for IPAC Annual Risk Assessment – [REDACTED] and [REDACTED] (July 2024-June 2025)
- Annual: 1.H.7 Finalize documented analysis of unannounced test of each emergency procedure
 - Fire – Reach out for 1st, 2nd, 3rd shift documented drills – [REDACTED] or [REDACTED]
- Annual: 1.H.7 Reach out to remind: Utility Failures/Downtime/Cybersecurity – [REDACTED] or [REDACTED] (scheduled in August 2025)
 - Consider any real events and after-action reports/improvement plans FY
- Annual: 1.H.11 Critical Incidents Written Analyses
 - Assault or violence (July 2024-June 2025) – [REDACTED]
 - Medication Errors (July 2024-June 2025)
 - Falls – Safety Committee (July 2024-June 2025)
 - CAUTI/CLABSI (July 2024-June 2025)
 - Others (Seclusion, Restraint, Weapons, Wandering, Vehicular accidents, Biohazard accidents, Legal/illegal substances, Abuse and Neglect, Suicide, Overdose)
- Annual: 1.H.14 Reach out for past FY's internal TJC Tracers – [REDACTED]

Lessons Learned

1. You can choose to take a recommendation
 - 2.E.1 standards related to sharing data re: adolescence
2. On multiple standards, there are several categories listed under the main standard. We set metrics, goals or actions for every category, which was unnecessary.
 - You must *consider* the category and can write, “considered, but no relevant goal at this time.”
3. Even if you are starting a new process, include targets/goals, as appropriate
 - Example Promis-10 questionnaire

Lessons Learned

4. Limited assistance from regulatory department
5. Opportunity to advocate or argue your case in a debriefing meeting prior to formal recommendations given

Lessons Learned – Program Specific

- Written Plans were hard to write because there wasn't a strategic plan with priorities and goals driving the actions
 - Plans were written without consideration of overall strategic plan
- Unannounced tests of each emergency procedure may become burdensome to other departments
 - Have expanded our list of resources (ex: using cybersecurity and downtime for utility failures, behavior event leaders for violent situations, etc.)
- Durability of outcomes measure, Promis-10, not helpful
 - Plan to create a custom questionnaire that provides more actionable feedback

Tips

- Appendix A is your most important document
- As you do your gap analysis, look for key words such as documented, competency-based, plans in case the standard is not listed on Appendix A
- If standards are not listed on Appendix A or C, you only need to be able to speak to the standard
- G:drive/shared space with folder names as CARF numbers and title of standard
 - Makes it easy to drag and drop into your Teams channel for the survey visit
- Utilize your Resource Specialist

Tips

- “Regular intervals” – you set the interval; whatever makes sense for your organization
- Representative from leadership with each surveyor in every meeting to hear and learn what questions they ask
- Regulatory representatives present to scribe and facilitate the start of meetings, if needed
- Get your team motivated
- Engage your physician leadership

Summary

- Accreditation is a journey
- Utilize all available resources to try and not reinvent the wheel
- Your time to brag!



Questions?