NATIONAL AGENCY ACCREDITATION: WHAT IS IT?

By Phyllis Mensh Brostoff, CEO, Stowell Associates, Milwaukee, Wisconsin. www.caremanagedhomecare.com

In 1997 our agency decided to pursue national accreditation organization as we started to build our model of care managed home care. Providing the type of service we envisioned did not require licensure in Wisconsin – since licensure is primarily for services that are paid for through Medicare and other health insurance programs and we did not want to be providing those acute, medical care services. Our organization was focused on providing long term care to chronically ill or functionally challenged individuals – in other words, the typical type of client served by geriatric care managers.

We believed that becoming accredited by a national accrediting body would help us build a sustainable business model going forward. I explored the choices available at that time, which included the Council on Accreditation (COA), the Joint Commission for Accreditation of Health Care Organizations (JCAHCO), and the Accreditation Commission for Home Care (ACHC). We choose to seek accreditation from COA because they accredited both care management and home care services and we felt that the COA standards would help us achieve the level of performance improvement we were seeking. We obtained accreditation from COA in 2000 and were reaccredited in 2005 and 2009.

Last year, in the process of beginning to plan for reaccreditation, we decided to explore alternatives and found that JCAHCO had become The Joint Commission (TJC), shedding “Health Care Organizations” from its title and adding accreditation for the type of personal care services we were providing along with our care management services. We expect to obtain that accreditation by May, 2012.

Accreditation has not only given us a clear set of nationally approved agency standards to follow, but also the ability to be recognized as an approved vendor for many long term care insurance policies. This was part of our original motivation for seeking national accreditation since the majority of long term care insurance policies require a “licensed or certified” agency – often one that is licensed by a state and certified by Medicare.

Please continue the story on to page 3
It has been a busy winter building and renewing relationships. It started with orientation of new board members in January. Kari Klatt from Milwaukee, Joel Gottsacker from Detroit, Chris Bangston from the Iowa City area, Sherry Kostman from the Chicago area were welcomed as well as returning veterans Marianne Ewig from Milwaukee and Judy Mange from St. Louis. I also attended the NAPGCM Chapter Presidents’ retreat in Arizona and had the opportunity to share and reflect on the efforts and concerns of other chapters.

The Midwest Board retreat was held in Milwaukee the weekend of February 10 and 11. We were right at home in the familiar surroundings of the Stowell and Associates conference room, home to Midwest NAPGCM member, Phyllis Brostoff’s company. New member, Kari Klatt also works for Stowell and Associates. Long-time former board member and Milwaukee resident Miriam Oliensis-Torres, came by to visit as well.

Where is this leading?

Well, our Chapter is focused on having a well-functioning, responsive board. What does it take to achieve that goal? My response: the relationship of committed and reliable people who know each other is a key component. We came together in that conference room in Milwaukee, Wisconsin, representing 9 different Midwestern states; Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Ohio and Wisconsin. By taking the time to get to know each other, we managed to develop a 2012 Strategic Plan, approve a 2012 budget, establish new committees and appoint their chairs in just a day and a half. The new Ethics Committee even had its first meeting, creating goals and a structure.

The benefits of relationship building reach far from the board room. When meeting care managers from other places, a comfort level is established, productive networking can take place more easily through face to face contact. In a field where there are many solo or small practices, one can feel isolated at times. With the relationships developed in belonging to an organization, you get to know people representing a variety of backgrounds and can draw upon these relationships to discuss professional issues or to draw support.

As we look ahead to, “Reaching New Heights” at the spring National Conference in Seattle, I am reminded of the opportunity for us as care managers to invest in ourselves and our practices, building relationships that enrich us in so many ways. Planning for our Midwest Conference, “Racing toward Excellence” in October in Indianapolis is well underway. Plan now to attend.

Visit MW GCM On the Web at...www.midwestgcm.com for up to the minute 2012 Conference Information!

Peer Case Teleconferences

Sign up now for an NAPGCM Telephonic Peer Case Conference! They are part of your member benefit package and are free to active members.

These toll-free conference calls challenge us to approach our unique day-to-day Care Management activities in creative new ways and meet NACCM certification requirement for consultation/supervision too.

Advance registration is required.

Watch for monthly e-mail announcements about how to take part.

RSVP or Send All Questions to:
Kimberly Such-Smith, BSN, RN, LNC, CMC, nursereview@charter.net, (507) 358-4670 or Annice Davis White at thecaringheart@sbcglobal.net

2012 PEER CASE TELECONFERENCE SCHEDULE

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We have successfully used our national accreditation as the equivalent of state certification with a number of long term care insurance providers. Recently we have seen long term care insurance contracts include TJC accreditation as one of the acceptable criteria for an agency that can provide service to policy holders. Therefore, our strategy from the 1990s to seek national accreditation has paid off – long term care insurance companies have accepted us as a vendor even though we are not licensed by a state or certified by Medicare.

In addition, accreditation has been a good marketing tool for us. The public can understand that this credential assures them that we are providing a level of service that meets national standards. And accreditation has been a good way for us to differentiate ourselves in the marketplace from the many franchises and other individuals and agencies that seem to spring up daily offering home care, and sometimes claiming to offer care management services as well. Accreditation has been a big investment for us, but we believe it has proved to be a good strategy for business growth.

When we obtain our formal notice of accreditation, we are also required to publically tell our clients that they can go to TJC Office of Quality Monitoring if they have a complaint – another element in our efforts to assure that our clients obtain services that are the highest quality possible.

If you decide to seek national accreditation, you will need to be prepared for an intense process, and spending money. Accreditation, being voluntary, is paid for by fees from the accredited organizations. These fees are generally assessed based on the volume of service provided and the gross revenue.

The key factor in obtaining certification is a careful, thorough reading of the standards as written, and a step by step approach of identifying if you are currently meeting each standard or not, and identifying the evidence that you are meeting the standard. If you realize you are not meeting the standard, you need to develop a way to meet the standard. This can be something as simple as putting into writing your agency’s current policy, or it can be as challenging as recognizing that you not only don’t have a policy covering this standard; but, you don’t really know how to develop one.

One advantage of seeking accreditation in today’s world is that much of the information required and processes are completed electronically. TJC has an excellent intranet site for those seeking accreditation and a highly responsive, consumer oriented structure to quickly and thoroughly answer questions. In our first accreditation effort, back in 1998-99, we had to produce a large booklet, full of many pieces of paper. Today, “paper” submissions have been replaced by electronic files.

Of course a key element of accreditation is a site visit by a surveyor. We had that site visit March 13 and 14, 2012, and experienced the TJC approach to compliance, called the “tracer” methodology, in person. This is a technique in which the surveyor reviews records concerning individual clients, the professional and other staff who are responsible for their care; then goes into the field to personally meet the client, observe the staff and consider if what is on paper is, in fact, what happens in the field.

I am proud to report that our surveyor told us, at the exit interview, that she “was sure that we were providing excellent service to our clients.” She also was impressed with the details in our caregiver and care manager plans of care – observing that we did not take a “cookie cutter” approach to providing our services to our clients.

We are urging TJC to add accreditation of care management as a service to their current list of programs they accredit: home health care, hospice care, personal care and/or support services, clinical respiratory services, rehabilitation technology, freestanding ambulatory infusion services, DME and pharmacy.

If you have any questions about, or are considering seeking, national accreditation, I would be happy to talk to you at 414 963-2600 or email me at phyllisb@caremanagedhomecare.com.
The Indiana Unit Pit Crew
Welcomes the Mid West Chapter Members
To our Capital of Indianapolis!

Join us for Racing Toward Excellence,
the 2012 Annual MW GCM Conference.
Traveling Tips for Fragile Flyers
Musical Intervention

More information to come after the Time Trials in May!

Racing Toward Excellence Checklist
Everything you need to have a great time!
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- Beverages and Snacks
- Cooler
- Cash
- Sunscreen
- Sunglasses
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- Binoculars
- Camera
- Autograph Pen

www.IndianapolisMotorSpeedway.com

Racing Sponsorships available
Sara Moore, smoore@areaivagency.org

October 19-21, 2012
The Westin of Indianapolis
The Midwest Board developed a 2012 Strategic Plan at our retreat on February 10-11 in Milwaukee. The plan will be finalized over the next month. Below is a summary of the plan’s highlights.

Thoughtfully, the National Board developed its 2012 Strategic Plan early, so the chapters would have it readily available as a foundation for 2012 planning purposes. We added objectives in each of the three areas:

1. Membership
2. Communication / Technology
3. Research, Having a Voice, Collaboration

The Midwest Plan specifically focuses on recruitment and retention of members, including an aggressive system of contacting new members by telephone three times during their first year of membership to make sure they are getting oriented and having their needs met within the organization.

We are creating a wallet-sized card with talking points on the values and benefits of membership. Midwest will publicize our representation and opportunities for participation on national committees to expand member involvement in the organization.

We hope to have our new website (through the national site) developed in the near future and are dedicating an issue of our newsletter to expanded leadership. We are encouraging Units to engage with local universities and allied businesses. Our new Ethics Committee has already defined goals and structure.

If any of these efforts hold particular interest for you and you want to help, please contact me and I will steer you to the right committee.
A Place For Clarification
Of Ethical Questions
In Your Practice

ETHICS COMMITTEE
Judy Mange, Chair
Phyllis Brostoff • Kim Such-Smith • Sherry Kostman

The Midwest Chapter has established an Ethics Committee with the goal of offering the membership a place to discuss and brainstorm any ethical or business practice dilemma which may be of concern to their practice.

This was developed in response to the updated NAPGCM Code of Ethics and Standards of Practice published last year. If you are not familiar with these, they are available on the web site (www.caremanager.org) under the “About Us” tab.

If you are in a quandary about an issue with your clients related to ethics or a business practice, and would like a peer consultation as to the “best practice”, e-mail the chair of the committee at mangej@msn.com.

The question will be discussed by the Ethics Committee with the person requesting consultation or anonymously and recommendations will be sent to the member in a manner consistent with the requesting member’s preference.

The committee will also be presenting a program at the chapter conference in October to discuss common ethical issues and dilemmas with a goal of sensitizing the membership to the many ethical situations faced by the geriatric care manager.

2012 MWGCM Committee Chairs

Please consider joining one of your 2012 Midwest Chapter Committees.
Please contact the chair to learn more and get engaged with this awesome organization.

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Mary Pitsch, Chair

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Sherry Kostman, CoChair

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Cindy Womack, CoChair
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Kimberly Such-Smith, CoChair
nursereview@charter.net

Ethics
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mangej@msn.com

Indianapolis Conference
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Co4eldercaremgt@centurylink.net

By-Laws
Connie Croyle, Chair
Co4eldercaremgt@centurylink.net

Unit Coordination
Judy Mange, CoChair
mangej@msn.com

Chris Bangston, CoChair
chris.bangston@gmail.com

“Persevere... because on the road to success there is never a crowd on the extra mile!”

“When life seems like an uphill climb, take comfort in the fact that you’re moaning everyone behind you.”

“If you don’t take a chance, you don’t stand a chance.”
The Beers Criteria was first developed in 1991 and identified a list of Potentially Inappropriate Medications (PIMs) for nursing home residents. The list was revised and expanded in 1997 and 2003 to incorporate all geriatric patients irrespective of care setting.

PIMs fall into two broad categories: medications to avoid using in elders regardless of disease or condition and drugs potentially inappropriate depending on coexisting disease and conditions. A third group was added for medications to be used with caution in the elderly.

The American Geriatrics Society (AGS) has partnered with an interdisciplinary panel of experts using an evidence-based approach to create the updated 2012 AGS Beers Criteria.

The 2012 AGS Beers Criteria is a useful guide for the Geriatric Care Manager when monitoring older adult medication use and for requesting medical provider review of older adult prescriptions. A complete 2012 Beers Criteria list, lay translation and pocket card can be obtained using the following links:

PROFESSIONAL ARTICLE;

PUBLIC TRANSLATION;

POCKET CARD:
http://www.americangeriatrics.org/health_care_professionals/clinical_practice/clinical_guidelines_recommendations/2012

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April 6 — March 30
July 6 — June 29
October 5 — September 28

For More Info Contact the Editor:
Kari Klatt via e-mail at
karik@caremanagedhomecare.com

WORDS OF WISDOM & HUMOR
To every thing there is a season, and a time to every purpose under the heaven:
A time to be born, and a time to die . . .
A time to weep, and a time to laugh; a time to mourn, and a time to dance.
It's always darkest before dawn.
So if you’re going to steal the neighbor’s newspaper, that’s the time to do it.
If you tell the truth you don’t have to remember anything.
If you lend someone $20 and never see him again; it was probably worth it.
Never mess up an apology with an excuse.
Give a man a fish and he will eat for a day.
Teach him how to fish, and he will sit in a boat and drink beer all day.
Wisdom comes from good judgment and a lot of that comes from bad judgment.
Quickest way to double your money is to fold it in half and put it back in your pocket.
A closed mouth gathers no foot.
Duct tape is like the Force, it has a light side and a dark side
and it holds the universe together.
I didn’t say it was your fault. I said I was going to blame you.
Before you criticize someone, you should walk a mile in his shoes.
That way, when you do criticize him,
you’re a mile away and you have his shoes.