

**CARF
Survey Report
for
Broad Reach
Health - Liberty
Commons**

Organization

Broad Reach Health - Liberty Commons
390 Orleans Road
North Chatham, MA 02650

Organizational Leadership

William J. Bogdanovich, MOD, FACHCA, CNHA, CAS, C
Chief Executive Officer

Ann Bulger, RN-BC
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Survey Dates

October 26-27, 2015

Survey Team

Rita S. Thomsen, Administrative Surveyor

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Programs/Services Surveyed

Inpatient Rehabilitation Programs - Skilled Nursing (Adults)
Inpatient Rehabilitation Programs - Skilled Nursing: Stroke Specialty Program (Adults)

Previous Survey

October 18-19, 2012
Three-Year Accreditation

Survey Outcome

Three-Year Accreditation
Expiration: November 30, 2018



Three-Year Accreditation

SURVEY SUMMARY

Broad Reach Health - Liberty Commons has strengths in many areas.

- Broad Reach Health - Liberty Commons is led by an experienced and respected team that values its patients and employees. The management staff is enthusiastic, well qualified, and highly committed to providing optimum services.
- The organization appears to be financially stable and has benefited from strong leadership and sound financial management and decision making. The astute and creative financial management has enabled the organization to continue to thrive despite funding decreases and other financial challenges.
- The organization provides services in attractive, well-maintained facilities that are designed to meet the needs of the patients and personnel. The painted hallway murals reflecting the Cape Cod scenes and the external decorating of the occupational therapy area reflecting a Cape Cod style house add to the attractiveness of the facility. The courtyard area provides a lovely space for therapy, relaxation, family gatherings, and staff events.
- The therapy space offers a full complement of therapeutic interventions.
- Despite an often financially challenging market, leadership has clearly demonstrated a commitment to the ongoing growth, development, and retention of professional personnel by continuing to provide annual continuing education dollars.
- The organization shows a strong commitment to personnel through its various staff recognition programs as well as the Richmond Vacation where long-term staff members earn additional pay for each five years employed after ten years.
- The staff members at Liberty Commons share a passion and enthusiasm for the work they do and the patient care they provide.
- The longevity of the organization's personnel is greatly admired and reflective of the support and encouragement that leadership provides, the satisfaction for the work done, and the commitment to the mission of Liberty Commons.
- The facilities' efforts to assign consistent staff provides great continuity of services, helps to provide more cohesiveness among team members, and supports the development of trusting relationships between the patients and staff.
- Participation in the Paul Coverdell project is admirable; the time and energy for this project are necessary to identify interventions and determine future interventions.
- Staff members participate in a wide variety of community activities that assist to increase awareness of the provided services, safety interventions, health screenings, and disease-specific management strategies.
- The medical staff is committed, clinically skilled, and progressive and proudly supports the services provided at Liberty Commons.
- Referral sources as well as current and previous patients are very complimentary of the services provided.

Broad Reach Health - Liberty Commons should seek improvement in the areas identified by the recommendations in the report. Consultation given does not indicate nonconformance to standards but is offered as a suggestion for further quality improvement.

On balance, Broad Reach Health - Liberty Commons has a dedicated group of staff members who are admirably meeting the needs of its patients. The organization has enthusiastic clinical and administrative leadership that is committed to the ongoing support of staff. The facilities are well designed and provide an environment that is easy to access and conducive to the treatment of its patients. The organization provides quality skilled nursing services to the residents of the Cape Cod area through its highly dedicated team of professionals. The staff members of the organization demonstrate a sincere and profound commitment to improving the lives of the patients it serves. Staff members are dedicated to developing a collaborative relationship with patients and focus on achieving positive outcomes. Opportunities for improvement were identified that include additions to the cultural and diversity plan, conducting annual tests of all emergency procedures, expanding and developing competencies for all personnel, providing a written disclosure statement to all patients, and the establishment of performance targets and review of data being collected by the stroke specialty program. It is clear that the organization is committed to conforming to the CARF standards and has the resources required to address these areas for improvement and others.

Broad Reach Health - Liberty Commons has earned a Three-Year Accreditation. The organization is recognized for this achievement and its efforts to provide quality rehabilitation and is encouraged to remain current with the CARF standards as it strives to continually improve.

SECTION 1. ASPIRE TO EXCELLENCE[®]

A. Leadership

Description

CARF-accredited organizations identify leadership that embraces the values of accountability and responsibility to the individual organization's stated mission. The leadership demonstrates corporate social responsibility.

Key Areas Addressed

- Leadership structure
- Leadership guidance
- Commitment to diversity
- Corporate responsibility
- Corporate compliance

Recommendations

A.5.b.(2)

A.5.b.(3)

A.5.b.(5) through A.5.b.(7)

The organization has developed and implemented a cultural competency and diversity plan. It is recommended that the plan be reviewed to address age, gender, socioeconomic status, spiritual beliefs, and language.

Consultation

- The organization does complete a review of the organization's policies annually. As the organization moves toward electronic integration of all its records and policies, it is suggested that a process to record the date of the review of policies be incorporated into the review process.
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C. Strategic Planning

Description

CARF-accredited organizations establish a foundation for success through strategic planning focused on taking advantage of strengths and opportunities and addressing weaknesses and threats.

Key Areas Addressed

- Strategic planning considers stakeholder expectations and environmental impacts
 - Written strategic plan sets goals
 - Plan is implemented, shared, and kept relevant
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Recommendations

There are no recommendations in this area.

D. Input from Persons Served and Other Stakeholders

Description

CARF-accredited organizations continually focus on the expectations of the persons served and other stakeholders. The standards in this subsection direct the organization's focus to soliciting, collecting, analyzing, and using input from all stakeholders to create services that meet or exceed the expectations of the persons served, the community, and other stakeholders.

Key Areas Addressed

- Ongoing collection of information from a variety of sources
 - Analysis and integration into business practices
 - Leadership response to information collected
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Recommendations

There are no recommendations in this area.

E. Legal Requirements

Description

CARF-accredited organizations comply with all legal and regulatory requirements.

Key Areas Addressed

- Compliance with all legal/regulatory requirements
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Recommendations

E.3.c.

The organization is urged to establish written policies and procedures to address the security of all records. The organization currently stores its paper files in a small room that does not appear to have adequate provision for file storage. This has resulted in files being stacked on top of metal filing cabinets and, in the event the sprinkler system is activated, these files could receive extensive damage.

F. Financial Planning and Management

Description

CARF-accredited organizations strive to be financially responsible and solvent, conducting fiscal management in a manner that supports their mission, values, and annual performance objectives. Fiscal practices adhere to established accounting principles and business practices. Fiscal management covers daily operational cost management and incorporates plans for long-term solvency.

Key Areas Addressed

- Budget(s) prepared, shared, and reflective of strategic planning
 - Financial results reported/compared to budgeted performance
 - Organization review
 - Fiscal policies and procedures
 - Review of service billing records and fee structure
 - Financial review/audit
 - Safeguarding funds of persons served
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Recommendations

There are no recommendations in this area.

G. Risk Management

Description

CARF-accredited organizations engage in a coordinated set of activities designed to control threats to their people, property, income, goodwill, and ability to accomplish goals.

Key Areas Addressed

- Identification of loss exposures
 - Development of risk management plan
 - Adequate insurance coverage
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Recommendations

There are no recommendations in this area.

H. Health and Safety

Description

CARF-accredited organizations maintain healthy, safe, and clean environments that support quality services and minimize risk of harm to persons served, personnel, and other stakeholders.

Key Areas Addressed

- Inspections
 - Emergency procedures
 - Access to emergency first aid
 - Competency of personnel in safety procedures
 - Reporting/reviewing critical incidents
 - Infection control
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Recommendations

H.7.a.(1)

H.7.b. through H.7.d.

The organization is urged to conduct unannounced tests of all its emergency procedures, including complete actual or simulated physical evacuation drills at least annually on each shift. The tests should be evidenced in writing and include an analysis of performance that addresses areas needing improvement, actions to be taken, results of performance improvement plans, and necessary education and training of personnel. Details of the procedures utilized when the emergency drills are tested could be included in order to identify the specifics of the drills and any areas for improvement.

I. Human Resources

Description

CARF-accredited organizations demonstrate that they value their human resources. It should be evident that personnel are involved and engaged in the success of the organization and the persons they serve.

Key Areas Addressed

- Adequate staffing
- Verification of background/credentials
- Recruitment/retention efforts
- Personnel skills/characteristics
- Annual review of job descriptions/performance
- Policies regarding students/volunteers, if applicable

Recommendations

I.4.a.(1) through I.4.b.

Although the organization has developed some competencies that are referenced in various places, such as job descriptions and performance reviews, it is not apparent that it has consistently identified the competencies needed by all personnel to assist patients in the accomplishment of their established outcomes and support the organization in the accomplishment of its mission and goals. It is recommended that competencies be identified for all personnel and that the organization assess the current competencies at least annually. It may be useful to review and consolidate those already in place and to identify a consistent method to document and organize.

I.5.a.(1) through I.5.b.(1)

It is recommended that the documented personnel training at orientation and regular intervals address identified competencies.

I.6.b.(1)(b)

It is recommended that the performance evaluations for all personnel be based on identified competencies.

Consultation

- The organization does complete a review of its job descriptions annually. It is suggested that it consider expanding the review process to include documentation of the date of the review.
 - The organization does complete a review of its personnel policies annually. It is suggested that it consider including a method of recording the date of the review into the process.
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J. Technology

Description

CARF-accredited organizations plan for the use of technology to support and advance effective and efficient service and business practices.

Key Areas Addressed

- Written technology and system plan
- Written procedures for the use of information and communication technologies (ICT) in service delivery, if applicable
- Training for personnel, persons served, and others on ICT equipment, if applicable
- Provision of information relevant to the ICT session, if applicable
- Maintenance of ICT equipment in accordance with manufacturer recommendations, if applicable
- Emergency procedures that address unique aspects of service delivery via ICT, if applicable

Recommendations

There are no recommendations in this area.

K. Rights of Persons Served

Description

CARF-accredited organizations protect and promote the rights of all persons served. This commitment guides the delivery of services and ongoing interactions with the persons served.

Key Areas Addressed

- Communication of rights
 - Policies that promote rights
 - Complaint, grievance, and appeals policy
 - Annual review of complaints
-

Recommendations

K.3.b.(2)

Although the organization has policies and written procedures detailing how patients can make formal complaints, file grievances, or appeal decisions that include the timeframes for action to be taken, this detail is not being shared with patients in an understandable way. It is recommended that the timeframes for action to be taken as well as the procedures for written notification regarding the action to be taken be included in the information shared with patients in an understandable manner.

L. Accessibility

Description

CARF-accredited organizations promote accessibility and the removal of barriers for the persons served and other stakeholders.

Key Areas Addressed

- Written accessibility plan(s)
- Requests for reasonable accommodations

Recommendations

There are no recommendations in this area.

M. Performance Measurement and Management

Description

CARF-accredited organizations are committed to continually improving their organizations and service delivery to the persons served. Data are collected and analyzed, and information is used to manage and improve service delivery.

Key Areas Addressed

- Information collection, use, and management
 - Setting and measuring performance indicators
-

Recommendations

There are no recommendations in this area.

N. Performance Improvement

Description

The dynamic nature of continuous improvement in a CARF-accredited organization sets it apart from other organizations providing similar services. CARF-accredited organizations share and provide the persons served and other interested stakeholders with ongoing information about their actual performance as a business entity and their ability to achieve optimal outcomes for the persons served through their programs and services.

Key Areas Addressed

- Proactive performance improvement
 - Performance information shared with all stakeholders
-

Recommendations

There are no recommendations in this area.

Consultation

- The organization has an extensive listing of continuous improvement opportunities. It is suggested that the leadership team consider efforts to prioritize and create what could be a more manageable and useful list.
 - The organization's data mining is extensive. It is suggested that it consider a simplified approach to the design of more meaningful, easily understandable information regarding the program's effectiveness.
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SECTION 2. THE REHABILITATION AND SERVICE PROCESS FOR THE PERSONS SERVED

A. Program/Service Structure for all Medical Rehabilitation Programs

Key Areas Addressed

- Scope of the program and services
 - Admission and transition/exit criteria
 - Team communication
 - Provision of services to any persons who require ventilatory assistance
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Recommendations

A.17.a.

The facility staff maintains records and files regarding maintenance and equipment checks but lacks specifics as to the process, results, and actions regarding calibration. It is recommended that an organized and documented preventive maintenance program include calibration of equipment in accordance with manufacturers' recommendations.

Consultation

- The topic selection and multiple attempts made by the designated educator to track education initiatives are admirable. It is suggested that the organization continue to pursue computerized options to collect and track staff education that could be more efficient.
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B. The Rehabilitation and Service Process for the Persons Served

Key Areas Addressed

- Scope of the program services
 - Appropriate placement in and movement through the continuum of services
 - Admission and ongoing assessments
 - Information provided to persons served for decision making
 - Team composition
 - Team responsibilities and communication
 - Medical director/physician providing medical input qualifications and responsibilities
 - Discharge/transition planning and recommendations
 - Family/support system involvement
 - Education and training of persons served and families/support systems
 - Sharing of outcomes information with the persons served
 - Physical plant
 - Records of the persons served
-

Recommendations

B.8.a. through B.8.e.

The organization should provide an individualized written disclosure statement to each patient that includes sufficient information to address the scope and intensity of services that will be provided, the estimated length of stay, insurance coverage, and alternative resources to address additional identified needs.

B.22.b.(1)

In the PointClickCare[®] system, all disciplines assess and document using extensive evaluative forms. It is recommended that unnecessary duplicative information, such as functional status, environmental barriers, and home support, be avoided.

B.38.a.(3)

The facility gathers and shares a variety of information with patients from its performance measurement and outcomes management system. It is recommended that the information shared with patients also include the average number of hours of treatment per day.

B.46.a.

B.46.c.(1) through B.46.c.(5)

Although a concurrent medical record review is being done, it is not apparent that there has been an analysis of all the various component parts. It is recommended that at least annually the analysis of the representative sample of patient records include performance in relationship to established

targets in each area, trends, actions for improvement, results of performance improvement plans, and necessary education and training of personnel. The responsibility for the review is currently shared by a number of different individuals who are reviewing separate areas from a variety of perspectives. There could be value in combining all of the efforts into a single checklist that could then be used to enhance the recognition of the entire process and serve to provide greater staff training and education.

Consultation

- To increase the effectiveness of the whiteboards in each patient room, the organization is encouraged to consider including the individualized patient goals and to use language that might be better understood by all patients.
 - All disciplines document information necessary for care, treatment, progress, and goals. In addition, the facility staff, patients, and other stakeholders may benefit from a single, clear document containing information gleaned from the regularly scheduled team conferences.
 - The program collects input from patients about their information needs regarding rehabilitation in a variety of informal ways. It is suggested that it consider more consistent methods that could include the development of a questionnaire or survey that could be used to anticipate future needs and identify opportunities for improvement.
 - The organization is encouraged to consider completing the “My Personal Health Information Book” as part of the therapy process as a way to more actively involve the patient and avoid any delay at discharge.
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SECTION 3. PROGRAM STANDARDS

A. Comprehensive Integrated Inpatient Rehabilitation Program

Inpatient Rehabilitation Program - Skilled Nursing (Adults)

Key Areas Addressed

- Preadmission assessment
- Privileging process
- Appropriate placement in the continuum of services
- Secondary prevention
- Rehabilitation nursing services
- Rehabilitation physician/medical services and management
- Program-specific information-gathering requirements
- Information gathering regarding durability of outcomes

Note: Recommendations, consultation, and exemplary conformance in this section of the report do not include those specific to specialty programs included in the survey. If specialty program accreditation was sought, the relevant specialty program section of the report includes recommendations, consultation, and areas of exemplary conformance for all portions of Section 3 of the standards manual that were applied to the specialty program.

Recommendations

There are no recommendations in this area.

K. Stroke Specialty Program

Inpatient Rehabilitation Program - Skilled Nursing: Stroke Specialty Program (Adults)

- Standards in Section 3.A. Comprehensive Integrated Inpatient Rehabilitation Program have been applied to this program.

Key Areas Addressed

- Intervention services provided for persons served and their families/support systems
- Prevention of recurrent stroke and the complications of stroke
- Reducing activity limitations and decreasing environmental barriers
- Continuum of services
- Health assessments and promotion of wellness
- Education for persons served and their families/support systems
- Maximizing participation and quality of life
- Discharge/transition recommendations
- Data collection regarding the effectiveness of the program

Note: Recommendations, consultation, and exemplary conformance in this section of the report include all portions of Section 3 of the standards manual that were applied to the specialty program.

Recommendations

K.20.a.(4)

K.20.a.(6)

K.20.b.(1) through K.20.b.(5)(c)

The Paul Coverdell partnership project and data submission include follow-up information on aspiration pneumonia, falls, falls with injury, and re-hospitalizations. It is recommended that the information provided either include data regarding other injuries and unplanned medical visits or that the facility separately gather this information. At least annually, the organization should then

address performance in relationship to established targets in each area; trends; actions for improvement; results of performance improvement plans; and necessary education and training of patients, families/support systems, and healthcare providers.

K.24.a.(1) through K.24.b.(5)(c)

Liberty Commons has committed to a partnership with the Massachusetts Department of Public Health Paul Coverdell National Acute Stroke Registry. In so doing, specific information is entered electronically into the project's database. Although data are being provided, there is no evidence of a process to determine the percentage of patients who, at the time of discharge, are in compliance with evidence-based guidelines to manage diabetes, hyperlipidemia, hypertension, and stroke prophylaxis. It is recommended that the organization measure the percentage of patients in compliance with each guideline and that at least annually it address performance in relationship to established targets in each area; trends; actions for improvement; results of performance improvement plans; and necessary education and training of patients, families/support systems, and healthcare providers.
