

Accreditation Preparation

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This article is written for individuals or team members who find themselves in charge of preparation for accreditation¹ for the first time, and for organizations that have undergone changes in their structure, funding or mission since their last review.

A. START EARLY (ideally 15 months prior to the site visit)

- ✓ Re-visit your mission and your vision of the organization's impact, its service philosophy, and those service activities and modalities that make your programs unique. Spell out what you do, what you provide to recipients, and identify the intended outcomes. Include expected outputs for each service as required by funders and other accreditation entities. *(A more complete presentation of this process can be downloaded by clicking the Resources tab at www.performancemattersconsulting.com and selecting "Foundation Thinking").*
- ✓ Spend time with the Standards. Re-learn key concepts and individual practice standards, and be clear about what COA expects to see implemented. Learning the language and intent of each of the applicable standards early in the process makes for clearer communication later when policies are reviewed, trainings are developed, or data elements are being selected. Be sure all employees understand what accreditation means for the organization's viability, as well as for their specific program or position.
- ✓ Put the accreditation steering committee together, and decide what teams, committees or individuals will address which standards. Designate the individual who will direct accreditation efforts and be clear about staff's accountability to that person. Involve as many employees as possible from all departments within the agency. Their participation is not only helpful but is a type of staff development. Discuss and clarify roles, time commitment, and expectations regarding routine position requirements prior to individuals joining teams. Develop a reasonable timeline and stick to it. Decide if any type of consultation is needed.
- ✓ Gather all the clinicians together to ensure their knowledge and clarity regarding the agency's mission/vision, service philosophy, treatment approach, specific practice indicators and outcomes. Review clinical supervision requirements and documentation specifics. Double check that case record review forms include all data needed either for funders, COA or other accreditation entities. Clinicians should be well versed in all applicable standards for the programs they supervise.

B. THE PREPARATION YEAR (12 months prior to the site visit and going forward)

- ✓ Assess your performance and quality improvement (PQI) program. Regardless of the design of the organization's quality improvement process, those leading it must read and master the PQI standards in order to see where current implementation meets expectations and where improvements are needed. If key PQI members are new to the process, there are seminars that COA provides, updates and interpretations that are helpful, and free Self-Paced trainings.

Be sure your PQI Plan is written around a structure that is simple, logical, viable and useful to the organization. COA wants agencies to first consider what data funders and donors require and then add any additional elements related to mission and intended impact and outcomes for clients or communities if needed. Begin the final 12 months prior to the site visit with clarity and a shared understanding of what information will be collected, and how it will be used to improve decision making and services. Next steps include planning for how the results will be shared with staff, board members and other stakeholders.

✓ **Involve the Governing Board early on.**

If they are already well versed in COA and are involved in the quality improvement process, you're fortunate and you need only their review and endorsement of upcoming accreditation activities. If your Board isn't involved at the level the standards require or if they are unfamiliar with COA, use the preparation year to educate them, particularly in Governance (GOV) and strategic planning, while getting their input and participation in quality improvement activities.

✓ **Review and Revise Policies and Procedures.**

As stated above, any review of policies or procedures should start with a review of applicable standards. As revisions are completed they need to replace the old ones and training should be done as needed. Many organizations maintain a Documentation/Policy committee that meets twice per year in order to ensure that regulatory, accreditation, and licensing requirements are addressed in policies, forms, and practice. All revisions to policies, procedures, or forms are made through this group to ensure consistency and compliance across the organization.

Nuts and Bolts: Do a brief self-evaluation of current practices and rate the agency's administration and services on how fully each relevant standard is implemented. Where do you meet or exceed best practices, and where are things not in sync with accreditation expectations? What trainings need to happen this year and what revisions to the new employee orientation and training need to be made? Clarify any questions with COA and begin the year of formal preparation with knowledge of the priorities that need attention across the organization.

Pay attention to the Narratives that introduce COA Peer Reviewers to your implementation of each of the applicable standards. Narratives provide the organization with opportunities to describe and highlight services in light of the standards, which is how they should be written. Answer each question completely, and use the "other information about your services" question to brag about something positive since the last review. Never leave this blank.

- ❖ **Tip:** The best way to prepare for the next accreditation? Keep everything together in between reviews through seamless integration of COA processes and practices into everyday operations at all levels of the organization: "Live and breathe the Standards", as one Team Leader described her own agency's ability to achieve reaccreditation continuously since the early 80's with minimal angst among employees.

"Maintenance of Accreditation" is a form that needs to be completed each year for COA; but ideally it is also a managerial strategy and a framework for everyday practice at both direct care and administrative levels. Really using COA processes such as risk management reviews or results of surveys benefits staff across the agency as well as recipients of services, while minimizing the amount of catch up needed to begin accreditation preparations for the next cycle.

1. Council on Accreditation for Children and Family Services, 8th Edition Standards (COA)

About the Author

Cindy Brunger holds 30 years of experience implementing quality services and programs across diverse organizations. She has managed programs in both public and private agencies, and is particularly interested in nonprofit agencies' experiences implementing performance-based and managed care requirements. Cindy has a B.S. from Colorado State University in psychology and an MSW from Loyola University Chicago. She also completed the Group Facilitation and Strategic Planning trainings at the Institute for Cultural Affairs in Chicago.

If you would like to share strategies that have worked in your organization, please click the "Contact Us" tab at www.performancemattersconsulting.com and write about accreditation successes, challenges, and solutions. Your comments may be quoted or paraphrased in future articles.

Performance Review: “How Did They Do It?”

This *Performance Review* is designed to illustrate tips for achieving accreditation from an organization with demonstrated success in this journey. We feature Ms. Vicki Hadaway, LCSW, who is the Director of Programs for The Children’s Place Association in Chicago, IL. Vicki started there in early 2012 with 9 months to go before the Self Study had to be mailed to The Council on Accreditation for Children and Families (COA). A year later the organization achieved a successful site review and an expedited reaccreditation from COA.

1. Please describe the landscape of the agency and your position as you started in early 2012

“There is so much to learn in a new position, including how the agency is interpreting the standards. There were people available that filled me in and answered my questions, and I saw from the start that two strengths about Children’s Place were that many accreditation requirements were already in place, and it’s open to new input.”

Key Actions: Schedule time with key people to assess current processes and practices

Put revision dates on documents, which helps to understand the progression of changes”

2. What was your game plan for getting the accreditation preparations completed while dealing with everyday program issues?

“First, a game plan should be a realistic WORK plan...I studied the standards, formed a team, and assigned each person clear responsibilities and timelines. Accreditation Coordinators have to provide their team members with reminders of deadlines, know their people, and give those with the most challenges in completing assignments the earliest deadlines to allow for coaching and small steps.

Secondly, use an accreditation consultant as you are able in order to have a new set of eyes asking “do these documents, policies, or practices address the standards?” Our agency was open to input.”

Key Actions: Shared responsibilities and accountabilities, with a realistic timeline

Bring up COA in each supervision: what have you discussed with your staff, and how is your work progressing?

3. So many organizations are experiencing a need to consolidate management positions. How can Directors and Chief Operating Officers approach accreditation and its many expectations with fewer supervisors to take the lead with individual standards?

“Separate the service standards from the administrative and service delivery standards; and use the management team you have. Study the organization’s structure with your supervisors/managers to see how best to organize the work and where implementation of the COA standards already exists”.

Key Action: Start where you are, with the people you have

4. What advice would you give for starting the Performance and Quality Improvement process?

“Spend time learning the language and intent of PQI, and understand all the needed elements of a solid PQI Plan; see how/where PQI overlaps with each of the other COA standards applicable to the agency:

- 1. What elements of the PQI standards are already implemented within the agency and where should first efforts be made?*
- 2. What’s our philosophy of quality, and what data will we collect to measure effectiveness?*

Re-energize the processes within the existing PQI program, and clarify that PQI represents a systematic view of how the agency understands quality.”

Key Action: Use quality as a theme, talk about it, and help staff understand what quality looks like in your agency. Be sure everyone hears about quality practices and knows that quality is valued and will be recognized.