



# ABC Accreditation

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*Ancillary Assistive Devices*

## Ancillary Assistive Device Accreditation Standards

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### **TABLE OF CONTENTS**

<b>INTRODUCTION</b>	About the Standards; Understanding the Standards . . . . .	i
<b>AAD STANDARDS</b>	Ancillary Assistive Device Accreditation Standards (AAD) . . . . .	1-9





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## *Ancillary Assistive Devices*

## Introduction

**The Ancillary Assistive Device (AAD) Accreditation is designed for organizations providing certain items of Durable Medical Equipment in addition to orthotic, prosthetic or pedorthic patient care. This level of accreditation may not be applied for or held independently; organizations accredited in AAD must maintain a separate, primary ABC Accreditation. Thus, awarding of AAD accreditation is predicated on the awarding and/or maintaining of ABC accreditation in another discipline.**

The scope of services for AAD Accreditation includes any item of durable medical equipment or supplies that is used to support activities of daily living, facilitate independence, or for monitoring or treating conditions that impact ongoing care, except enteral, infusion and oxygen therapies.

Complete information on the process of becoming ABC accredited is detailed in the **ABC Accreditation Guide**.

**About the Standards:** ABC accreditation standards create a baseline of minimal expectations for the physical environment and organizational function of O&P patient care locations. Understanding the accreditation standards is the first step to compliance, as accreditation decisions are based on the degree of conformity with the standards.

**Understanding the Standards:** ABC AAD Accreditation standards are comprised of the standard itself, a statement of intent and a compliance measure.

**Standard:** The accreditation standard is a description of the specific criterion related to the provision of services.

**Intent:** The intent statement establishes the framework for a given standard. Not all standards will have a separately stated intent, as some standards may be straightforward and self-explanatory.

**Compliance:** The compliance statement lays out the measures an organization is advised to take to become compliant with the standard.



## AAD.1

**Standard:** The governing body documents the appointment of staff members delivering patient care services. The appointment process must include a monitoring function designed to at least annually verify the completion of continuing education consistent with the ancillary assistive devices and services (AAD) provided to patients. If licensure or credentials are required, the current good standing of staff members with their respective licensure/credentialing organization(s) is verified.

**Intent:** The governing body has an obligation to assure that assistive devices are properly delivered. While the governing body may delegate the delivery function to key personnel, it ultimately is responsible for such delegation.

**Compliance:** There is documented evidence that professional staff member maintain good standing with their respective credentialing organizations on an annual basis. All credentials and licenses are to be publicly displayed.

In addition, the governing body (or personnel to whom this task has been delegated) must develop a mechanism to objectively identify and document each member's level of competence as it relates to the delivery of durable medical equipment. The governing body must implement an oversight mechanism to assure that the process is consistently implemented for each professional staff member.

## AAD.1.1

**Standard:** The competency of staff to provide appropriate care is documented. The documentation will include qualifications, training, experience and continuing education requirements consistent with the specialized AAD they provide to beneficiaries.

**Intent:** The governing body has an obligation to assure that only qualified and competent staff provide or supervise the provision of patient care. While the governing body may delegate the appointment function to key personnel, it ultimately is responsible for such appointments.

**Compliance:** The organization has implemented a process for documenting staff competency based on training and experience.

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## AAD.1.2

**Standard:** At least annually, relevant indicators are used to assess and document continuing competency.

**Intent:** The appointment process is based upon an administrative mechanism that verifies, from primary sources, training, education and licensure/certification. By “primary sources,” the standards intend that the organization accept verification only from those bodies that have issued a license/certification rather than accept only attestations or unverified information from the staff. In addition to administering an appropriate appointment process, it is critically important for the organization to periodically evaluate each staff member’s continuing competency. In so doing, the organization may apply a number of criteria. However, in order to promote objective evaluations, the standards require that relevant performance management information be included within those criteria.

**Compliance:** The organization annually evaluates and documents the continuing competency of staff members.

## AAD.2

**Standard:** The organization shall provide only those items as disclosed on their current CMS-855S application and that meet applicable Food and Drug Administration (FDA) regulations and medical device effectiveness and safety standards. The organization shall obtain from the manufacturer copies of the features, warranties, and instructions for each type of AAD.

**Intent:** The governing body has an obligation to assure that only appropriate services are provided and that the AAD supplied as a part of those services are compliant with all applicable manufacturer’s guidelines and all applicable standards.

**Compliance:** A review of charts indicates that all services rendered and devices supplied are consistent with the statements made on the organization’s CMS-855S form.

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### AAD.3

**Standard:** Policies and procedures are established concerning the time between notification of patient referral and the initial patient contact and subsequent care.

**Intent:** It is important for the organization to establish consistent time frames in which patients are initially seen and evaluated on a timely basis that gives consideration to the patient's needs. This not only supports quality AAD services but contributes to overall patient satisfaction. These time frames may vary depending upon a patient's condition and reason for referral; however, it is expected that the organization will ensure that the time frames are consistently followed for similar patient circumstances.

**Compliance:** Policies and procedures have been established and are consistently followed concerning the time between patient referral notification and initial patient encounter for similar patient conditions.

### AAD.4

**Standard:** The provision of AAD is the responsibility of and is provided under the direction and appropriate level of supervision of a qualified, and when appropriate, licensed or credentialed staff member practicing within their scope of practice.

**Intent:** The underlying foundation of quality patient care is the provision of care by qualified staff members. Thus, ABC requires that all such care be the responsibility of a qualified staff person.

**Compliance:** On the basis of a sample of patient care records, provision of all AAD is the responsibility of and is provided under the direction of a qualified staff person.

### AAD.4.1

**Standard:** When a patient evaluation indicates that an intervention or treatment is beyond the supplier's scope of practice, the organization shall refer the patient back to the referral source.

**Intent:** The underlying foundation of quality patient care is the provision of care by qualified providers. Thus, ABC requires that all such care be performed at the direction of a properly qualified supplier.

**Compliance:** No evidence is found during the survey process to indicate that the organization provides services beyond its defined scope, or, evidence of referrals indicated in this standard is found in patient charts.

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#### AAD.4.2

**Standard:** All staff providing AAD services will be qualified according to objective criteria.

**Intent:** The underlying foundation of quality patient care is the provision of care by qualified professionals. Thus ABC requires that all such care be the responsibility of a properly qualified professional practicing within their defined scope of practice.

**Compliance:** All non-credentialed or non-licensed staff providing AAD services are qualified according to objective criteria, e.g. education, training and work experience.

#### AAD.4.5

**Standard:** All federal, state, local and third party payor required documentation regarding the patient are recorded in the patient's clinical record.

**Intent:** AAD services should not be provided to a patient without a prescription. This standard requires the organization to document, within the patient's record, referrals and prescriptions for services. As with referrals and requests for care, it is important that any formal consultations with referring physicians be documented within the patient's record and should include the elements outlined above. This not only creates an historical record of these communications, but it also enhances continuity of patient care by providing a record from which future patient encounters and care may be guided.

**Compliance:** On the basis of a sample of patient care records, all AAD services are supported by documented physician referrals, which includes the patient's diagnosis and a specific request for services.

#### AAD.5.1

**Standard:** Uniform documentation includes, but is not limited to: (1) professional staff member evaluation(s) of the patient, which should contain diagnosis, request for care, relevant patient history, assessment, patient education, and medical necessity; and (2) the name of the attending staff member, their findings, recommendations as well as the appropriate follow-up schedule.

**Intent:** Uniform documentation is an element of consistent patient care and can be an indicator of the effectiveness of internal policies and procedures.

**Compliance:** On the basis of a sample of patient care records, documentation includes professional staff member's patient evaluation(s), which should include diagnosis, request for care, relevant patient history, assessment, and patient education. All charts should be uniformly maintained.

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Notes

## AAD.6

**Standard:** Prior to final delivery, the organization assesses the AAD for structural safety and ensures that manufacturer guidelines are followed.

**Intent:** This standard is intended to document that any device provided has been thoroughly checked for structural integrity and appropriateness for the patient (e.g. beneficiary weight limits, no defects in materials and workmanship).

**Compliance:** Patient records indicate that, prior to delivery, the AAD has been checked for workmanship and appropriateness.

## AAD.6.1

**Standard:** The supplier shall deliver and set up, or coordinate set up with another supplier, all equipment and items in a timely manner as agreed upon by the beneficiary/caregiver, supplier, and prescribing physician.

**Intent:** Suppliers should strive to provide the needed AAD items as expeditiously as practical.

**Compliance:** Evidence indicates that the supplier delivers and sets up (or coordinates set up with another supplier) all equipment and items in a timely manner as agreed upon by the beneficiary/caregiver, supplier, and prescribing physician.

## AAD.6.2

**Standard:** The supplier shall provide all items that are necessary to operate the equipment or item(s) and perform any further adjustments as applicable.

**Intent:** Suppliers should strive to provide the needed AAD items with all items necessary to operate or adjust the equipment provided.

**Compliance:** Evidence indicates that the supplier provides all items that are necessary to operate the equipment or item(s) and perform any further adjustments as applicable.

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### AAD.6.3

**Standard:** The supplier shall provide, or arrange for, loaner equipment equivalent to the original equipment during any repair period.

**Intent:** Suppliers must provide, or arrange for, loaner equipment equivalent to the original equipment during any repair period.

**Compliance:** Evidence indicates that the supplier provides, or arranges for, loaner equipment equivalent to the original equipment during any repair period.

### AAD.7

**Standard:** The organization investigates any patient incident or injury in which the AAD may have contributed, when the supplier becomes aware. The investigation should be initiated within 24 hours after a supplier becomes aware of an injury or incident resulting in a beneficiary's hospitalization or death. For other occurrences, the supplier shall investigate within 72 hours after being made aware of the incident or injury. The investigation includes all necessary information, pertinent conclusions about what happened, and whether changes in systems or processes are needed. The supplier should consider possible links between the items and services furnished and the adverse event and assess the incident through the performance management program.

**Intent:** Organizations have a special duty to determine if their services or materials were responsible for or partially responsible for an adverse patient incident. The organization should make a concerted effort to reduce the likelihood of similar incidents recurring.

**Compliance:** The organization conducts an investigation, documents the results, and when indicated, initiates corrective action and takes steps to minimize the likelihood of recurrence of similar events as specified in this standard.

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Notes

## AAD.8

**Standard:** The organization's performance and the services it provides are assessed through patient satisfaction surveys.

**Intent:** The organization must monitor patient satisfaction as part of its overall quality assessment and improvement activities. While objective determinations of quality may include other factors, patient's subjective viewpoints can frequently be a source for identifying key problematic areas or other opportunities to improve the organization and its services. Thus, these standards require that the organization engage in a patient satisfaction assessment program, the elements of which include an evaluation of satisfaction with the item. In addition, the organization is required to use the results of such assessments in evaluating, at least annually, the overall performance of the organization and its ability to improve the services it provides.

**Compliance:** The organization periodically assesses patient satisfaction with its performance and service.

## AAD.9

**Standard:** Results of patient satisfaction assessments are documented and evaluated as part of the organization's quality assessment and improvement program. These evaluations are conducted at least annually.

**Intent:** The organization must monitor patient satisfaction as part of its overall quality assessment and improvement activities. While objective determinations of quality may include other factors, patient's subjective viewpoints can frequently be a source for identifying key problematic areas or other opportunities to improve the organization and its services. Thus, these standards require that the organization engage in a patient satisfaction assessment program, the elements of which include an evaluation of satisfaction with the AAD. In addition, the organization is required to use the results of such assessments in evaluating, at least annually, the overall performance of the organization and its ability to improve the services it provides.

**Compliance:** The organization documents and, not less than annually, evaluates the results of patient satisfaction assessments as part of its quality assessment and improvement program.

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## AAD.10

**Standard:** The organization provides the patient and appropriate caregivers with instructions for the proper care and use of the device. Evidence of patient education is recorded in the patient's clinical record and includes at least: 1) the purpose and function of the device; 2) the proper care and use of the device; 3) disclosure of the potential risks/benefits and precautions; 4) how to report any failures or malfunctions; and 5) when and to whom to report changes in physical condition or general health.

**Intent:** The long-term effectiveness of rehabilitative care depends on a number of factors, not the least of which is the care and use of the device by the patient. An uninformed or improperly informed patient increases the opportunity for a device to be misused, risking further physical disability or failure of the device. In the worst of circumstances, patients may not use the device, thus, defeating the purposes for which it is intended—improved mobility, physical function and daily living. Therefore, organizations must provide the requisite education of the patient or significant others to enhance the opportunity for proper and effective use.

Beneficiary training and instructions shall be commensurate with the risks, complexity, and manufacturer's instructions and/or specifications for items. The supplier shall tailor training and instruction materials and approaches to the needs, abilities, learning preferences, language, and readiness to learn of individual beneficiaries or caregivers.

**Compliance:** The organization provides patients and appropriate caregivers with education that includes the purpose, function, risk, proper care and use of the device. Furthermore, evidence of patient education is to be recorded in the patient's clinical record.

## AAD.11

**Standard:** When providing equipment, items and services to beneficiaries, the supplier shall ensure that it provides beneficiaries with essential contact information for rental equipment and options for beneficiaries to rent or purchase ancillary assistive devices, when applicable.

**Intent:** It is important to fully inform the beneficiary of all options to acquire the durable medical equipment being supplied.

**Compliance:** Evidence indicates that the supplier provides beneficiaries with essential contact information for rental equipment and options to rent or purchase ancillary assistive devices, when applicable.

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**Standard:** The organization provides appropriate patient follow-up care, consistent with the service(s) provided. All follow-up care is recorded in the patient's clinical record. Patient's lack of compliance with follow-up care, if applicable, is also recorded in the patient's clinical record.

**Intent:** Patients have a right to expect that initial services will be supported by appropriate follow-up care. Thus, these standards require an accredited organization to provide such services. However, the organization may be guided by the patient's condition, type of care and referral recommendations concerning the scope and intensity of follow-up care. Regardless of its type, it is expected that all follow-up care will be recorded in the patient's clinical record to facilitate the continuity of future care.

**Compliance:** The organization provides appropriate follow-up care that is consistent with the patient's diagnosis, care rendered, or follow-up recommendations of an appropriate legal referral; and, in the sample of records reviewed, all follow-up care is recorded in a patient's clinical record.

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