

# Orthotic & Prosthetic Patient Care

Facility Accreditation Program



**The American Board for Certification in Orthotics & Prosthetics, Inc.**



The American Board for Certification in Orthotics and Prosthetics, Inc. (ABC) implemented its facility accreditation program in 1948. Today, ABC still holds the view that **quality patient care results in lower overall cost of treatment and higher patient satisfaction levels.**

The standards to which ABC holds its accredited facilities have been tested over time and are periodically revised as conditions and technologies allow. The program was overhauled in 1996 and modified to be based on a JCAHO model that encompassed standards specific to orthotic and prosthetic patient care. Comments and recommendations from a variety of resources including the federal government, business owners, clinical practitioners, patients, and healthcare payer and referral sources were included in the evaluation process. The standards were field tested through on-site evaluations and written surveys to representative patient care organizations, and the scoring process has been psychometrically validated by the Professional Examining Service.

ABC's intensive onsite surveys are conducted for 100% of all patient care sites by trained, qualified professional surveyors.

The goals of the facility accreditation program are:

- To **promote the welfare** of the physically challenged by establishing standards for those engaged in the fitting of prostheses and orthoses, particularly with respect to adequacy and cleanliness of facilities and proficiency in services rendered.
- To assist and encourage all persons engaged in the profession and business of fitting orthoses (braces intended to support or correct any defect of form or function of the human body) or prostheses (artificial limbs that replace all or any part of any extremity) to **achieve and maintain the professional and business standards** to be promulgated.
- To conduct and carry on the activities of the orthotic and prosthetic (O&P) facility not exclusively for profit, but to **encourage and promote high standards** of workmanship; to encourage the maintenance of adequate facilities and the use of adequately trained personnel; and to encourage, foster and promote honest dealings and fair trade practices on the part of the persons engaged in fitting prostheses and orthoses.

# **Contents**

**ABC Mission**

**Accreditation Statistics & Growth**

**Eligibility Criteria**

**Accreditation Standards**

**About ABC**

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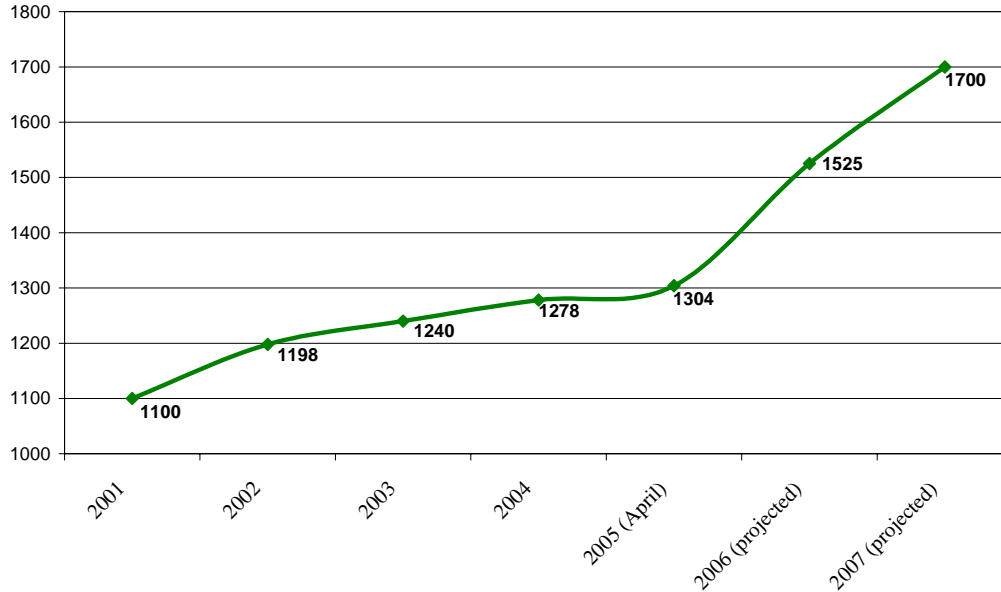
*The Mission*

*of the **American Board for Certification** in Orthotics and  
Prosthetics is to establish and promote the highest  
standards of organizational and clinical performance in the  
delivery of orthotic and prosthetic services. The ABC  
advances the competency of practitioners, promotes the  
quality and effectiveness of orthotic and prosthetic care,  
and maintains the integrity of the profession.*

## Accreditation Statistics & Growth

The ABC Accreditation standards are adopted by approximately 50% of all independent US orthotic and prosthetic patient care centers. Projected growth in 2006 and 2007 is based on the January 2005 announcement that all Hanger Orthotic and Prosthetic locations are mandated to obtain ABC Accreditation by Q1 of 2007\*. Approximately 353 non-accredited Hanger locations will be pursuing accreditation in the next 18 months.

### Nationwide Accredited Facilities



### State by State Distribution of ABC Accredited Facilities

#### Non-Licensure States

AK 3	IA 17	MT 3	SC 25
AR 13	KS 7	NE 7	SD 1
AZ 14	KY 13	NH 8	TN 18
CA 104	LA 15	NM 4	UT 8
CO 11	ME 5	NY 85	VT 1
CT 15	MD 27	NV 7	VA 22
DE 3	MA 38	NC 46	WV 9
GA 45	MI 102	ND 3	WI 32
HI 2	MN 34	OR 8	WY 0
ID 4	MS 4	PA 67	
IN 28	MO 29	RI 3	

#### Licensure States

AL 13	OH 92	Orthotic and Prosthetic providers are not required to meet any licensure regulations in 42 U.S. States. Statistics reported 3.15.05.
FL 61	OK 11	
IL 74	TX 48	
NJ 50	WA 27	

\*Source: Hanger Orthopedic Group; Linkia Managed Care Inc. [www.linkia.com](http://www.linkia.com)

## Eligibility Criteria

Any O&P patient care management services organization or program may apply for ABC accreditation if the following eligibility requirements are met:

- The organization or program is located within the United States or one of its territories or possessions or is a Department of Defense medical treatment facility/program.
- The organization or program is a formally organized and legally constituted entity that primarily provides O&P patient care management services, or is a subunit that primarily provides such services within a formally organized and legally constituted entity that is not necessarily health care-related.
- The organization or program provides the direct services of an orthotic and/or prosthetic professional possessing a credential recognized by the ABC in each discipline of service provided by the organization.
- The organization or program shares the facilities, equipment, business management and records involved in patient care among the members of the organization.
- No person who is listed on the Office of Inspector General's Exclusion List (OIG) shall be an owner or employee.
- The organization or program complies with applicable federal, state and local law and regulation, including any requirements for licensure.
- The organization or program is currently in operation and actively caring for patients. When the organization or program has been in operation for less than six months, ABC reserves the right to conduct a follow-up review subsequent to accreditation to evaluate the organization's continuing record of performance.

There are four major components of the Accreditation process with which prospective O&P Facilities must comply: Organizational, Patient Care, Quality Assessment and Improvement, Facility and Safety Management.

## The Accreditation Standards

### Organizational Standards

The organizational standards address three components: (1) legal status, (2) governance responsibilities and (3) administrative issues.

Legal Status: The ABC awards accreditation to an organization. Furthermore, the ABC has the right and is obligated to protect the integrity of the accreditation award by limiting it to legally operating organizations. Thus, the standards require that an organization be legally constituted and recognized in all jurisdictions in which it provides services. For the ABC to verify the legal owners of an applicant organization, the standards require full disclosure of ownership at the time of application for accreditation.

Governance: The standards require a governing body, or an individual who functions as such, to be responsible for the organization's activities. While functional tasks associated with these standards may be delegated to individuals within the organization, ultimate accountability for compliance with the standard rests with the governance. The minimum set of responsibilities assigned to the governing body addresses organizational policies associated with essential components of quality patient care. Importantly, these include the reserved responsibility for appointing and reappointing and privileging the organization's professional staff. Such appointments and privileges must be based upon a professional staff member's competency to perform the necessary skills for the functions and procedures associated with that appointment.

Administration: Quality patient care depends on, among other things, the orderly administration of the organization. The organization's policies and procedures should be designed to promote the provision of high-quality patient care and to enable the administration to fulfill the organization's mission, goals and objectives. These standards also address requirements for personnel management, including provisions for adequate orientation, training and performance evaluations.

### Professional Staff Standards

Professional staff standards address patient care giver responsibilities and qualifications. They are designed to facilitate the selection and appointment of qualified and competent individuals. In these standards, the term "professional staff" refers exclusively to patient care givers.

Qualifications: Professional staff members should be subject to an appointment and privileging process. ABC requires that the organization establish a process for doing so. While the organization may require the governing body to approve appointments, employees and/or professional staff members may perform the functional tasks associated with this activity.

The appointment of professional staff members encourages a two-part process: credentialing and privileging. Credentialing involves the verification of an individual's education, training and experience from primary sources, including schools, licensure

agencies and certification bodies. Privileging is the process by which the organization identifies the specific services a professional staff member may deliver under the appropriate level of supervision. Privileges for a specific professional staff member shall be based on objective, nationally recognized scope of practice documentation such as the ABC Scope of Practice Report or other objective criteria which address the individual's education, training and experience.

Policies and Procedures: The standards require organizations to establish policies and procedures that clearly identify the responsibilities of the professional staff. These should include policies and procedures regarding communication among and between professional staff members, "third party" patient care givers and the technical staff. Discrete procedures should also be established for the appropriate supervision and interaction of clinical, technical and administrative support personnel.

It is also important that the governing body be able to communicate with professional staff members. Thus, the standards require that a mechanism to permit this interaction be established.

Continuing Education: Continuing education is important to maintaining clinical skills and current competence. While continuing education is not directly addressed by the standards, it is implied by requiring that privileging take into account training, education and experience. Thus, organizations should be able to demonstrate that professional staff members actively participate in continuing education activities as stipulated by their certification and licensure requirements. This participation should be documented and used for evaluating a staff member's continued clinical privileges.

### **Patient Care Standards**

Patient care and management standards are organized into seven essential components designed to support the delivery of high-quality patient care and to ensure patient needs are met:

Policies and Procedures: The standards require the development of organizational policies and procedures for patient care management. These policies and procedures should be available to appropriate personnel at any patient care location operated by the organization.

Patient Management Protocols: These standards require that patient care be the responsibility of a qualified and privileged practitioner who has been appointed by the governing body. This includes direct responsibility for patient evaluations and consultation and the supervision of care provided by other organizational care givers. In addition, the organization must be able to respond to the occasional emergencies that occur in the normal course of any clinical setting. The standards, therefore, require organizations to provide appropriate emergency resources, including personnel trained in basic first aid and CPR, and to make information available to organizational staff concerning procedures to follow for securing additional assistance.

Physician Interaction and Communication: To support continuity of care between the organization and referral sources, it is important that mechanisms for communication between the professional staff and a patient's referring physician be maintained. This includes appropriate documentation of a referral. The standards require that all communication with referral sources, whether consultations or information relating to the patient's care, be documented in a patient's clinical record.

Patient Records: The central, coordinating link in any patient care organization is the patient record system. Thus, the quality of an organization's patient record system and records directly contributes to the quality of patient care.

The standards require that a record system be in place. While its complexity depends on the size and complexity of the organization, certain common characteristics of any record system or patient record exist. These standards address those common attributes: uniformity of format, maintenance of confidentiality, essential content and ready availability of these records to professional staff members.

Patient Rights: To establish an environment that facilitates the delivery of effective care, it is important that the organization create an atmosphere of trust between patients and members of the organization. Thus, when an organization provides care, each patient should be treated with respect, dignity and consideration. It is the responsibility of the organization to define other specific rights of the patient. However, at a minimum, the standards stipulate that organizations must recognize the right of patients to participate in decisions about their care and to receive certain information, including fees for services, required methods of payment and provisions for after-hours coverage.

Patients represent an important source of information about an organization's performance. Patient satisfaction, as a fundamental feature of any quality assessment and improvement initiative, should be evaluated regularly. Thus, the standards require that organizations periodically conduct patient satisfaction evaluations to determine the degree to which the organization has fulfilled patients' expectations.

Finally, the standards require the organization to provide a mechanism to resolve patient complaints.

Patient and Family Education: The success of orthotic and/or prosthetic care depends not only upon the competency of the practitioner and the quality of the orthosis and/or prosthesis, but also upon its effective use by the patient. The standards thus require that the organization provide appropriate education to the patient (and/or significant others if appropriate) in the purpose, function, care and use of the prescribed orthosis and/or prosthesis.

Patient Follow-up Care: The standards in this section support ongoing patient care and reflect the criteria established by the profession. They require an organization to provide follow-up care, appropriate to the patient's condition, orthotic and/or prosthetic care, or recommendations of an appropriate legal referral.

### Quality Assessment and Improvement Standards

Any organization providing patient care should be engaged in a proactive process to assess and improve the quality of that patient care. As an organization-wide initiative, monitoring and evaluating care embraces several principles:

- An organization can improve patient care and service quality.
- The process involves all organization members, including the professional and managerial staff and members of the governing body.
- The process must be coordinated and integrated and requires the attention and action of the organization's leadership.
- Most clinical, support and managerial staff are motivated and competent to fulfill their responsibilities. Therefore, opportunities to improve most often are associated with deficits in processes and the underlying systems that support patient care. Consequently, organizations, without avoiding corrective actions to improve knowledge and personal skill, should focus upon the underlying processes that influence the delivery of quality patient care.

Based upon these principles, the standards motivate organizations to engage in a comprehensive monitoring and evaluation process that assesses important aspects of care, establish indicators which, if not met, will trigger further evaluation of the important aspect of care, and require actions to be taken when problems or opportunities to improve are identified.

The standards embrace two important elements of a monitoring and evaluation program: (1) Important Aspects of Care—Clinical or administrative activities that most influence the quality of care delivered to a patient. These activities may relate to a high volume of patients or services, entail a high risk for patients, or be prone to produce problems for the organization's staff or patients. (2) Indicators—A defined characteristic or variable of an important aspect of care. Indicators may be activities, events or outcomes for which data can be collected and evaluated against comparable experience within the organization or from other organizations. Indicators may also be based upon professional standards of care or practices that are objectively quantifiable. In many instances, this objective information can be drawn from professional literature or consensus panels convened by the profession.

### Facility and Safety Management Standards

Health care settings are inherently risky environments for patients and organizational staff. Adequate and well-equipped space facilitates the safe care of patients and minimizes opportunities for injury or exposure to hazardous conditions. Thus, this section of the standards addresses three critical categories: facility safety, safety management and environmental safety.

Facility Safety: The standards require an organization to provide a facility that is appropriately designed to accommodate patients, including the physically challenged, and to provide office space to undertake its patient care and business activities. Further, the standards require that the facility comply with all appropriate health, fire and occupancy codes, including appropriate requirements of the Americans with Disabilities Act.

Safety Management: Safety management is the process that accredited organizations are required to implement to maintain and improve the quality of patient care environment. Organizations are expected to establish a safety management program, commensurate with their size and complexity, to assure a continued safe facility and environment.

The standards require that a safety officer (duties may be assigned to an existing employee) be appointed to oversee the program and to carry out inspections and evaluations of risk-related aspects of the organization. In addition, the organization must develop specific plans to respond to emergencies and fires, and personnel must be trained to carry out duties and responsibilities specified in the plans. Finally, organizations are expected to comply with appropriate provisions of the Safe Medical Devices Act.

Environmental Safety: As with facility and safety management activities, organizations should implement policies and procedures that minimize patient and staff exposure to environmental risks. The standards, therefore, require organizations to adopt appropriate infection control procedures, including the use of universal precautions and other requirements of the OSHA blood borne pathogens regulations. In addition, organizations are required to administer an equipment management program that is designed to assure proper performance, supported by appropriate preventive maintenance programs.

### Supplier Compliance Standards

The following Supplier Compliance standards are designed to support organizational activities toward meeting the requirements established by the Health Care Financing Administration's Office of Inspector General's report on fraud and abuse. Depending upon its size and scope of services provided, it is expected that all organizations will develop a Compliance Program that encompasses the spirit of the OIG's Report.

The standards parallel the basic elements present in the OIG's report organized into five essential standards including:

- The organization adopts a program based upon formal policies and procedures. The compliance program should be based upon formal processes that clearly guide the organization in preventing inappropriate billing.
- A qualified and trained individual is responsible for maintaining the compliance program. Although these duties may be vested in an existing position, the purpose is to assure that a designated person oversees a consistently administered program.

- Appropriate staff is properly trained and educated on claims development and billing procedures. Such training assures that employees are provided with the information necessary to competently manage the claims billing process and minimizes opportunities for improper claims to be submitted.
- Auditing and monitoring mechanisms are implemented to ensure consistent compliance. A monitoring mechanism not only ensures that the compliance program is followed but it will also help identify those elements of the program that may need improvement.
- Written employment criteria and disciplinary guidelines are implemented. The organization must demonstrate that it carefully screens potential employees who would be responsible for billing practices and that it administers reasonable disciplinary measures for inappropriate billing activities.

As indicated, these standards are designed to reflect the primary elements of the Report and encourage organizations to establish procedures to minimize the occurrence of fraud and abuse and ultimately protect the organization from its effects. However, to understand fully the intent and details of the Report, it is strongly recommended that all organizations seeking accreditation and compliance with these specific standards obtain a copy of the 2000 Report in its entirety. In addition, available from various organizations are a variety of supplemental materials to assist organizations in compliance with the guidelines.

## About ABC

The American Board for Certification in Orthotics & Prosthetics, Inc., is the largest national standards setting organization for providers of orthotic and prosthetic patient care. A non-profit organization founded in 1948, ABC promotes quality O&P patient care through the establishment of nationally recognized individual certification and facility accreditation standards.

With over 8,000 professionals credentialed and 1,250 facilities accredited, ABC standards are the benchmarks used by doctors, patients, and managed care organizations for determining qualified providers of orthotic and prosthetic patient care.

Further information on ABC is available at [www.abcop.org](http://www.abcop.org).

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