



Game Changer:

Hospitals seek alternative accreditation through HFAP

Maintaining standards of care is undoubtedly a good thing. And everyone agrees that hospitals, both big and small, need to be accredited if they wish to be reimbursed by Medicare. Where opinions diverge, however, is in which accrediting body should do the vetting.

By Jan O'Daniel

There are seven accreditation organizations recognized by the Centers for Medicare & Medicaid Services (CMS) for purposes of certifying compliance. Most notably, however, are the “big three”: The Joint Commission, Det Norske Veritas Healthcare, Inc. (DNV) and Healthcare Facilities Accreditation Program (HFAP).

While each accrediting organization

certainly has its merits, HFAP might be of particular interest to osteopathic physicians simply by virtue of its founding institution, the American Osteopathic Association (AOA).

The Nation's Oldest Accrediting Body

“In the mid 1940s, the AOA started to put together a process to ensure a stable and consistent set of requirements that



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ensured osteopathic hospitals were high quality, had licensed medical staff, were protected against fire, and all those things that make for a safe environment,” said Joseph L. Cappiello, chief

operating officer of HFAP. “Although most medical centers assume there’s one accrediting body—The Joint Commission—AOA’s HFAP program has been accrediting since 1945, making us the oldest continuous accreditor in the country.”

Because HFAP has not shared the prominence that The Joint Commission

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COO, HFAP

has, Cappiello (who spent 12 years as the vice president for Accreditation Field Operations at The Joint Commission) has called HFAP the “silent accreditor.”

That, however, is changing.

Under Cappiello’s direction, HFAP is on mission to modernize itself and promote additional exposure to markets that have not yet heard of it or simply do not know enough about it.

Standards Help Mitigate Risk

For those who don’t know, HFAP is a universal accreditation organization, authorized by CMS to help hospitals, ambulatory care/surgical facilities, mental health facilities, physical rehabilitation facilities, clinical laboratories, and critical access meet or exceed CMS standards.

“At its fundamental best,” said Cappiello, “accreditation is simply a risk-reduction strategy. Accreditation essentially says if you are 100-percent compliant with 100 percent of the standards 100 percent of the time, the likelihood of bad events is diminished. Good standards, being held accountable to those standards, and being in compliance with them 24/7 doesn’t prevent error or bad things from occurring, but it certainly mitigates the risk of those things occurring.”

That’s where CMS standards come into play. Health care facilities accredited for Medicare participation by one of the CMS-recognized accreditation organizations may be “deemed” by CMS to have satisfied Medicare’s health and safety standards, known as Conditions of Participation (CoPs).

Cappiello said HFAP standards are 80 to 85 percent directly correlated to the federal requirements in the CoPs.

“We haven’t adopted standards because they are politically correct or because a special interest group wants to see a standard this way or that way,” he said. “We adopt standards that



OHIO HOSPITALS ACCREDITED BY HFAP

HFAP accredits hundreds of acute care hospitals, critical access hospitals, ambulatory surgical centers, clinical laboratories, behavioral/mental health facilities, ambulatory care/office-based surgery centers, and primary stroke centers nationwide. Here’s a list of facilities in the Buckeye State:

- Affinity Medical Center (Massillon)
- Alliance Community Hospital (Alliance)
- Bridgeway Hospital of Cincinnati (Cincinnati)
- Doctors Hospital (Columbus)
- Firelands Regional Medical Center (Sandusky)
- Fisher-Titus Medical Center (Norwalk)
- Fort Hamilton Hospital (Hamilton)
- Genesis Healthcare Systems (Zanesville)
- Grandview Hospital and Medical Center (Dayton)
- Greene Memorial Hospital (Xenia)
- Humility of Mary Health Partners St. Joseph Health Center (Warren)
- Kettering Medical Center (Kettering)
- Marietta Memorial Hospital (Marietta)
- McCullough Hyde Memorial Hospital (Oxford)
- Mercy St. Vincent Medical Center (Toledo)
- Riverview Health Institute (Dayton)
- Soin Medical Center (Beavercreek)
- South Pointe Hospital (Warrensville Heights)
- Southview Hospital and Medical Center (Dayton)
- Summa Western Reserve Hospital (Cuyahoga Falls)
- Sycamore Medical Center (Miamisburg)
- Wayne HealthCare (Greenville)
- Wilson Memorial Hospital (Sidney)

Learn more about HFAP at hfap.org.

have a track record of demonstrating effectiveness. We don’t penalize facilities for being non-compliant; but we do hold them accountable to correct those things within a very specific period of time. Our goal is to be educative and consultative, not play ‘gotcha’ games.”

Making an Accreditation Switch

It is HFAP’s very close interpretation of the CMS standards that prompted Fisher-Titus Medical Center in Norwalk to switch from dual accreditation by both The Joint Commission and HFAP to just HFAP accreditation in 2011.

“We were Joint Commission-accredited first,” said Patrick J. Martin, Fisher-Titus’ CEO, “then HFAP in 1985. In order to work more closely with an expanding osteopathic portion of our medical staff, we pursued the second accreditation so that our osteopathic physicians could



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gain some of the same benefits, such as continuing education credits.”

Then in 2010 with Joint Commission and HFAP up for renewal, Fisher-Titus terminated The Joint Commission relationship going into 2011. When investigating whether or not to drop Joint Commission accreditation, Fisher-Titus not only gauged staff reaction and debated at the board level, it conducted a management assessment of both accreditation programs.

The result?

Fisher-Titus determined that both The Joint Commission and HFAP accomplish the same thing in terms of using CMS standards as the basis for accreditation.

“But, our experience indicated that HFAP used a purer interpretation of the CMS standards. And HFAP does a

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– Roy Chew, PhD
Executive Vice President, Kettering Health Network

good job of detailing what's expected and required. It's literally detailed in black and white. Our experience with The Joint Commission is there's a little more subjectivity and dependence upon surveyor interpretation. HFAP details with specificity about what's required to meet the standards," Martin said.

Interpreting the Standards

What typically causes fear and panic during an accreditation survey, says Gary L. Moorman, DO, vice president of medical affairs at Fisher-Titus and an HFAP hospital surveyor, is the unknown—especially how individuals on the survey team might interpret the standards.



MOORMAN

"For HFAP, it is very clear in their standards publications which ones are HFAP standards and which ones are CMS standards. It's an open book test for

HFAP standards because of the way the standards are constructed and the simple process in which they're organized: the standard is listed followed by an explanation of how to meet the standard, an explanation of how to meet the standard, and a scoring segment for that standard," Moorman said. "It gives a lot of guidance for field surveyors to understand where to look for the things the institution is doing to meet the standard."

For Roy Chew, PhD, executive vice president of Kettering Health Network, HFAP's rigorous program and clear focus on CMS CoPs was the linchpin in their decision to switch from Joint Commission to HFAP accreditation.



CHEW


"What I knew from working with The Joint Commission most of my life was that they had really lost their focus on these CMS CoPs," he said. "They were surveying us on different things that

would vary from year to year, and these different areas of focus were not always in conjunction with the CoPs."

After giving serious consideration to HFAP and realizing that not only had the program been around a long time and was more cost-effective, it had a proven track record with other hospitals in the Dayton area. Kettering Health Network had HFAP survey all seven of their hospitals in 2011.

Said Chew: "It was not hard to make the switch to HFAP. We discussed it at medical staff leadership meetings and our board approved. Everyone was in favor of moving to this new system, which we considered to be more rational."

HFAP, while rigorous, lets facilities know in advance what they'll examine and what the scoring guidelines are.

The guidelines are very clear, Chew said. "You know exactly what they look at and how they judge you. It not only takes the guesswork out of the process, it's more educational, too. While The Joint Commission still accredits the vast majority of hospitals, and that's fine, HFAP proves that there are other accreditation options." 



True Partnerships.

“Our switch to HFAP was seamless. We began with a collegial and thorough survey process focused on quality and patient safety. Our relationship continues to be a cost-effective and educational partnership.”

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