Proper Delivery of Pedorthic Devices and Follow-Up

In this module…

- Proper Dispensing Procedures
- Delivery Documentation
- Recommended Follow-up Processes
- Relevant ABC Facility Accreditation Standards

Delivery of Pedorthic Devices

Before Patient Arrives…

- Be sure all required documentation (up to that point) has been collected and it is “safe” to deliver item.
- Check over shoes, shoe mods, FOs, SCFO, etc. to make sure they are as ordered. Verify against your eval notes, physician’s notes and copies or your order forms.
  - If items are not as ordered, notify patient to reschedule appointment. In certain situations, you may need to notify referring physician, as well (E.g. patient is waiting to come out of walker boot until your foot orthoses are ready).
- Perform any necessary prep work that can be done before patient arrives so that the time spent with patient is utilized as effectively and efficiently as possible.

Delivery

- Review treatment goals and objectives with patient.
- Demonstrate to patient how to don, doff and use devices.
- Check fit of pedorthic devices themselves on/against foot.
- Check fit of shoes with FOs or SCFO fitted inside.
  - If shoes are too tight, there are several options
    - Fit patient in appropriate shoes
    - Stretch current shoes, if shoes lend themselves to stretching and can be sufficiently stretched
    - Have patient return with wider/deeper/longer shoes
    - Dispense items and suggest what to look for in a new shoe to accommodate devices (not recommended!)
- If patient is ambulatory, have them walk in devices and assess fit, stability and safety of gait.

Delivery

- Ask patient how devices feel and review what biomechanical effects the devices should be having on the feet and/or ankles.
- It is important for the patient to understand that it will inevitably take time for them to become acclimated to the devices. They may not feel “natural” right off the bat. However, they should not *hurt*. Under no circumstances should the devices be causing a new pain/problem. Do not ignore a patient’s protestations in this regard.
- If patient complains of discomfort, instability, etc., adjustments maybe necessary.
- A CPed should have an appropriate designated space, equipment and materials in the facility to perform adjustments.
- It may take more than one adjustment to get the device to a point where the patient is satisfied with how it feels.

Adjustments

- Adjustments may include anything from heating and relieving the plastic of a UCBL where it is rubbing the navicular to moving a metatarsal pad distally a few millimeters to better offload pressure from a metatarsal head to using a ball-and-ring stretcher to relieve shoe pressure over a bunion.
- Be sure to document any and all adjustments that were required to get the device to fit and function as designed.
- Helpful tools, equipment, and supplies to have on hand include (but are not limited to):
  - Heat gun
  - Shoe stretchers and stretching fluid
  - Scissors
  - Contact cement and thinner
  - Dremel®
  - Benchtop drum sander
  - Assortment of pedorthic pads (rubber heel wedges, met pads, scaphoid pads, tongue pads, etc.)
  - Sheet stock of commonly used materials (1/4” EVA, 1/8” Poron®, etc.)

Delivery

- Instruct patient on application, fit, function and usage
- Have patient demonstrate the ability to don and doff devices
- Make sure patient is able to walk comfortably and safely in the devices (if applicable)
- Instruct patient on break-in process and wear and care
  - Provide written or pre-printed instructions
- Instruct patient to contact pedorthist ASAP should any concerns, questions or problems arise
- Make sure that all of your patient's questions are answered satisfactorily
- Discuss follow-up plan with patient
- Have patient express understanding of all that was discussed
- Make sure patient knows how to contact you if problems should arise

Delivery Documentation

Delivery Documentation

- Delivery Ticket/Authorization of Payment
- Break-in Instructions, Wear and Care Instructions, Return Policy, etc.
- Medicare DMEPOS Supplier Quality Standards

Medicare DMEPOS Supplier Standards

All Medicare DMEPOS suppliers must be in compliance with these Supplier Standards in order to obtain and retain their billing privileges. These standards, in their entirety, are listed in 42 C.F.R. pt. 424, sec 424.57(c) and went into effect December 11, 2000. A supplier must disclose these standards to all customers/patients who are Medicare beneficiaries (standard 16). A shortened version has been created to help suppliers comply with this requirement.

(1) Operates its business and furnishes Medicare-covered items in compliance with all applicable Federal and State licensure and regulatory requirements;

(2) Has not made, or caused to be made, any false statement or misrepresentation of a material fact on its application for billing privileges. (The supplier must provide complete and accurate information in response to questions on its application for billing privileges. The supplier must report to CMS any changes in information supplied on the application within 30 days of the change.);

(3) Must have the application for billing privileges signed by an individual whose signature binds a supplier;

(4) Fills orders, frabicates, or fits items from its own inventory or by contracting with other companies for the purchase of items necessary to fill the order. If it does, it must provide, upon request, copies of contracts or other documentation showing compliance with this standard. A supplier may not contract with any entity that is currently excluded from the Medicare program, any State health care programs, or from any other Federal Government Executive Branch procurement or nonprocurement program or activity;

(5) Advises beneficiaries that they may either rent or purchase inexpensive or routinely purchased durable medical equipment, and of the purchase option for capped rental durable medical equipment, as defined in §414.220(a) of this subchapter. (The supplier must provide, upon request, documentation that it has provided beneficiaries with this information, in the form of copies of letters, logs, or signed notices.);

(6) Honors all warranties expressed and implied under applicable State law. A supplier must not charge the beneficiary or the Medicare program for the repair or replacement of Medicare covered items or for services covered under warranty. This standard applies to all purchased and rented items, including capped rental items, as described in §414.229 of this subchapter. The supplier must provide, upon request, documentation that it has provided beneficiaries with information about Medicare covered items covered under warranty, in the form of copies of letters, logs, or signed notices;

(7) Maintains a physical facility on an appropriate site. The physical facility must contain space for storing business records including the supplier's delivery, maintenance, and beneficiary communication records. For purposes of this standard, a post office box or commercial mailbox is not considered a physical facility. In the case of a multi-site supplier, records may be maintained at a centralized location;

(8) Permits CMS, or its agents to conduct on-site inspections to ascertain supplier compliance with the requirements of this section. The supplier location must be accessible during reasonable business hours to beneficiaries and to CMS, and must maintain a visible sign and posted hours of operation;

(9) Maintains a primary business telephone listed under the name of the business locally or toll-free for beneficiaries. The supplier must furnish information to beneficiaries at the time of delivery of items on how the beneficiary can contact the supplier by telephone. The exclusive use of a beeper number, answering service, pager, facsimile machine, car phone, or an answering machine may not be used as the primary business telephone for purposes of this regulation;

(10) Has a comprehensive liability insurance policy in the amount of at least $300,000 that covers both the supplier's place of business and all customers and employees of the supplier. In the case of a supplier that manufactures its own items, this insurance must also cover product liability and completed operations. Failure to maintain required insurance at all times will result in revocation of the supplier's billing privileges retroactive to the date the insurance lapsed;

(11) Must agree not to contact a beneficiary by telephone when supplying a Medicare-covered item unless one of the following applies:

(i) The individual has given written permission to the supplier to contact them by telephone concerning the furnishing of a Medicare-covered item that is to be rented or purchased.

(ii) The supplier has furnished a Medicare-covered item to the individual and the supplier is contacting the individual to coordinate the delivery of the item.

(iii) If the contact concerns the furnishing of a Medicare-covered item other than a covered item already furnished to the individual, the supplier has furnished at least one covered item to the individual during the 15-month period preceding the date on which the supplier makes such contact.

Medicare DMEPOS Supplier Standards

(12) Must be responsible for the delivery of Medicare covered items to beneficiaries and maintain proof of delivery. (The supplier must document that it or another qualified party has at an appropriate time, provided beneficiaries with necessary information and instructions on how to use Medicare-covered items safely and effectively);

(13) Must answer questions and respond to complaints a beneficiary has about the Medicare-covered item that was sold or rented. A supplier must refer beneficiaries with Medicare questions to the appropriate carrier. A supplier must maintain documentation of contacts with beneficiaries regarding complaints or questions;

(14) Must maintain and replace at no charge or repair directly, or through a service contract with another company, Medicare-covered items it has rented to beneficiaries. The item must function as required and intended after being repaired or replaced;

(15) Must accept returns from beneficiaries of substandard (less than full quality for the particular item or unsuitable items, inappropriate for the beneficiary at the time it was fitted and rented or sold);

(16) Must disclose these supplier standards to each beneficiary to whom it supplies a Medicare-covered item;

(17) Must comply with the disclosure provisions in §420.206 of this subchapter;

(18) Must not convey or reassign a supplier number;

(19) Must have a complaint resolution protocol to address beneficiary complaints that relate to supplier standards in paragraph (c) of this section and keep written complaints, related correspondence and any notes of actions taken in response to written and oral complaints. Failure to maintain such information may be considered evidence that supplier standards have not been met. (This information must be kept at its physical facility and made available to CMS, upon request.);

(20) Must maintain the following information on all written and oral beneficiary complaints, including telephone complaints, it receives:

(i) The name, address, telephone number, and health insurance claim number of the beneficiary.

(ii) A summary of the complaint; the date it was received; the name of the person receiving the complaint, and a summary of actions taken to resolve the complaint.

(iii) If an investigation was not conducted, the name of the person making the decision and the reason for the decision.

(21) Provides to CMS, upon request, any information required by the Medicare statute and implementing regulations.

(22) All suppliers of DMEPOS and other items and services must be accredited by a CMS-approved accreditation organization in order to receive and retain a supplier billing number. The accreditation must indicate the specific products and services, for which the supplier is accredited in order for the supplier to receive payment for those specific products and services.

(23) All DMEPOS suppliers must notify their accreditation organization when a new DMEPOS location is opened. The accreditation organization may accredit the new supplier location for three months after it is operational without requiring a new site visit.

(24) All DMEPOS supplier locations, whether owned or subcontracted, must meet the DMEPOS quality standards and be separately accredited in order to bill Medicare. An accredited supplier may be denied enrollment or their enrollment may be revoked, if CMS determines that they are not in compliance with the DMEPOS quality standards.

(25) All DMEPOS suppliers must disclose upon enrollment all products and services, including the addition of new product lines for which they are seeking accreditation. If a new product line is added after enrollment, the DMEPOS supplier will be responsible for notifying the accrediting body of the new product so that the DMEPOS supplier can be re-surveyed and accredited for these new products.

Delivery Documentation

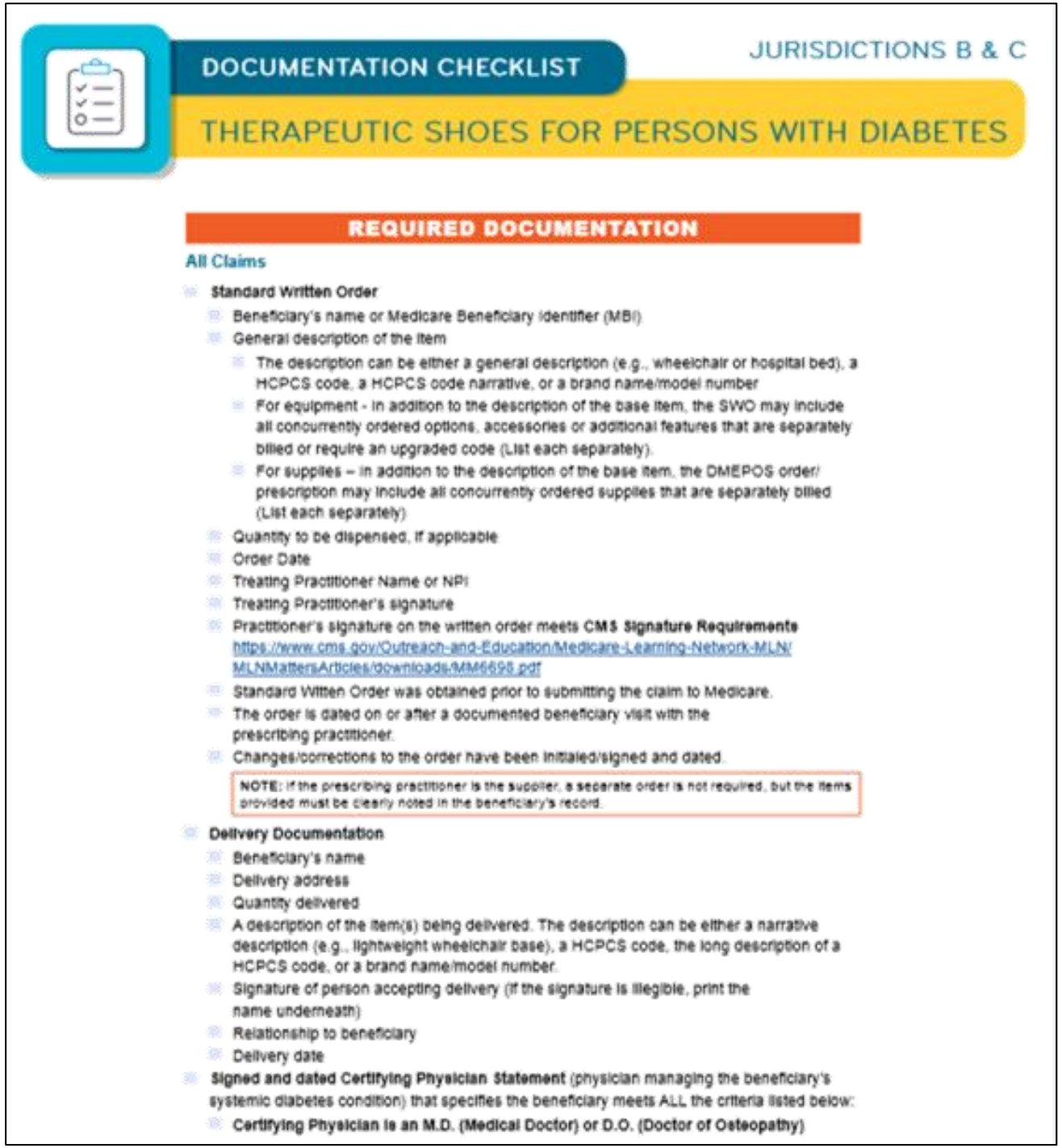
- Practitioner Progress Note for Dispensing:
  - List and descriptions of exact items dispensed (brand, style, size, part number, materials, components, settings, etc.)
  - Devices were checked for structural integrity, safety, quality and verified to be as ordered
  - Devices fit patient as they were intended (with or without adjustments)
    - If any adjustments had to be made to achieve optimal fit and function, they should be documented
  - Devices are functioning/performing as intended
  - Document *objective* assessment of fit and function of devices
  - Patient was instructed on application, fit, function and usage
  - Patient demonstrated ability to don and doff devices
  - Patient walked comfortably and safely in the devices (if applicable)
  - Patient was instructed on break-in process and wear and care
  - Patient was instructed to contact pedorthist ASAP should any concerns, questions or problems arise
  - All the patient's questions were answered satisfactorily
  - Plan for follow-up was discussed with patient
    - Document follow-up plan
  - Patient acknowledged understanding of all that was discussed

Delivery Documentation

- Make sure all required and relevant documentation is on-hand, accurate, properly dated, properly signed and complete before submitting claim to insurance for reimbursement.
  - Prescription
  - Standard written order
  - Physician's notes supporting medical necessity
  - LMN/CMN/SCP
  - Proof of delivery
  - Pedorthist's notes
- Medicare's standards/requirement are usually the as high or higher than those of most commercial insurance plans.
- Be aware of timely filing requirements.
- Be aware of dating requirements on required documentation.
- Double-check to verify that correct coding is being used and that coding is justified by documentation.

Example of Documentation Checklist

- Documentation Checklist for Therapeutic Shoes for Persons with Diabetes
- https://cgsmedicare.com/dme/pdf/checklists/diabetic_shoes.pdf



DOCUMENTATION CHECKLIST

JURISDICTIONS B & C

THERAPEUTIC SHOES FOR PERSONS WITH DIABETES

REQUIRED DOCUMENTATION

All Claims

- **Standard Written Order**
  - Beneficiary's name or Medicare Beneficiary Identifier (MBI)
  - General description of the item
    - The description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number
    - For equipment - In addition to the description of the base item, the SWO may include all concurrently ordered options, accessories or additional features that are separately billed or require an upgraded code (List each separately).
    - For supplies – In addition to the description of the base item, the DMEPOS order/ prescription may include all concurrently ordered supplies that are separately billed (List each separately)
  - Quantity to be dispensed, if applicable
  - Order Date
  - Treating Practitioner Name or NPI
  - Treating Practitioner's signature
  - Practitioner's signature on the written order meets **CMS Signature Requirements** https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM6695.pdf
  - Standard Written Order was obtained prior to submitting the claim to Medicare.
  - The order is dated on or after a documented beneficiary visit with the prescribing practitioner.
  - Changes/corrections to the order have been initialed/signed and dated.

  NOTE: If the prescribing practitioner is the supplier, a separate order is not required, but the items provided must be clearly noted in the beneficiary's record.
- **Delivery Documentation**
  - Beneficiary's name
  - Delivery address
  - Quantity delivered
  - A description of the item(s) being delivered. The description can be either a narrative description (e.g., lightweight wheelchair base), a HCPCS code, the long description of a HCPCS code, or a brand name/model number.
  - Signature of person accepting delivery (if the signature is illegible, print the name underneath)
  - Relationship to beneficiary
  - Delivery date
- **Signed and dated Certifying Physician Statement** (physician managing the beneficiary's systemic diabetes condition) that specifies the beneficiary meets ALL the criteria listed below:
  - **Certifying Physician is an M.D. (Medical Doctor) or D.O. (Doctor of Osteopathy)**

DOCUMENTATION CHECKLIST

THERAPEUTIC SHOES FOR PERSONS WITH DIABETES

NOTE: Exceptions to MD/DO as Certifying Physician

"**Incident to**" - NPs or PAs providing ancillary services as auxiliary personnel could meet the "incident to" requirements in their provision of therapeutic shoes to beneficiaries with diabetes if all of the following criteria are met:

1. The supervising physician has documented in the medical record that the patient is diabetic and has been, and continues to provide, the patient follow-up under a comprehensive management program of that condition; and,
2. The NP or PA certifies that the provision of the therapeutic shoes is part of the comprehensive treatment plan being provided to the patient; and,
3. The supervising physician must review and verify (sign and date) all of the NP or PA notes in the medical record pertaining to the provision of the therapeutic shoes, acknowledging their agreement with the actions of the NP or PA.

In states where the NP may practice independently, the NP's employment situation would require compliance with Medicare "incident to" rules in order to serve as the certifying physician. Please refer to the applicable A/B MAC for further information.

"**Primary Care First (PCF) Model Demonstration Project**" - If a Nurse Practitioner is enrolled in the PCF Model Demonstration Project they can refer or certify the beneficiary.

- Has diabetes
- Has one of the following conditions:
  - **a.** Previous amputation of the other foot, or part of either foot, or
  - **b.** History of previous foot ulceration of either foot, or
  - **c.** History of pre-ulcerative calluses of either foot, or
  - **d.** Peripheral neuropathy with evidence of callus formation of either foot, or
  - **e.** Foot deformity of either foot, or
  - **f.** Poor circulation in either foot
- Is being treated under a comprehensive plan of care for his/her diabetes, and needs diabetic shoes.
- The certification statement was signed on or after the date of the in-person visit and within 3 months prior to delivery of the shoes/inserts.
- Signature on the Certifying Physician Statement meets **CMS Signature Requirements** https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM6698.pdf

- Clinical evaluation documenting the management of the beneficiary's diabetes
  - Evaluation was performed by the Certifying Physician, or entity meeting the "Incident to" requirements or a NP enrolled in PCF;
  - Visit occurred within 6 months prior to delivery; and
  - Signature meets **CMS Signature Requirements** https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM6698.pdf
- Clinical evaluation documenting that the beneficiary has one or more of the qualifying conditions, a-f, listed above
  - Evaluation was either personally performed by the certifying physician **OR** the certifying physician obtained, initialed, dated, and indicated agreement with information from the medical records of an in-person visit with a podiatrist, other M.D or D.O., physician assistant, nurse practitioner, or clinical nurse specialist.
  - Evaluation was performed and/or reviewed by the Certifying Physician prior to completion of the Statement of Certifying Physician;
  - Visit to document the qualifying foot condition occurred within 6 months prior to delivery; and
  - Signature meets **CMS Signature Requirements** https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM6698.pdf
- Supplier in-person evaluation conducted prior to or at the time of selection of items includes at least the following:
  - An examination of the beneficiary's feet with a description of the abnormalities that will need to be accommodated by the shoes/inserts/modifications;
  - Measurements of the beneficiary's feet; and
  - For custom molded shoes and inserts, information regarding taking impressions, making casts, or obtaining CAD-CAM images of the beneficiary's feet that will be used in creating positive models of the feet.
- In-person visit, at the time of delivery, which assesses the fit of the shoes and inserts with the beneficiary wearing them

Claims for Custom Molded Shoes (A5501)

- Supplier's evaluation documents all of the following:
  - Beneficiary has a foot deformity that cannot be accommodated by a depth shoe;
  - The nature and severity of the deformity is described in detail; and
  - Visit included taking impressions, making casts, or obtaining CAD – CAM images of the beneficiary's feet in order to create positive models of the feet.

Claims for Custom Molded Inserts (A5513)

- PDAC website lists the insert as HCPCS code A5513 or the supplier has the following documentation:
  - List of materials that were used; and
  - A description of the custom fabrication process.

Claims for Custom Milled Inserts (A5514)

- The inserts are specified in the Product Classification List on the Pricing, Data Analysis, and Coding (PDAC) contractor website.

Follow-Up

Follow-Up

- Follow-up is important so that you can track the progress and success (or failure) of your pedorthic interventions and management strategies.
- You should strive to follow up with all patients
- For pedorthic devices provided to Medicare beneficiaries, Medicare requires follow-up.
- Consider scheduling follow-up visit before patient leaves office after delivery appointment.
- Follow-up encounter needs to be documented just as any other appointment.
  - Review diagnosis/prognosis and objectives of treatment plan
  - Are goals being met – or on their way to being met? Why or why not?
  - Is there a problem?
  - What was done to resolve the problem?
  - What is the plan going forward?

Follow-Up

- Follow-up is *mandatory* and should be done *in person* for:
  - At risk patients (E.g. diabetes, insensate and history of foot-related complications)
  - Patient c/o discomfort with device, or device isn't working as expected
  - Device breaks, malfunctions or wears out prematurely
  - A new problem/issue arises that may be attributable to the devices you provided
  - Patient needs adjustment to devices
- Follow-up may be done by telephone for:
  - Routine post break-in check-in with a patient who is not at risk
- Follow-up may be done by email or mail for:
  - Patient satisfaction surveys and outcomes data collection
  - Reminder that it may be time for a check-in, refurbishment or replacement of devices.

ABC Patient Care Facility Accreditation Standards

- The remaining slides contain a selection of the standards (that are relevant to delivery and follow-up) set forth by ABC for practices seeking to have their facility accredited by ABC.
- Regardless of whether your company decides to pursue facility accreditation, it is highly recommended that the following standards be adopted and are adhered to by a practicing certified pedorthist as they are considered *best practices*.

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Patient Care and Management (PC)

- PC.1.3
- You must inform your patients of the expected time frame for delivery of items and services.
  - TIP: You might indicate the timeframe for delivery with a note of the verbal communication in the patient record or by providing the patient with a follow-up appointment card

Patient Care and Management

- PC.2.2
- If you provide custom fabricated or custom fitted prefabricated orthoses, prostheses or pedorthic devices you must have access to the tools and equipment necessary to provide follow-up including modification, adjustment, maintenance and repair of the device.
  - TIP: Each patient care location must have the tools and equipment needed to provide adjustments and repairs.

Patient Care and Management

- PC.3.2
- During each patient visit, you must review the treatment plan, verify that the patient's record contains the current prescription and document the care provided during that visit.
  - TIP: Clinical documentation must reflect assessment of the treatment plan and contain notes for every patient interaction. Documentation should address all of the elements listed in the standard.

Patient Care and Management

- PC.3.2.1
- Patient non-compliance must be evaluated and documented. You must attempt to correct non-compliance through patient management activities, patient education and communication with the referral source.
  - TIP: Patient non-compliance with follow-up care may include situations such as not showing up for appointments, failure to follow patient instructions or failure to follow break-in wearing schedules. Any non-compliance should be documented in the patient record. Trends of non-compliance should be included in your business's performance management activities.

Patient Care and Management

- PC.3.3
- You must provide and document follow-up care consistent with the diagnosis and complexity of services provided.
  - TIP: The level and frequency of follow-up care depends on the types of services and items you have provided. You should consistently schedule follow-up appointments based on the potential risks and likelihood of changes in the fit of the device or the patient's function over time.

Patient Care and Management

- PC.4
- The patient care provider must document in the patient's record the patient's goals, progress toward meeting their goals and expected outcomes related to the use of the items or services provided.
  - TIP: Patient records must include documentation that specific patient goals and expected outcomes were established at the initial patient assessment. Pre- and post-care surveys, interviews, evaluations, outcome measurements and other methods may be used to measure the patient's progress. This documentation is usually recorded in the clinical notes section of the record.

Patient Care and Management

- PC.6.1
- You must provide the patient and/or caregiver with instructions for the proper care and use of the device. This patient education must be documented and must include:
  1. The purpose and function of the item
  2. Infection control, including the proper care, cleaning and use of the item
  3. Disclosure of the potential risks, benefits and precautions
  4. How to report any failure or malfunction
  5. When and to whom to report changes in physical condition when it relates to the device

  - TIP: You can provide this information to your patients in a variety of ways. You can give your patients care and use information sheets, manufacturer's guidelines or verbal instructions. An information sheet would include information on how to report any failures or malfunctions of the device and when and to whom to report changes in their physical condition. No matter which method you decide to use, you must document in the patient's record that these instructions were given

Patient Care and Management

- PC.6.2
- You must provide the patient and/or caregiver with instructions on how to inspect their skin for pressure areas, redness, irritation, skin breakdown, pain or edema. This patient education must be documented in the patient's record.
  - TIP: Patient records must indicate that the patient and/or caregiver have been educated on how to inspect their skin. Care and use information sheets or verbal instructions may be used

Patient Care and Management

- PC.6.5
- You must make sure that the patient and/or caregiver can use all provided equipment safely and effectively in the settings the items will be used.
  - TIP: You must have documentation that patients and/or caregivers have been provided with proper instructions for the safe use of all equipment. The patient record should document that this education was provided.

Patient Care and Management

- PC.6.6
- You must adapt the training and instruction materials to the needs, abilities, learning preferences and language of the patient and/or caregiver.
  - TIP: All training and instruction materials must be in a format and manner that is understandable to all patients, including those who have communication barriers such as language differences. This also includes patients with vision, speech, hearing and cognitive impairments. If a significant portion of your patient population speaks a language other than English, you should provide them with training and instruction materials in their native language

Performance Management and Improvement (PM)

- PM.1
- You must have a written performance management program that does the following:
  1. Monitors and evaluates the quality and appropriateness of patient care
  2. Seeks opportunities to improve services
  3. Resolves identified problems
- The governing body of your business must support the performance management program by documenting, requiring and participating in the program.
  - TIP: Your performance management program must define these elements and include the appropriate response times for corrective action. The effectiveness of the action you take must be assessed, reported and communicated through the proper channels in your business

Performance Management and Improvement

- PM.2
- Your performance management program must include the use of a patient satisfaction survey.
  - TIP: If you do not have a patient satisfaction survey of your own, one is available in the Resource Kit on the ABC website. It is recommended that your patient satisfaction survey be conducted within two months after providing a new or replacement device. Your survey should be designed to gather many types of information, which are detailed in Standards PM.3, PM.4 and PM.5 and included in the Resource Kit sample.

Performance Management and Improvement

- PM.2.1
- The results of the patient satisfaction survey must be documented and evaluated, at least annually.
  - TIP: You must use the results of the patient satisfaction surveys to improve your business performance and the quality of care and services that you provide. Your performance management program must document that you use surveys and include how you evaluate and incorporate the survey results.

Performance Management and Improvement

- PM.3
- You must collect, monitor and measure patient satisfaction with the items and services provided.
  - TIP: You must solicit feedback from your patients on their satisfaction with the items and services you provide. Once you have collected this data, you need to measure the results in order to identify those areas that may need improvement.

Performance Management and Improvement

- PM.4
- You must collect, monitor and measure the timeliness of response to patient questions, problems and concerns. For any formal complaints, you must provide the patient or caregiver with written notification within 14 days of the results of the investigation of their complaint.
  - TIP: This could be documented in your patient complaint log and/or patient satisfaction survey.

Performance Management and Improvement

- PM.5
- You must collect, monitor and measure the impact of your business operations on the adequacy of patient access to equipment, items, services and information.
  - TIP: This measurement of your business practices can be accomplished through patient surveys.

Performance Management and Improvement

- PM.7
- You must collect and measure data to monitor any adverse events to patients due to inadequate or malfunctioning equipment, items or services once you become aware of such adverse events.
  - TIP: Once you are aware of deficient or broken equipment, you must provide documentation (patient records, patient incident reporting policy and procedures) that you are identifying and monitoring the impact to your patients. Examples of adverse events are injuries, accidents, signs and symptoms of infection or hospitalizations.

Performance Management and Improvement

- PM.8
- You must collect and evaluate data that allows you to identify and monitor adverse or beneficial trends associated with the quality of care for your patients.
  - TIP: Your performance management plan must include measures of the outcomes of consumer services, billing practices and adverse events. This information can be gathered through follow-ups, patient record reviews, outcome studies and/or patient satisfaction surveys.

Performance Management and Improvement

- PM.9
- Action must be taken when you identify an opportunity to improve the quality of care. The effectiveness of the action taken must be evaluated through continued monitoring. Your recommendations, actions and conclusions must be documented.
  - TIP: Potential improvements could be identified through patient satisfaction survey assessments, staff meetings, interviews with patients, referral sources or other means. You must document both the action taken and the monitoring of its effectiveness.

Performance Management and Improvement

- PM.10
- You must perform a written review of your performance management program at least annually. You must document any changes to your performance management processes.
  - TIP: Document your review with notes, a report or meeting minutes. If your review identifies needed changes, you must also update the appropriate performance management program manuals or files.

The End