



ADA
Audiology Practice Accreditation
Standards: A Review

Deb Abel, AuD

Ram Nileshwar, AuD

Practice Accreditation Standards consider the inputs including materials, tools, processes, and procedures, and also

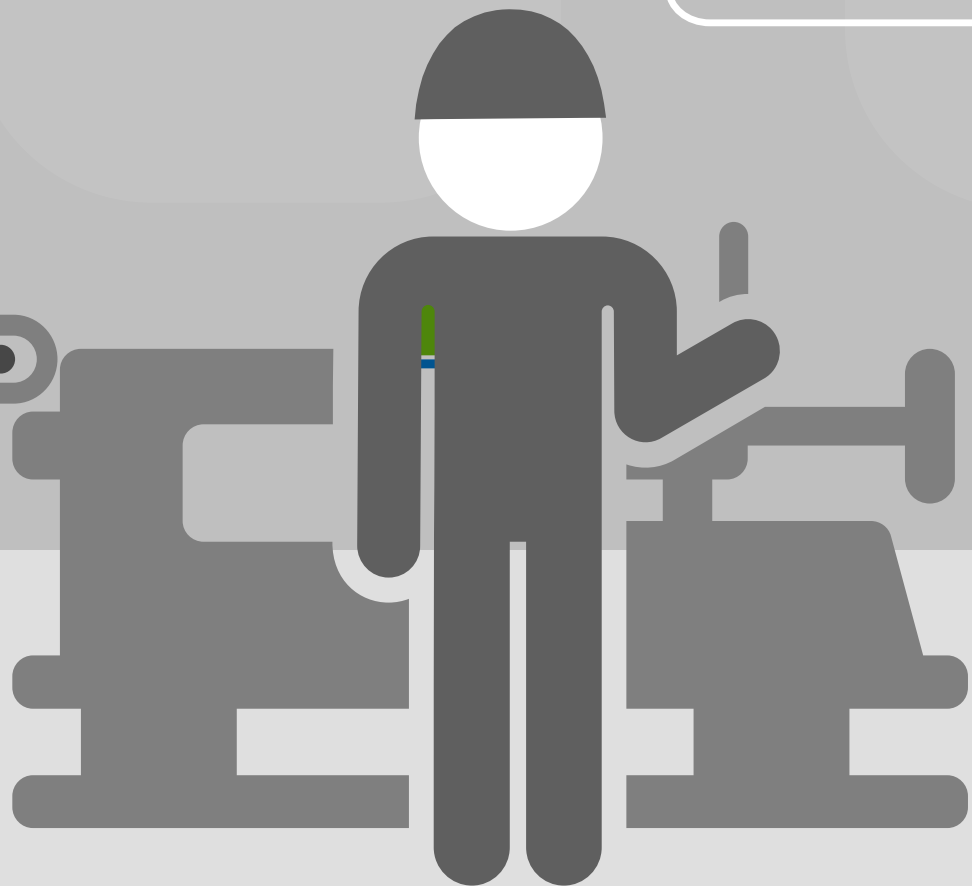
the people and environment in which care is delivered



ADA Audiology Practice Accreditation Standards

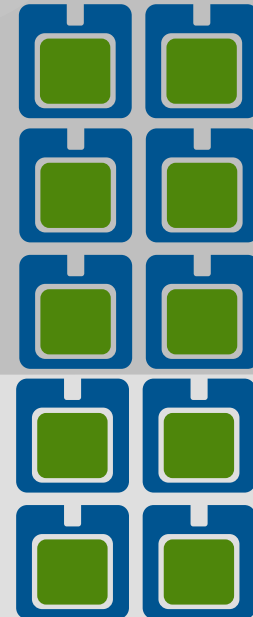
Deliver high-quality care

Replicate and standardize it



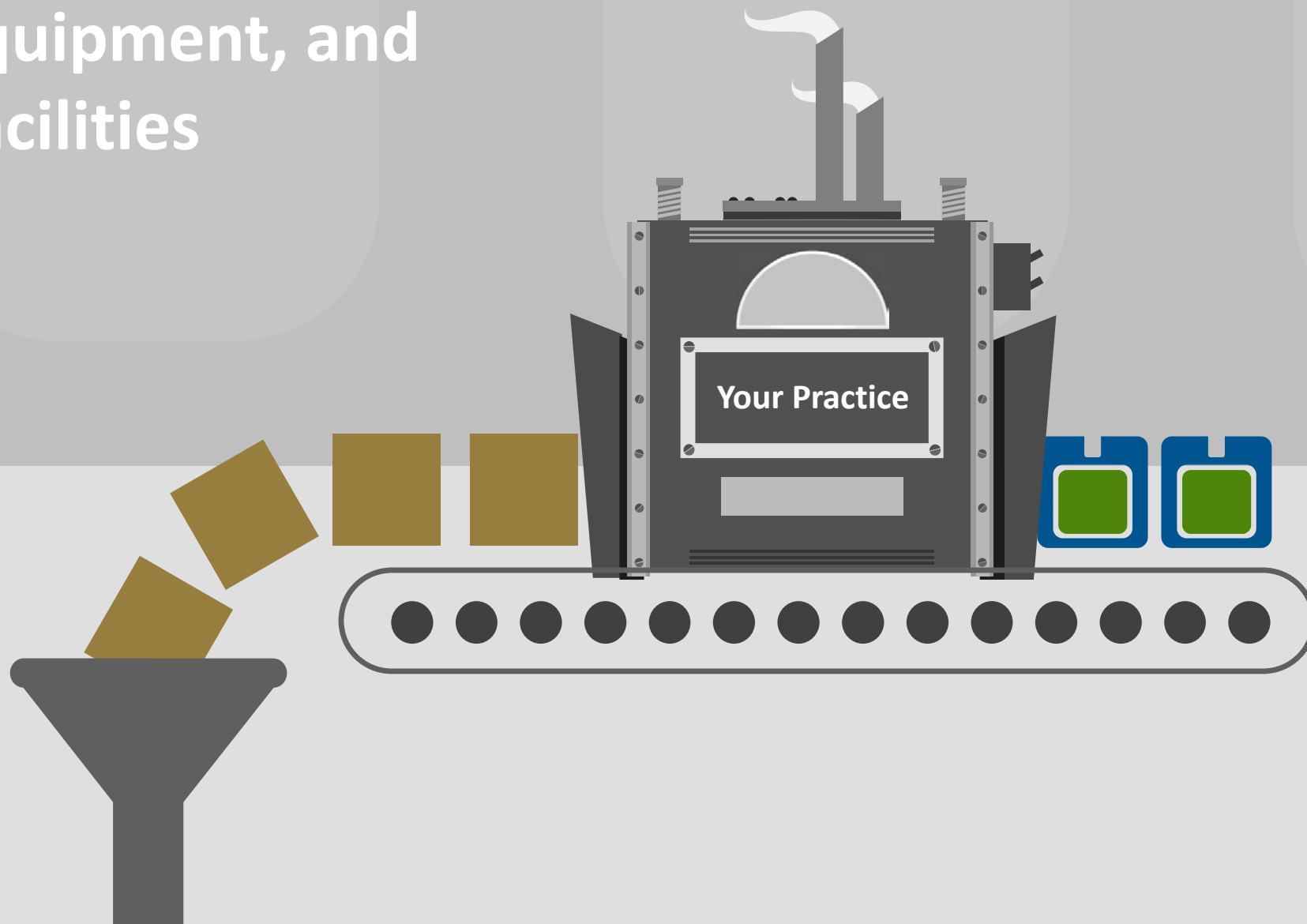
ADA Practice Accreditation Standards

1. Rights and Needs of the Patient

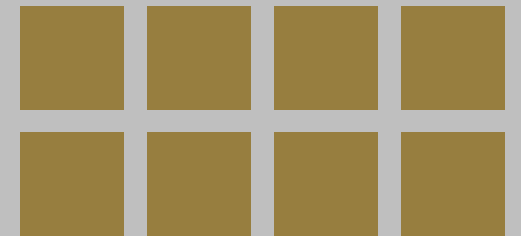


**3. Instrumentation,
Equipment, and
Facilities**

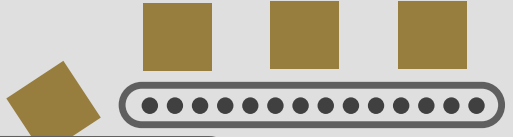
2. Clinical Services



4. Practice Administration



5. Quality & Performance Improvement

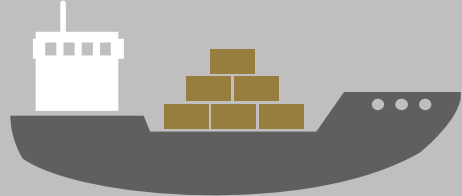
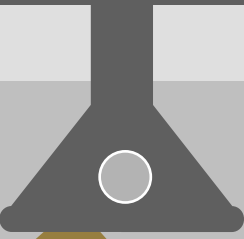
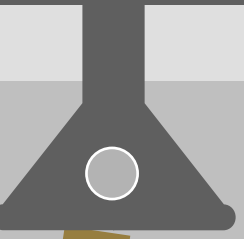
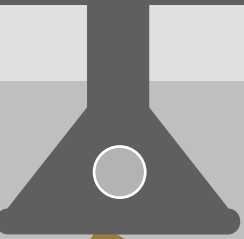
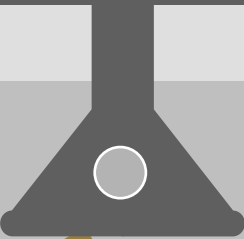


HOW

IS

CARE

DELIVERED?



Safe & Effective

Patient-Centered

Timely

Efficient & Equitable

ADA Audiology Practice Accreditation Standards: A Review

Section 1: Rights and Needs of the Patient

Section 2: Clinical Services

Section 3: Instrumentation, Equipment and Facilities

Section 4: Practice Administration

Section 5: Quality Assurance and Performance Improvement

ADA Accreditation Standard (ADAA)

Section 1: Rights and Needs of the Patient Commitment to Patient-centered Care

Integrate a patient-centered approach in the provision of services, and all aspects of hearing and balance health care delivery.



ADAA Standard 1.1

- Provide patients with timely, transparent, and complete information about the benefits, risks, and side effects regarding the proposed care and services.
- Seek out patient perspectives, goals, and values, and they shall provide information and services that are responsive to individual patient preferences, respect patient autonomy, and empower patients to make informed decisions
- Foster an inclusive environment that maximizes participation from patients, family members and/or communication partners throughout the delivery of care.

ADAA Standard 1.1 (cont'd)

- Use effective written and oral communications to foster patient comprehension, inquiry, and to reinforce an informed and shared decision-making process.
- Adopt and publish a formal statement outlining its commitment to high ethical, clinical, and operational standards, including its adherence to federal, state, and local laws.
- Demonstrate adherence to Americans with Disabilities Act (ADA) requirements for the provision of sign language interpreters, as requested by the patient, to facilitate successful communication

ADAA Standard 1.2

Patient Safety

- Patients shall be treated in a manner that promotes health, well-being, and safety, and is free from violence, neglect, exploitation, verbal, mental, physical, and sexual abuse
- Practice environment shall support and foster the health, safety, well-being, and comfort of patients and the public
- Practice shall publish and maintain a zero-tolerance policy for violence, neglect, exploitation, verbal, mental, physical, and sexual abuse.

ADAA Standard 1.2 (cont'd)

- Practice shall adopt processes and procedures for patients to report patient safety issues, and to address patient grievances and concerns
- Be able to identify and implement proper hygiene and infection control procedures
- Adopt, implement, and maintain an emergency action plan (EAP) to address medical emergencies, fire, and other foreseen emergencies that may occur at the practice location

ADAA Standard 1.3

Protection from Discrimination and Harassment

- Maintain an environment free from discrimination and harassment
- Develop, publish, and enforce written anti-discrimination and anti-harassment policies that meet or exceed federal, state, and local laws
- Establish and maintain mechanisms and procedures for addressing patient complaints regarding discrimination and/or harassment in the practice

ADAA Standard 1.4

Access to Medical Records

- Provide access for patients to inspect, review, receive, and/or transfer their medical records, in accordance with federal, state, and local laws
- Upon request of the patient, the practice shall deliver medical records, including billing records, case management, insurance claims processing information, and other records containing protected health information (PHI) in a format that is consistent with federal, state, and local laws
- Adopt, publish, and disseminate the procedures by which patients may access their medical records, even if there should be a change of practice ownership or practice closure, so that patients have a clear understanding of the process, timeline, and fees

ADAA Standard 1.5

Commitment to Transparency Regarding Fees, Costs, and Coverage of Care

- Operate in a manner that promotes transparency in the cost and coverage of audiologic and vestibular services to empower patients to make informed decisions regarding their care.
- Provide a written bill listing services and corresponding fees to each patient, which clearly outlines the goods and services necessary for the provision of high quality audiologic care regardless of being a bundled or itemized/unbundled model.

ADAA Standard 1.5 (cont'd)

- Establish, maintain, execute, and document communication protocols and activities to inform patients about financial information necessary to their treatment decision-making process, including but not limited to, the status of their insurance claims, the need for insurance waivers, notices of non-coverage (including Medicare Advance Beneficiary Notices), required out-of-pocket costs, and alternative financing options.
- Adopt and enforce a conflict of interest (COI) policy that guarantees and protects the independent judgment of providers for any advice or treatment offered to patients.

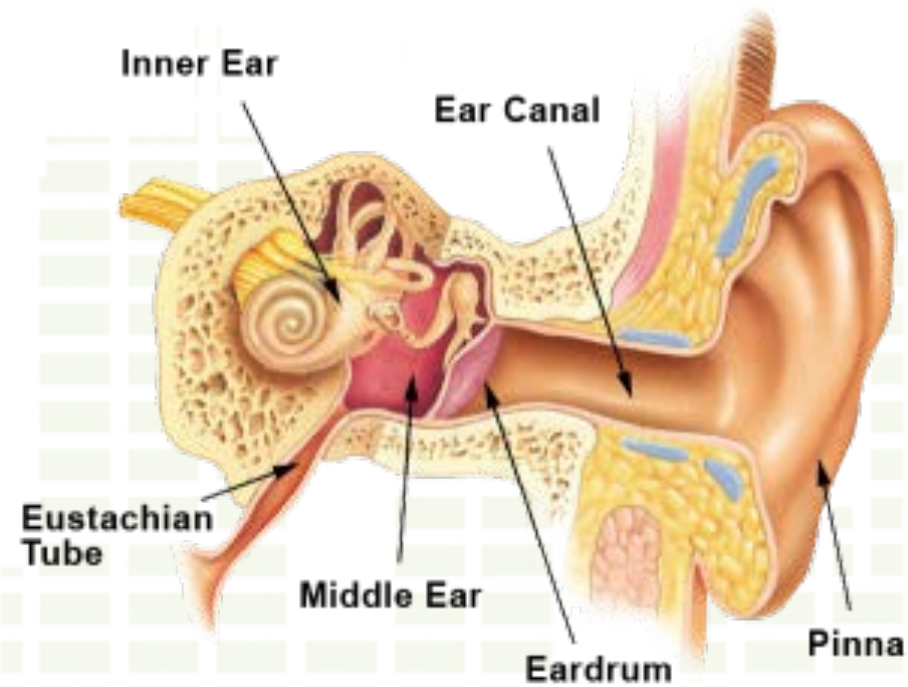
Conflicts of interest include but are not limited to loans, incentives, minimum purchase agreements, stock ownership, and/or the acceptance of gifts or items of value which exceed “nominal value” as defined by the U.S. Department of Health and Human Services Office of Inspector General (OIG)

ADAA Standard 1.5 (cont'd)

- Conflicts of interest include but are not limited to loans, incentives, minimum purchase agreements, stock ownership, and/or the acceptance of gifts or items of value which exceed “nominal value” as defined by the U.S. Department of Health and Human Services Office of Inspector General (OIG)
- The COI policy shall require that a conflict of interest, which may compromise the practice’s or provider’s primary duty to the patient will either be resolved in the best interest of the patient or will be disclosed to the patient.
- Adhere to truth in advertising laws, and ethically present their education and credentials to patients, as consistent with professional organizational guidelines

ADAA Standard

Section 2: Clinical Services



ADAA Standard 2.1

Commitment to Preventive Care within the Community

- Engage in concerted education, outreach, hearing conservation, and falls risk prevention activities
- Promote a variety of hearing healthcare initiatives to educate and increase public awareness for the prevention of audiologic and vestibular disorders
- Educate colleagues in other health disciplines to promote timely referral for audiologic and vestibular issues

ADAA Standard 2.1 (cont'd)

- Provide a range of information to individuals regarding factors that may cause temporary or permanent damage to the auditory/vestibular system
- Provide a range of information to individuals regarding factors that may cause temporary or permanent damage to the auditory/vestibular system.(e.g. questionnaires, screening programs, web-based screen etc.)
- Provide a range of information and/or screening tools to educate individuals on factors which may increase falls risk

ADAA Standard 2.2

Process of Diagnosis

- Use and document systematic, evidence-based protocols throughout the diagnostic process
- Utilize a detailed case history process (not limited to the cochlear and vestibular systems) to document patients' symptoms, medical, and pharmacological history to formulate the test battery in support of a comprehensive assessment of each patient's auditory and/or vestibular system

ADAA Standard 2.2 (cont'd)

- Seek, critically evaluate, and provide diagnostic protocols, which comprehensively assess the differential diagnosis of the auditory and/or vestibular systems including audiologic assessments, vestibular assessments, and other services as required

ADAA Standard 2.3

Process of Treatment

- Develop specific and measurable goals outlined within patient treatment plans, which recognize and support the unique needs of each patient
- Complete a Communication Needs Assessment which includes a battery of both objective and subjective measures intended to assess residual auditory function beyond what can be determined by pure-tone and monosyllabic word-recognition-in-quiet testing

ADAA Standard 2.3 (cont'd)

- Investigate associated non-auditory function as a part of the development of the treatment plan (such as, cognitive, visual, dexterity screenings, discussion of support system, environmental characteristics, etc.).
- Offer a wide range of technological and/or aural rehabilitation training options to demonstrate a range of cost options and provide accessibility to patients from all socio-economic populations.

ADAA Standard 2.4

Treatment with Amplification

- Adhere to rigorous and consistent measures of quality control in the dispensing of amplification products
- Conduct an electroacoustic analysis to correlate and confirm device function with current ANSI standards of tolerances prior to dispensing a new, repaired, and/or reconditioned products.
- Use the most reliable evidence-based method for gain verification to measure audibility of soft and average speech input signals across the speech spectrum, as well as to determine maximum output levels to avoid exceeding a patient's loudness discomfort level (LDL) (i.e. Real-Ear measures, Real Ear to Coupler Differences)

ADAA Standard 2.4 (cont'd)

- Use alternative conformity assessments, such as sound field measures for functional gain, aided speech in noise testing, and questionnaires. Alternative assessments may be used if and when the technology or patient characteristics do not allow for real-ear protocols (deep insertion devices, implantable technology, etc.)
- Have an established process of technology orientation and counseling support to ensure appropriate information has been provided and the patient and/or caregiver no longer requires further post-fitting care
- Perform outcome measures to ensure intervention has made a difference and provides benefit to the patient. The test battery shall include assessment of objective benefit, subjective benefit, satisfaction, and pattern of usage

ADAA Standard 2.5

Other Services

- If additional clinical services are provided by the practice, the practice shall establish a plan of pre- and post-treatment measures to evaluate the effectiveness of services
- Treatment services may include, but are not limited to: Vestibular rehabilitation, tinnitus, aural rehabilitation, counseling, (central) auditory processing disorder (CAPD), and implantable technology

ADAA Standard 2.6

Referral Capabilities

- Have access to an established professional network to support timely referral when the patient's needs fall outside of practice services. The referral network may include outside audiology practices, primary care providers, and specialty providers such as otologists, neurologists, physical therapists, psychologists, and other related specialties, when needed
- Use appropriate interprofessional and intra-professional communications when collaborative care is needed

ADAA Standard

Section 3: Instrumentation, Equipment and Facilities



ADAA Standard 3.1

Recognition of Impact and Importance of Instrumentation and Equipment on Standard of Care.

- House and maintain instruments and equipment to assure safety and efficacy in treatment, as dictated by the services provided
- Infection control equipment is mandatory for the provision of care (See standards for listed equipment)

ADAA Standard 3.1 (cont'd)

- Audiologic diagnostic equipment (Required equipment is dependent upon services provided)
- Audiologic treatment and management equipment (Required equipment is dependent on services provided)
- Vestibular Diagnostic equipment (Required equipment is dependent upon services provided)
- Vestibular Treatment and Management (Required equipment is dependent upon services provided)

ADAA Standard 3.2

Facilities Management

- Use and maintain facilities that promote patient safety, security, access and mobility
- Provide waiting, treatment, and office areas which adhere to Americans with Disabilities Act (ADA) regulations
- House, manage, and store patient records in a manner that complies with Health Insurance Portability and Accountability Act (HIPAA) regulations
- Facilities shall be clean, well-maintained, well-lit, and free from hazards
- Facilities shall meet or exceed zoning, fire, and occupancy requirements as determined by local, state, and federal law

ADAA Standard

Section 4: Practice Administration



Section 4: Practice Administration

- Mission and Vision
- Human Resources
- Policies & Procedures
- Accounting and Financial Management
- Insurance Contracting and Reimbursement
- Patient sales contracts and purchase agreements
- Marketing and Communication plan
- Records Management and Retention
- Vendor Management

ADAA Standard 4.1

Mission and Vision

- Formal statement outlining purpose, services offered, how and by whom services provided
- Commitment to operate in a manner that ensures the rights of its patients
- Practice Mission and Core philosophies that staff can describe
- Patient and employee access to Mission statement and supporting information

ADAA Standard 4.2

Human Resources

- Establish and maintain standards for the recruitment, administration, management, training, and separation of employees
- Staff – Full-time & Part-time employees, students, observers, independent contractors, volunteers, and owners

ADAA Standard 4.2 (cont'd)

- Employment policies regularly evaluated to meet or exceed federal, state and local laws. All staff to sign confidentiality agreement protecting PHI and non-disclosure of PHI outside of the office
- Staff provided with current job description

ADAA Standard 4.2 (cont'd)

- All staff should have appropriate credentials, licensure, and documentation for employment and the delivery of services.
- Documentation on immigration, licensure, credentialing, insurance, education/training – maintained and formatted per federal, state and local laws
- Staff provided with an employee handbook (employment policies, expected practice etiquette, related guidelines, and a process for clarification on matters not clear)

ADAA Standard 4.2 (cont'd)

- Employee handbook shall include roles, responsibilities, employment evaluations, anti-discrimination, benefits, training, conflict resolution, sick and vacation policies, hiring, discipline, dismissal policies, emergency/evacuation, planning and training, infection control policies, general conduct, and OSHA safety standards.
- Employee handbook should also include an organizational chart, job descriptions, and other information that clearly delineate the responsibilities of all personnel

ADAA Standard 4.3

Policies & Procedures

- Written guidelines, processes and procedures to staff covering office and business management procedures, and clinical and safety protocols for staff and patients

ADAA Standard 4.3 (cont'd)

- Establish and document a clinical protocol for all diagnostic, rehabilitative, and preventive services (See standards 2.2 through 2.5).
- Implement a regular process and format for staff coaching, and feedback, which includes both verbal and written communications
- Establish and hold regular meetings to discuss practice operations, and modifications to or questions regarding established practice requirements, processes, procedures, and patient management

ADAA Standard 4.4

Accounting and Financial Management

- Establish and adhere to legal and ethical procedures for fiscal management
- System of checks and balances to ensure compliance with generally acceptable accounting procedures for cash management, banking, billing and receipting of patients' transactions
- System to manage insurance claims and other forms of payments, along with a policy for accounts receivable collections
- System for documentation and payment of salaries and other payroll benefits to staff, which ensures accuracy, and compliance with required federal, state, and local tax laws

ADAA Standard 4.4 (cont'd)

- Have policies that ensure payments are made in a timely fashion, and a system for payment of accounts payable
- Ability to produce financial statements and a policy of regularly providing profit and loss, balance sheet, cash flow, and other reports to owners and designated managers at minimum on a quarterly schedule
- Implement a budget on an annual basis
- Establish and maintain systems and mechanisms to deter or prevent theft, fraud, or waste

ADAA Standard 4.5

Insurance Contracting & Reimbursement

- Establish and maintain policies, procedures, and documentation that demonstrate conformity with current accepted coding practices, and compliance with federal, state, and local laws including HIPAA, Stark, anti-kickback, false claims, truth-in-advertising, and other laws related to the commercial delivery of health care services

ADAA Standard 4.5 (cont'd)

- Have contracts in place and on file for every third-party payer for which they are contracted
- All applicable CPT®, ICD and HCPCS codes utilized for each patient shall be listed on the itemized bill of services
- Third party waivers shall be given to the patient when applicable to apprise and educate the patient of their financial obligations and those of their payer(s)

ADAA Standard 4.5 (cont'd)

- For Medicare Part B patients, Advanced Beneficiary Notices (ABNs) should be given prior to service delivery for mandatory or voluntary use. Mandatory use is when the provider questions whether they will meet the Medicare definition of medical necessity. Voluntary use can be offered, but is not required, for those services that are statutorily excluded
- For Medicare Part C patients, a pre-authorization for non-covered services should be given by each specific Medicare Advantage plan and should be obtained from that payer
- Students must be supervised 100% of the time for diagnostic services billed to Medicare Part B and for other payers who require supervision by the supervisor

ADAA Standard 4.5 (cont'd)

- For commercial insurance, waivers shall be given when the patient chooses to upgrade their technology from a basic (covered) item or service to a more sophisticated (non-covered) item or service, with the approval by the payer. Providers may offer their own waiver if permitted by the payer.
- For TPAs, waivers may not be applicable and need to be verified by the payer; when signing the contract, you have agreed to all fixed terms of the contract.

ADAA Standard 4.6

Patient sales contracts and purchase agreements.

- State licensure laws often offer requirements of what is to be included in the purchase agreement when devices are purchased. Practices must demonstrate adherence to these requirements
- At a minimum, sales agreements must include:
 - name and address of the practice
 - name and license number of the provider
 - name of patient
 - date of the purchase agreement
 - terms of the purchase agreement that includes the length of time for the device's evaluation and adjustment period
 - amounts due and when, the process for return for credit and the amount of funds to be retained by the practice when the device(s) are returned in good condition,
 - the terms if they are not returned in good condition,
 - the serial number of the devices and for which ear, and
 - the time and coverage of the warranty period

ADAA Standard 4.7

Marketing and Communication Plan.

- Create and implement a marketing and communications plan that is consistent with its vision, mission, and best business and clinical practices
- Advertise and promote services in a manner that complies with legal requirements and professional code(s) of ethics for audiology
- Marketing strategies to include research, traditional media, interactive media, community outreach, physician/provider outreach, patient recall, public relations, and other methods as needed to support practice objectives
- Create and adopt a crisis communications plan

ADAA Standard 4.8

Records Management and Retention.

- Establish and maintain a records retention policy that assures electronic, paper and multi-media data and records are maintained in a manner that protects them from theft, harm, or destruction, and that is compliant with federal, state, and local laws
- Record and implement a records retention schedule that addresses the following types of records: Patient, financial, equipment/instrument ownership and calibration, corporate and insurance contracts, corporate filings, tax, safety, vendor, and employment records as required to comply with state, federal, and law

ADAA Standard 4.9

Vendor Management

- Establish and follow policies and for engaging and maintaining relationships with product and service providers, creditors and industry partners
- Establish a process for evaluating and selecting vendors
- Maintain contracts with vendors whenever feasible
- Have Business Associate Agreements (BA) in place with vendors who will have access to patient personal health information (PHI) as defined under HIPAA

ADAA Standard



Section 5: Quality Assurance and Performance Improvement



ADAA Standard 5.1

Training & Education: Audiologists

- Demonstrate a commitment to training and education for audiologists as a means of quality assurance and exceptional performance
- Assure that audiologists providing direct patient care acquire and maintain a license in the appropriate state and/or federal jurisdiction to legally provide clinical services on behalf of the practice. Liability insurance must be maintained on an annual basis for all providers
- Assure that its practicing audiologists obtain a minimum of 15 hours of continuing education credit annually, or the state licensure requirement, whichever is greater

ADAA Standard 5.2

Training & Education: Support Staff

- Demonstrate a commitment to training and education for support staff as a means of quality assurance and exceptional performance
- Support staff and facility-employed hearing instrument specialists, audiologist's assistants, and other clinical staff must acquire and maintain a license (if one is required) in the state(s) where the practice is located, or where services will be provided
- Document that required training requirements have been met for the maintenance of state licensure for clinical support staff (if licensure is required)
- Patient care coordinators and front office staff engaging in hearing aid services shall be trained to adhere to federal and state regulations

ADAA Standard 5.3

Training Plan

- Establish a training plan for each audiologist and clinical support staff member and shall provide support for continuing education
- All staff shall be provided opportunities for training that will encourage them to follow and observe best practices
- Support may be provided through financial, time (for onsite or offsite training), review and analyzation of case studies conducted by the staff, and/or other applicable activities and resources, that are directed to acquire, maintain, and advance the necessary skills in the provision of licensed audiologic services and support services

ADAA Standard 5.4

Written clinical protocols

- All provided clinical services shall have a corresponding, written protocol attesting to the evidence based best practice for all specific services or procedures. Protocols shall be developed for both routine and rare events (See examples listed in standards)

ADAA Standard 5.5

Clinical Decision Trees (Algorithms)

- Develop (or adopt) step-by-step clinical algorithms to determine whether and when to perform procedures to solve a clinical problem
- Clinical decision-making algorithms shall be based on documented evidence-based best practices, professional judgment, and individual patient characteristics. The assessment procedure may vary from these algorithms based on patient needs, cooperation, and the assessment setting. Algorithms should be used to determine, identify, quantify, describe, and/or assess

ADAA Standard 5.5 (cont'd)

- Algorithms shall be evaluated annually with clinical documentation of the review
- Algorithms should be examined against several factors:
- Address the developmental age, or special populations for which the algorithm is appropriate.
- Address the referrals received for which algorithm is appropriate as well as referrals outside the practice, which are appropriate for this algorithm
- Address expected outcomes the audiologist plans to develop or prepare for patient as a result of completing the assessment

ADAA Standard 5.5 (cont'd)

- Address the clinical process, including the decision-making and interpretation regarding diagnostic and rehabilitative implications of information, observations, and results occur throughout this process
- Accompanied by references
- Reviewed at regular intervals to incorporate new evidence

ADAA Standard 5.6

Coordinated feedback

- Implement mechanisms for formal and informal feedback from patients and staff
- Patient surveys shall be used to assess patient satisfaction with clinical services, operations, and outcomes
- Feedback should be obtained at regular intervals, and at least annually
- May use written, verbal, or online survey tools to obtain feedback

ADAA Standard 5.6 (cont'd)

- Staff surveys shall be used to assess staff satisfaction with clinical services, operations, and outcomes
- Staff feedback should be obtained at regular intervals, and at least annually
- May use written, verbal, or online survey tools to obtain feedback

ADAA Standard 5.6 (cont'd)

- Staff meetings shall be held regularly to assess clinical operations to ensure the delivery of cohesive, evidence-based services. Staff meetings should provide an opportunity to discuss and address quality improvement efforts, specific concerns or negative outcomes, risk management, and innovations in all systems
- Facilities who do not employ any staff, it is understood that self-reflection activities will be conducted in lieu of staff meetings

ADAA Standard 5.7

Practice, Provider and Patient metrics

- Establish and use metrics to evaluate business and clinical outcomes, improve performance, and to identify risks, strengths, weaknesses, opportunities and threats
- Develop and apply the Key Performance Indicators (KPI), to each area of the practice
- Publish the KPIs to be monitored, and document the rationale, the chain of responsibility, and the intervals for measuring and reporting
- Inform and train staff regarding each metric/KPI for which they will have responsibility to develop, impact, monitor, or report
- Provide documentation that KPIs have been recorded, monitored, and utilized in decision-making processes

ADAA Standard 5.8

Equipment Calibration and Maintenance.

- Establish and implement a calibration and maintenance schedule for equipment and instruments, which meets or exceeds both legal and recommended industry standards
- Calibration and maintenance records shall be maintained by the practice in conjunction with the practice's record retention policy
- Maintenance and calibration records shall be publicly available upon request



ADA Practice Accreditation Standards Q&A