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The Basics: Most Frequently Cited Disease-Specific Care Certification Standards

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Today's Agenda

- The top ten cited standards from 2018.

- Reasons why certain standards are cited more frequently.

- Tips to help you prepare, and decrease the chance of being cited on these standards.

- Q & A Session

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Top Ten

Most Frequently Cited Standards for 2018

1. The program is implemented through the use of Clinical Practice Guidelines (CPG's) selected to meet the patient's needs **(DSDF.3)**

2. The program initiates, maintains, and makes accessible a health or medical record for every patient **(DSCT. 5)**

3. The program develops a standardized process originating in CPG's or evidence-based practice to deliver or facilitate the delivery of clinical care **(DSDF.2)**

4. The program addresses the patient's education need's **(DSSE.3)**

5. Practitioners are qualified and competent **(DSDF.1)**

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Most Frequently Cited Standards for 2018

6. The program develops a plan of care that is based on the patient's assessed needs **(DSDF.4)**

7. The program defines its leadership roles. **(DSPR.1)**

8. The program evaluates patient satisfaction with the quality of care. **(DSPM.5)**

9. The program determines the care, treatment, and services it provides. **(DSPR. 5)**

10. The program involves patients in making decisions about managing their disease or condition. **(DSSE.1)**

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How Frequently Cited in 2018

- DSDF.3 – 48% (+5%)
- DSCT.5 – 25% (+3%)
- DSDF.2 – 22% (-2%)
- DSSE.3 – 20% (+1%)
- DSDF.1 – 18% (---)

Three of top five are in Delivering and Facilitating Care (DSDF) chapter

Four of top ten are in DSDF chapter

Source: *Perspectives® April 2019, published by The Joint Commission

Reasons Why

Delivering or Facilitating Clinical Care - DSDF.3

- **Standard**: The program is implemented through the use of clinical practice guidelines selected to meet the patient's needs.

- **Elements of Performance** for this standard:

  - The program establishes an interdisciplinary team based on the patient's assessed needs and direction from clinical practice guidelines.

  - The assessment(s) and reassessment(s) are completed according to the patient's needs and clinical practice guidelines.

  - The program implements care, treatment and services based on the patient's assessed needs.

What the reviewers found for DSDF.3

- Inconsistency of establishing an interdisciplinary team based on patient's assessed needs
- Not following order set / policies / protocols concerning:
  - Vital signs
  - Neuro-checks
  - Neuro-vascular checks
  - Incentive spirometry
  - Pain assessment / management
  - Pre-operative clearance
  - MD not contacted for changes in vital signs / neuro-status / cardiac rhythm as ordered

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Clinical Information Management – DSCT.5

- **Standard:** The program initiates, maintains, and makes accessible a medical record for every patient.

- **Elements of Performance** for this standard:

  - All relevant practitioners have access to patient information as needed.

  - The medical record contains sufficient information to identify the patient.

  - The medical record contains sufficient information to support the diagnosis

  - The medical record contains sufficient information to justify the care, treatment, and services provided.

Clinical Information Management – DSCT.5 (cont.)

- **Standard:** The program initiates, maintains, and makes accessible a medical record for every patient.

- **Elements of Performance** for this standard:

  - The medical record contains sufficient information to document the course and results of care, treatment, and services.

  - The medical record contains sufficient information to facilitate continuity of care.

  - The program reviews its medical records for completeness and accuracy.

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What the reviewers found for DSCT.5

- Missing documents and documentation in patients' medical records:
    - Consents for treatment missing or incomplete
    - Incomplete H&P; unclear date of most recent H&P
    - Advanced directives
    - Start / end time of specific assessments and therapies
- Practitioners do not have access to other departments notes, i.e. case management / procedure labs / pre-op class attendance
- Order sets not initiated

Delivering or Facilitating Clinical Care - DSDF.2

– **Standard:** The program develops a standardized process originating in clinical practice guidelines (CPGs) or evidence-based practice to deliver or facilitate the delivery of clinical care.

– **Elements of Performance** for this standard:

  – The selected clinical practice guidelines are evaluated for their relevance to the target population.

  – The selected clinical practice guidelines are based on evidence that is determined to be current by the clinical leaders.

  – The program leader(s) and practitioners review and approve clinical practice guidelines prior to implementation. (Documented)

Delivering or Facilitating Clinical Care - DSDF.2 (cont.)

- **Standard:** The program develops a standardized process originating in clinical practice guidelines (CPGs) or evidence-based practice to deliver or facilitate the delivery of clinical care.

- **Elements of Performance** for this standard:

  - Practitioners are educated about clinical practice guidelines and their use.

  - The program demonstrates evidence that it is following the clinical practice guidelines when providing care, treatment, and services.

  - The program implements modifications to clinical practice guidelines based on current evidenced-based practice.

What the reviewers found for DSDF.2

– CPGs not specific to all patient populations served (admitting diagnosis and comorbidities)

– Lack of written protocols for all aspects of care covered by the CPGs

– CPGs not reviewed or approved by program lead(s) and practitioners

– CPGs not current and/or not reviewed to identify if current

– Practitioners not educated about CPGs or their use

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What the reviewers found for DSDF.2

- No process to ensure current CPGs are being used in, implemented in or to update order sets / protocols / policies

- Standardized order sets non-existent

- Order sets not being used when available

- Order sets / protocols / policies not being followed as written

- Modifications of CPGs not supported by evidence-based practice

Supporting Self-Management –DSSE.3

- **Standard:** The program addresses the patient's education needs.
- **Elements of Performance** for this standard:
  - The program's education materials comply with recommended elements of care, treatment, and services which are supported by literature and promoted through clinical practice guidelines and evidence-based practice. (documented)
  - The program presents content in an understandable manner according to the patient's level of literacy.
  - The program presents content in a manner that is culturally sensitive

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Supporting Self-Management –DSSE.3 (cont.)

- **Standard:** The program addresses the patient's education needs.
- **Elements of Performance** for this standard:
  - The program makes initial and ongoing assessments of the patient's comprehension of program-specific information.
  - The program addresses the education needs of the patient regarding his or her disease or condition and care, treatment, and services.

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What the reviewers found for DSSE.3

- Lack of signed consent forms for treatment

- No documentation of discussion with patient / family member about treatment options

- No documented initial and ongoing assessment of patient's comprehension of program-specific information

- Lack of discussion of lifestyle changes

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What the reviewers found for DSSE.3

- Patient education:
    - Education material not having appropriate health literacy level
    - Education booklets given to patient / caregiver not individualized to reflect patient needs / condition
    - Lack of education on current diagnosis and/or co-morbid conditions
    - Patient-specific risk factors for specific disease states not identified
    - No discussion of resources available for patient or care giver
    - Medication reconciliation documents not containing complete information

Delivering or Facilitating Clinical Care - DSDF.1

- **Standard:** Practitioners are qualified and competent.
- **Elements of Performance** for this standard:
  - Practitioners have education, experience, training, and/or certification consistent with the program's scope of services, goals and objectives, and the care provided. (documented)
  - The program verifies each practitioner's licensure using a primary source verification process upon hire and at licensure expiration. (documented)
  - The program assesses practitioner competency at time of hire. This assessment is documented. (documented)

Delivering or Facilitating Clinical Care - DSDF.1 (cont.)

- **Standard:** Practitioners are qualified and competent.
- **Elements of Performance** for this standard:
  - Orientation provides information and necessary training pertinent to the practitioner's responsibilities. Completion of the orientation is documented. (documented)
  - The program assesses practitioner competence on an ongoing basis. This assessment is documented. (documented)
  - The program identifies and responds to each practitioner's program-specific learning needs.
  - Ongoing in-service and other education and training activities are relevant to the program's scope of services.

What the reviewers found for DSDF.1

- Incomplete credentialing / privileging for procedures performed and/or treatment provided

- Lack of competencies validated for specific job requirements, initially and ongoing

- Lack of primary source verification / expired licensure / certifications

- Lack of consistency of following hospital and/or program policies

- Lack of process to identify and educate health care members not completing expected orientation / education

Tips to Avoid Some Common Issues

Preparation

- Disease-Specific Care standards as a self-assessment tool

- Assigning team members specific responsibilities

- Standards of Care demonstrated in order sets / policies / protocols

- Process to monitor following of order sets / policies / protocols

- Sharing of rationale for following standards of care

  - Patient safety / decreasing risk of adverse events occurring

Medical Record Review

- Completeness?

- Are program-specific order sets / protocols / policies being used? If not, why not?

- Is patient care following the order sets / protocols / policies?

- Are patients being assessed for education needs/ discharge needs?

- Education provided based on assessed individualized needs?

- Is medication reconciliation complete and accurate?

Remember: If it was not documented in the medical record – it did not occur

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Medical Record Review

– How often do you audit a sample of your program's medical records?

– Pick a regular process and timeframe for random record audits.

– Keep track of missing information. Are you seeing any patterns?

– Information from record audits can be used to assess staff training needs.

Clinical Practice Guidelines

– Discussion and approval of CPGs documented

– Process to review and update CPGs being used

– Process to update all protocols / order sets / policies with most current CPGs

– Education of **ALL** department staff / practitioners involved in caring for the patient including MDs that admit as well as provide consultative services

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Human Resources (MD and other staff members)

- Orientation

- Education offerings completed (will look back at least one year)

- Current licensures / certifications

- Competencies for requirements in job descriptions

- Completeness of credentialing / privileging including procedures performing / treatment providing

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Staff Education

- What's included in orientation / onboarding of new staff

- Order sets / protocols / policies available

- Covering specific topics outlined in the standards and elements of performance, if applicable

- Develop timeline for ongoing education

- Process to determine if all staff received / completed expected education and if not, how will education be accomplished

For More Help

- Start with your Business Development Associate Director
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- Standards Interpretation Group
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Questions?

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