Strategies to Address the 10 Most Commonly Cited Home Care Standards

April 14, 2015
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Objectives

- **At the conclusion of the presentation participants will be able to:**
  - **Identify the 10 most commonly cited home care standards.**
  - **Describe methods that can be used to uncover process failures**
  - **Explore strategies that can be used to address process failures.**

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Yes and No

Yes to:

- Raising awareness
- Looking at problems differently
- Getting to the root of the problem
- Engaging staff in solutions
- Embedding solutions in standard work

No to:

- Doing the same thing and expecting a different outcome
- Making this QAs job
- Creating additional work
- Re-educating the staff, again
- Endless audits

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This much we know:

▸ Frequently mirror CMS findings

▸ Involves one or more processes

▸ Root cause likely one of 3 things:

- – Communication
- – Human Factors
- – Leadership

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Learn from highly reliable organizations

- Preoccupation with failure

- Reluctance to simplify interpretation

- Sensitivity to operations

- Commitment to resilience

- Deference to expertise

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Strategic Approach:

- Drill down to <u>where</u> and <u>when</u> this is happening most frequently - be specific
- <u>What</u> error occurs most often?
- Talk <u>with</u> the people most often affected
- <u>Listen</u> for cues re: human factors
- Work on the issue where you generate the greatest ROI

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PC.02.01.03 The organization provides care, treatment, or services in accordance with orders or prescriptions, as required by law and regulation.

Chief areas of non-compliance

- – Providing care without a physician's order
- – Prescribed frequency of visits not followed
- – Aides provide services not listed on care plan

42%

Aha! You're only looking at the outcome if you're just auditing the health record and comparing doctor's orders to documented care in the notes.
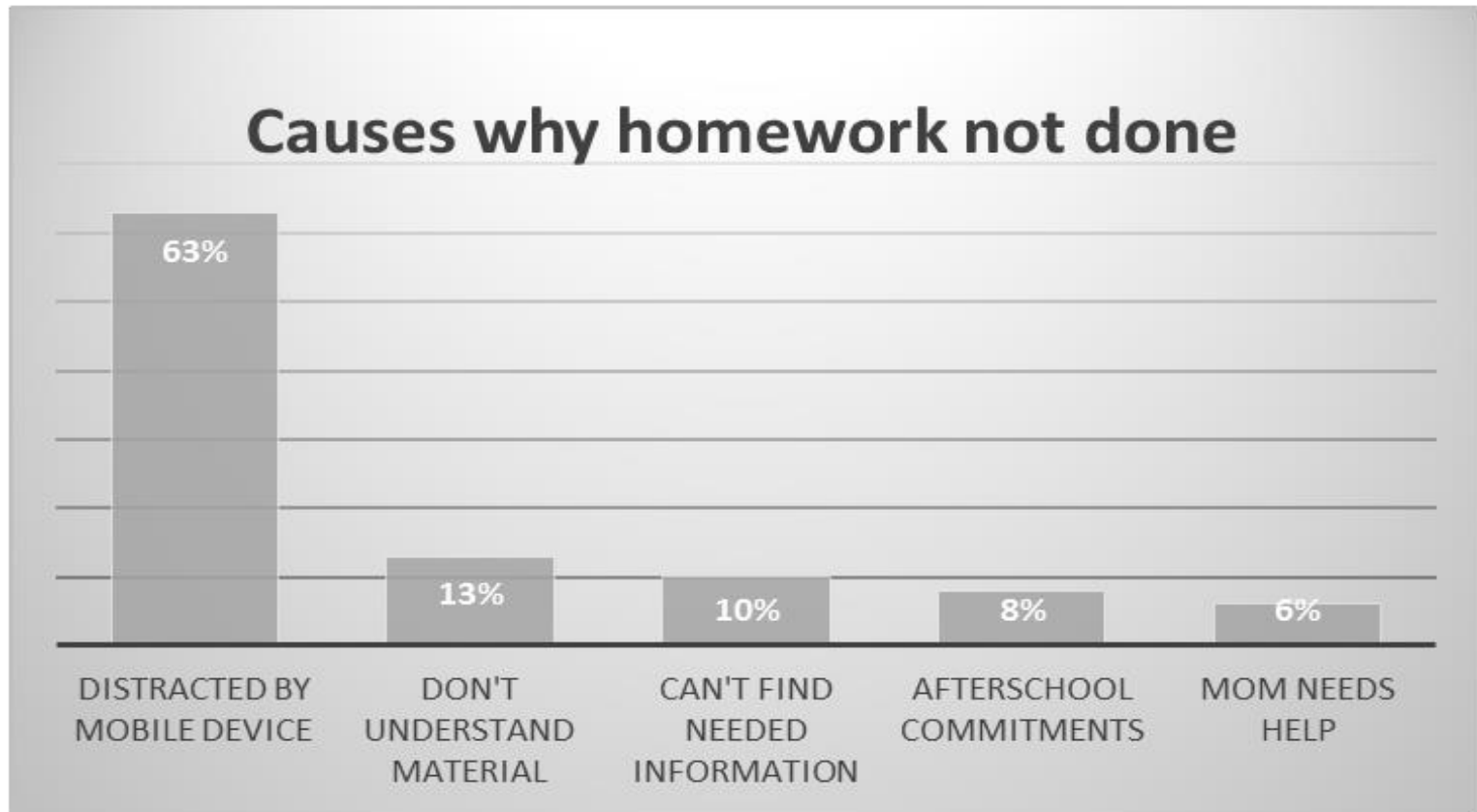
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Applied Strategy:

- Drill down discover what care is provided without orders
  - Use a Pareto chart to find out how to get the greatest impact
- Observe the process used to obtain and record orders
  - Verbal order read-back
  - How do staff document a physician's order?
- Implement self-accountability for visit frequency
  - Use visual cues to alarm user of over/under usage
  - Qualitatively evaluate performance
- Evaluate the process used to supervise staff
  - Written process, observe behavior, trace the activity

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Useful tool to help you:

▶ Pareto Chart

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PC.01.03.01 The organization plans the patient's care

Chief areas of non-compliance

- Plan doesn't reflect unique needs of the patient
- Plan is not revised as patient needs change
- No individualized approach to patient care

31%

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Applied Strategy:

- Explore how staff identify and prioritize patient problems
  - Address problems that are identified on assessment
  - For every problem there is a goal
  - Reference OBQI and QBQM report
- Observe the process used by staff to plan patient care and frequency of services.
  - Does policy effectively guide practice?
- Evaluate the ability of staff to record/customize the responses in the EMR
  - Look for facilitation and hindrance

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Useful tools to help you:

▶Ishikawa (Fishbone)
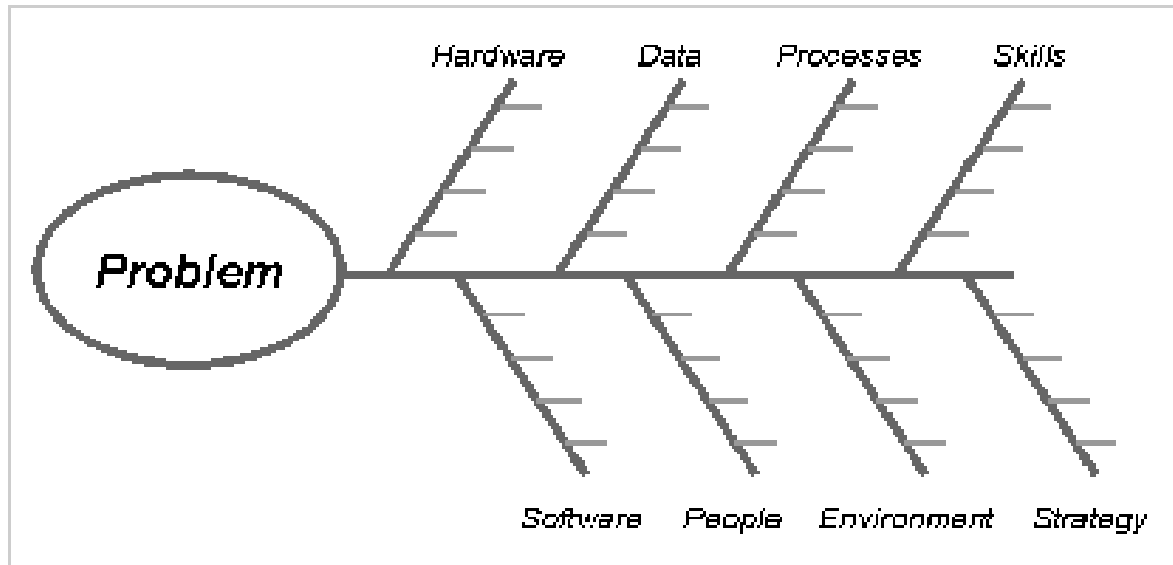
Categories: List how the system should function
Horizontal lines: Vulnerabilities/ Defects

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IC.02.04.01 The organization offers vaccination against influenza to licensed independent practitioners and staff.

▶ Chief areas of non-compliance

– No credible plan for influenza vaccination program

– No written plan

– No data collected to determine reasonable compliance goals

– No information available to support the value of the program

30%

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Applied Strategy:

- Use the CDC website for information on influenza vaccinations for all staff, contract staff and LIP's

- Collect data between October and March on who has been vaccinated, regardless of where it happened

- Check the National Quality Forum (NQF) website for information that supports the value of these programs

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Useful resources for you:

- www.cdc.gov

- http://jccms2/www.JointCommission.org/PatientSafety/InfectionControl/H1N1_podcast.htm

- http://www.quality forum.org/WorkArea

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Useful tools to help you

FMEA: Failure Mode Effects Analysis

- It only looks complicated, it is actually POWERFUL
- Have the stakeholders in the room
- Important scores: Severity, Detectability and
- RPI- Risk Priority Number

Design Failure Modes and Effects Analysis (DFMEA)

Item or Process	..enter info here	Process Responsibility	..enter info here	Prepared by: ...enter information here.
Unit of Improvement	..enter info here	Key Date	..enter info here	DFMEA Dates: (Originated) 00/00/00 (Latest Revision Date) 00/00/00
Core team	..enter info here			

| | | | | | | | | | | | | | **Action Results** | | | | |
Solution	Potential Failure Mode	Potential Effect(s) of Failure	Severity	Class	Potential Cause(s)/Mechanisms of Failure	Occurrence	Current Process Controls Prevention	Current Process Controls Detection	Detection	RPN	Recommended Actions(s)	Responsible Person	Target Completion Date	Actions Taken	S E V	O C C	D E T	R P N
			10			10			1	100								
										Check								
										Check								
										Check								
										Check								

http://www.qimacros.com/lean-six-sigma-articles/fmea-template/

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RC.02.01.01 The patient record contains information that reflects the patient's care, treatment, or services.

▶ Chief areas of non-compliance

– Missing documentation

– Delayed filing and records management

– Delayed submission of documents from subcontractors

24%

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Applied Strategy:

- Automate the documentation submission process
- Monitor and measure the flow of information in and out of the organization
- Effectively manage contract services:
  - Awareness: Written in contract
  - Compliance: Monitor and measure
  - Transparency: Report on outcomes

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Helpful Tools to Use: Value Stream Map

> Value is defined by the 'Customer'
> TIM WOODS = 8 Ways of WASTE

T – Transport
 I – Inventory
M – Motion

W – Waiting
O – Over production
O – Over processing
D – Defects
S – Skills

Business Loan Approval - Value Stream Map

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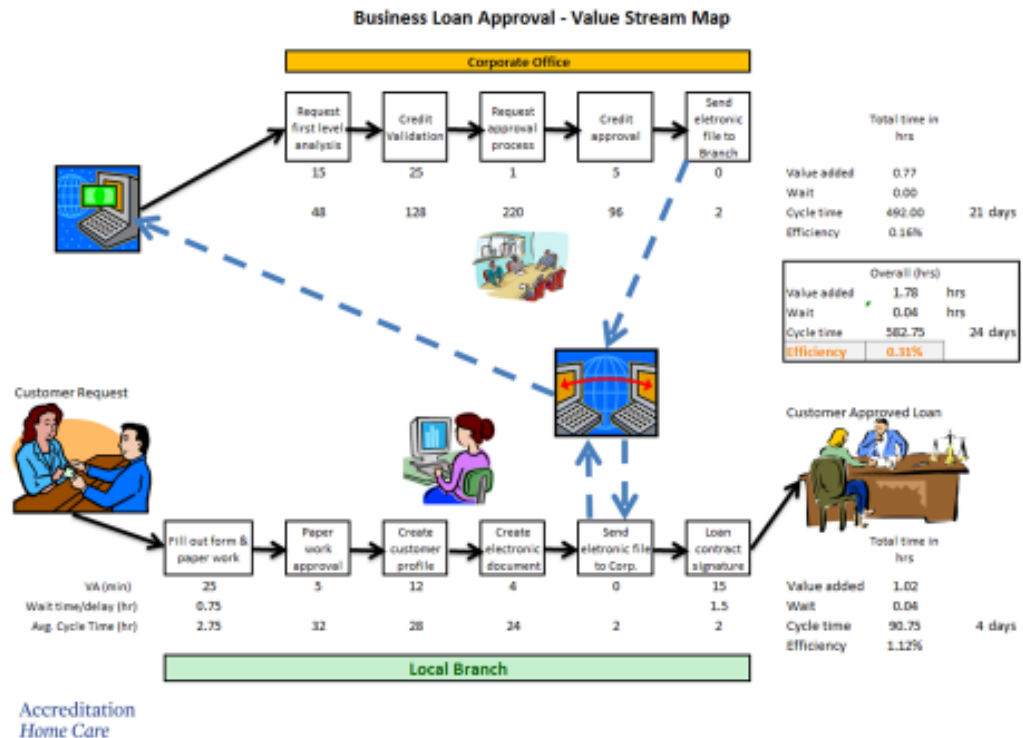
HR.01.02.05 The organization verifies staff qualifications

▶ Chief areas of non compliance
  – Lack of primary source verification upon hire and expiration of license
  – Verification and documentation of experience and education
  – Criminal background checks
  – Health screenings documentation

24%

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Applied Strategy:

▸ Evaluate the process used to obtain verification

▸ Automate the process used to notify staff when verification nears expiration

▸ Embed the process for criminal background checks and health screenings as standard work during orientation

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Useful tool: SIPOC

▼ High level overview of the process

– Helps identify critical risk points

– Helps identify gaps/workarounds in the process

– Focuses attention on what matters most

The Process of Filing Your Tax Return				
S	**I**	**P**	**O**	**C**
Suppliers	Inputs	Process	Output	Customers
Government	Forms	Collect Tax Return Information	Completed Tax Return	Government Tax Agency
Employer	Wage Statements	Hire Accountant	Copy for Accountant	Accountant
Charities	Donation Receipts	Review Information with Accountant	Copy for Yourself	
Church	Donation Receipts	File Return	Payment to Accountant	
Investment Firms	Interest Statements	Pay Accountant		

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IC.02.01.01 The organization implements the infection prevention and control activities it has planned.

▶ Chief areas of non compliance
– Breaks in hand hygiene technique
– Not providing PPE or hand hygiene supplies
– Collection of surveillance activities, aggregation, and analysis to reduce risk of infections

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Applied Strategy:

- Evaluate the effectiveness of the process used to determine compliance w/ hand hygiene.
  - Written program clearly defines expectations
  - PPE is readily available and management is unwavering in its commitment to use
  - Data collection is routine, analysis occurs frequently and reports are posted in real time
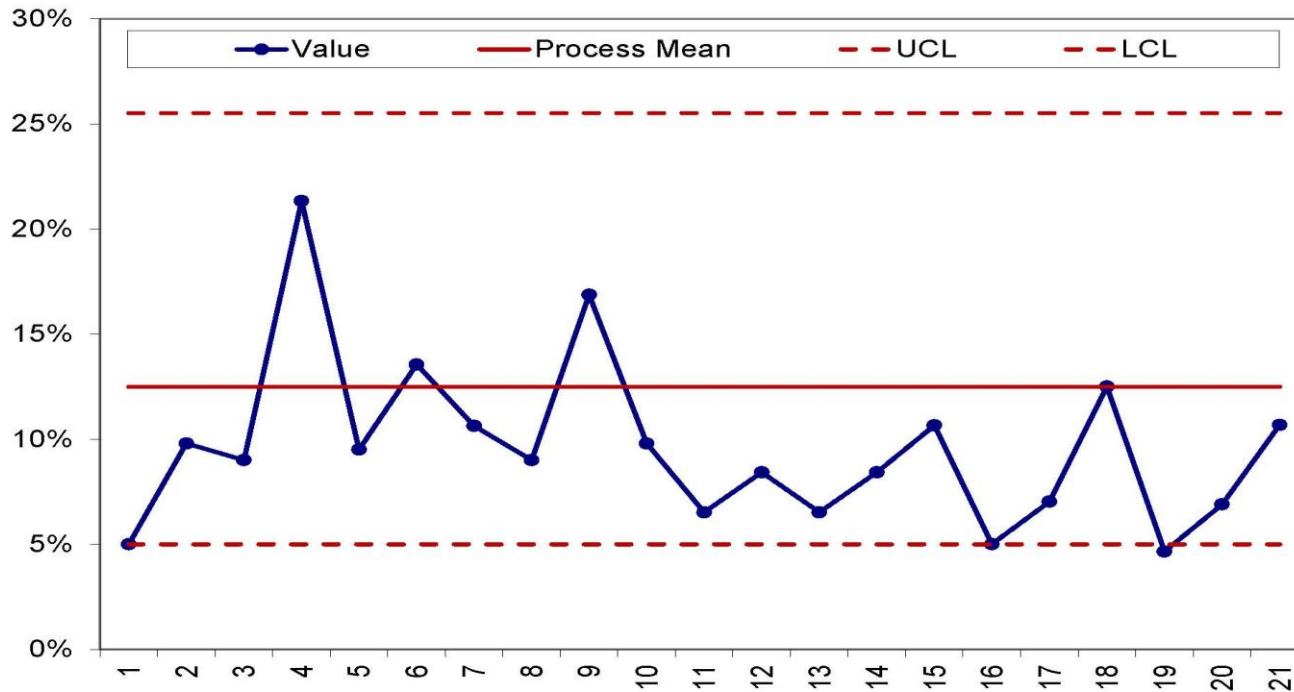
Key Resource to help you:

- CDC Morbidity and Mortality Weekly Report for Hand Hygiene
  - Discusses Hand Hygiene practices among HCW's.
  - Types of activities resulting in cross contamination
  - Efficacy of plain soap, antiseptic soap/detergent and alcohols
  - Methods used to promote improved Hand hygiene

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Useful tools to help you: SPC
Statistical Process Control Chart

▸Control Chart

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HR.01.06.01 Staff are competent to perform their responsibilities

▶ Chief areas of non compliance
- No defined competencies
- Lack methods of assessment
- Competencies are not done upon hire or per policy

23%

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Applied Strategy:

▸ Evaluate the process used to determine the competency of staff

– Define the required competencies necessary to perform the position duties.

– Determine the most effective method to evaluate the identified competency

– Automate the process used to notify supervisors a competency is due

– Define and implement remediation activities necessary to restore competency when performance is unsatisfactory.

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Useful tools to help you:

- Checklist
- Define competencies
- Methods to evaluate
- Automate the process
- Define remediation
- Implement remediation

Key resource for your use: Home Care Bulletin Issue 4, 2009

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NPSG.07.01.01 Comply with either the current Centers for Disease Control and Prevention (CDC) hand hygiene guidelines or the current World Health Organization (WHO) hand hygiene guidelines

▶ Chief areas of non compliance
- – Unclear choice of CDC or WHO guidelines
- – Setting a goal, numerical and measurable
- – Improving compliance with hand hygiene against the chosen goal

22%

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Applied Strategy:

- Review and choose either the CDC or WHO guidelines for hand hygiene
    - Evaluate current rate of performance
    - Implement monitoring to measure ongoing compliance rate compliance
    - Set a credible goal (%) based on performance
- Best practice includes direct observations of staff at set points in time measured against a realistic stretch goal.

Useful resources to help you:

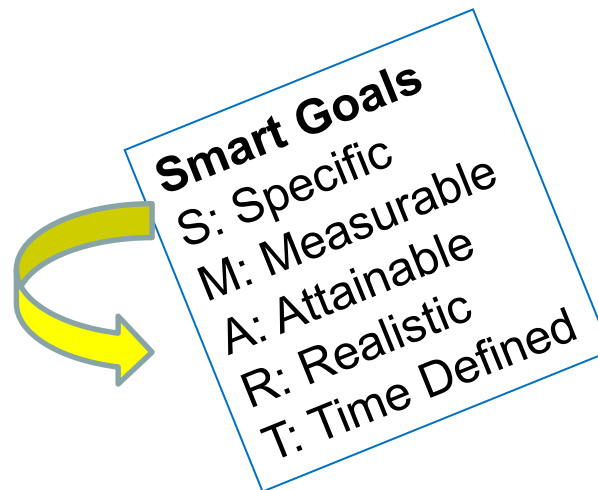- MEASURING HAND HYGIENE ADHERENCE: OVERCOMING THE CHALLENGES © 2009 The Joint
- Commissionhttp://www.jointcommission.org/PatientSafety/InfectionControl/hh_monograph.htm

- Center for Transforming Healthcare Web site
- Standards FAQ for NPSG.07.01.01

Useful tools to use: Gap Analysis

- Quantifiably measures difference between desired state and actual state
  - Critically important to define the issue: process or outcome?
  - Create a safe environment to measure actual state
  - Design a SMART goal to promote success
  - Measure frequently, report out often
  - Leaders must be engaged and involved throughout the process

Smart Goals
S: Specific
M: Measurable
A: Attainable
R: Realistic
T: Time Defined

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EM.03.01.03 The organization evaluates the effectiveness of its Emergency Operations Plan.

�; Chief areas of non compliance
  – Performing a drill each year
  – Documentation of the evaluation of the drill to include the deficiencies and opportunities for improvement
  – Stress the plan to identify weaknesses in key areas such as patient acuity, equipment and supplies

19%

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Applied Strategy:

- Conduct a credible risk analysis
- Perform a drill that is appropriate to a risk in your area and the patient population served.
- At the conclusion of the drill key participants and leaders meet and identify which activities occurred as expected and which required improvement.
- Determine if the needs of high risk patients and activities were met consistent with the planned response.

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Useful resources to help you:

- State websites for Emergency Management
- Standards FAQ for EM.03.01.03
- Enviroment of Care publications
- http://www.jcrinc.com/2015-environment-of-care-essentials-for-health-care/
- Emergency Management section under Topics on the Joint Commission home page

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PI.02.01.01 The organization compiles and analyzes data

Chief areas of non compliance

– Implementation of the PI plan

– Analysis of the data collected

– Identification of areas of improvement

16%

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Applied Strategy:

- Evaluate leadership role in defining PI priorities
- Conduct a gap analysis between plan expectations and current rate of implementation.
- Drill down to determine issues and trends driving non-compliance.
- Collect relevant data, perform credible analysis, report frequently and transparently to all key stakeholders

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Useful tools

- ARMI analysis
- Key Stakeholders
- Define role
- **Approver**, **Resource**,
- **Member** or **Interested** Party
- Stake holders may play different roles in different phases

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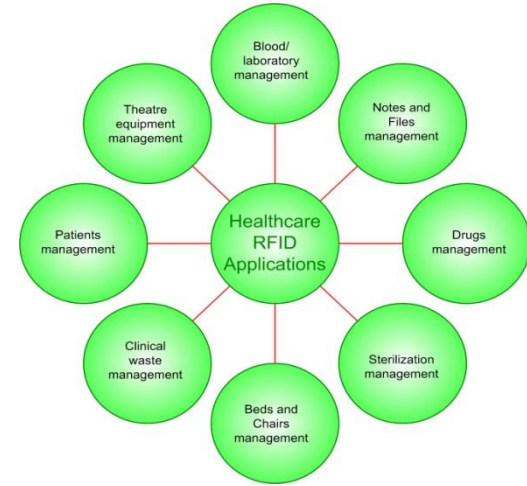
Resources for TJC accredited

- Experts in Standards Group
- Leading Practice Library link on your Extranet site
- Experts in RPI at TJC
- The Center for Transforming Healthcare
- Perspectives
- Your Surveyor
- Your Account Executive

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Contribute to The Joint Commission leading practice library

- ▸ External company recognition
- ▸ Contribute to industry expertise
- ▸ Validate to staff that their work is valuable
- ▸ Ignites employee interest and engagement
- ▸ Familiarity breeds expertise

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Summary

Stop doing:

- Treating the symptom to cure the condition
- Convincing people these issues have no solution
- Thinking accreditation is an event that occurs triennially
- Thinking you don't have the time for these tools
- Thinking the problem is outside your control

Start doing:

- Get to the root and eliminate the defect
- Become a part of the movement to improve the system
- Making accreditation work for you!
- Realizing that these tools will help you save time
- Effectively manage processes.

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