

FALL/WINTER 2021



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BY PROVIDERS.



Quality Review Edition

THE SURVEYOR



PRIVATE DUTY

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MISSION STATEMENT

Accreditation Commission for Health Care (ACHC) is dedicated to delivering the best possible experience and to partnering with organizations and healthcare professionals that seek accreditation and related services.



CORNER VIEW

In the fall of 2020, ACHC merged with the parent company of the first U.S. healthcare accreditation program, HFAP. The merger added CMS-deemed accreditation for facility-based care including acute care hospitals, ambulatory surgery centers, clinical laboratories, critical access hospitals; non-deemed accreditation for office-based surgery; and certification for stroke care, wound care, joint replacement, and lithotripsy to ACHC's existing portfolio of community-based accreditation and education programs.

Part of the assimilation process has been to audit our distinct resources in order to bring the very best from each separate entity to our new, unified company. You are reading one result of

While healthcare is constantly evolving, we are currently emerging from a time of unusually rapid change.

that exercise. **The Surveyor** is an ACHC legacy publication, but the Fall/Winter edition now parallels what was previously HFAP's annual **Quality Review**. That publication examined the most frequently cited deficiencies for each accreditation program to give organizations a tool for benchmarking and improving their performance.

In years past, ACHC identified frequent deficiencies by program and made them available annually as a "top ten" list. Now, using **The Surveyor** to share the data gives us a vehicle to add value by deepening the analysis. This is presented in separate editions for closely

affiliated programs. You can access any of them on our website (achc.org) under Resources and Education/Publications.

As you review the edition or editions most relevant to your setting, you will read examples of actual survey findings. These serve to clarify the specific aspects of the standard that were found to be non-compliant. Following the sample citations, you'll find tips for compliance.

While healthcare is constantly evolving, we are currently emerging from a time of unusually rapid change. Some of the deficiencies cited in the following pages can be traced directly to the impact of COVID-19. Many organizations made significant adjustments to continue to meet the needs of their patient/client populations: adopting new technology for remote visits and patient monitoring; sourcing against PPE shortages; reassigning staff to manage furloughs and quarantines. These are all examples of unanticipated change that required quick action that may have shifted focus away from some areas of required compliance.

Organizations that previously received the HFAP **Quality Review** used it in conjunction with their Deficiency Report (ACHC's Summary of Findings) to compare their performance against peer organizations and to proactively address issues frequently seen in other organizations. Used this way, the data becomes part of the process of continuous quality improvement and on-going survey readiness. We want to help you avoid a series of ramp up activities as your survey approaches by making ACHC Standards part of your overall quality strategy.

As always, ACHC is here as a partner in meeting your accreditation and education needs. Your feedback on this publication and on any aspect of our programs is welcomed and invited.

José Domingos
President & CEO

ACHC's Private Duty Accreditation Program offers a comprehensive array of options designed to parallel the specialized services provided by agencies offering private duty care. "Private duty" services (sometimes referred to as "home care") are not Medicare-eligible. This distinguishes the accreditation from the ACHC Home Health Accreditation Program that addresses federally-mandated Conditions of Participation.

FROM THE PROGRAM MANAGER

Private duty agencies have a long history of providing a wide range of supportive services that allow clients/patients to remain comfortably in their homes. During the ongoing COVID-19 public health emergency, these services took on a new importance for those reluctant or unable to leave their homes to access services.

ACHC's focus is always on the individual organization and how it meets the standards in a practical, sustainable way. This personal approach is appreciated by private duty/home care agencies of all sizes and specialties, and we are proud of our exceptional customer retention rate.

Frequent Deficiencies

Agencies look to ACHC for leadership in establishing and evaluating quality. Identifying frequently-cited deficiencies provides a data-driven review of survey results across a defined period of time. It gives ACHC-accredited private duty agencies a roadmap for improvement and it helps guide our efforts to provide relevant, actionable education.

"Private Duty" (or "home care") is not a program with deeming authority under the Centers for Medicare and Medicaid Services (CMS) although increasingly, individual states require accreditation as an assurance of quality from these care providers. This means that the agencies that seek accreditation without a mandate to do so are exceptional in their desire to achieve recognition for their superior service to clients and the sustainability of their businesses.

The data in this report reflect deficiencies cited on surveys performed between June 1, 2020, and May 31, 2021. The most frequent deficiency for this period was Standard PD5-3K: The client/patient record must reflect that care is delivered per the plan of care. Other frequent deficiencies relate to errors in alignment among the patient/client needs, the plan of care, and the services provided. Whether nursing

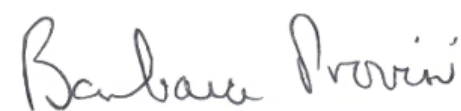
and therapy services or assistive services provided by an unlicensed aide, ACHC standards require an individual record with a documented plan of care for each agency client. In addition to supporting appropriate care, this is also a risk mitigation issue for the agency.

More and more, private duty/home care agencies see improved survey results as they go through the accreditation process multiple times. Each cycle allows for a deeper dive for the ACHC Surveyor and a recalibration opportunity for the organization.

ACHC's focus is always on the individual organization and how it meets the standards in a practical, sustainable way.

Generally speaking, we find that agencies that embrace the concept of accreditation as a framework for continuous quality improvement do improve over time.

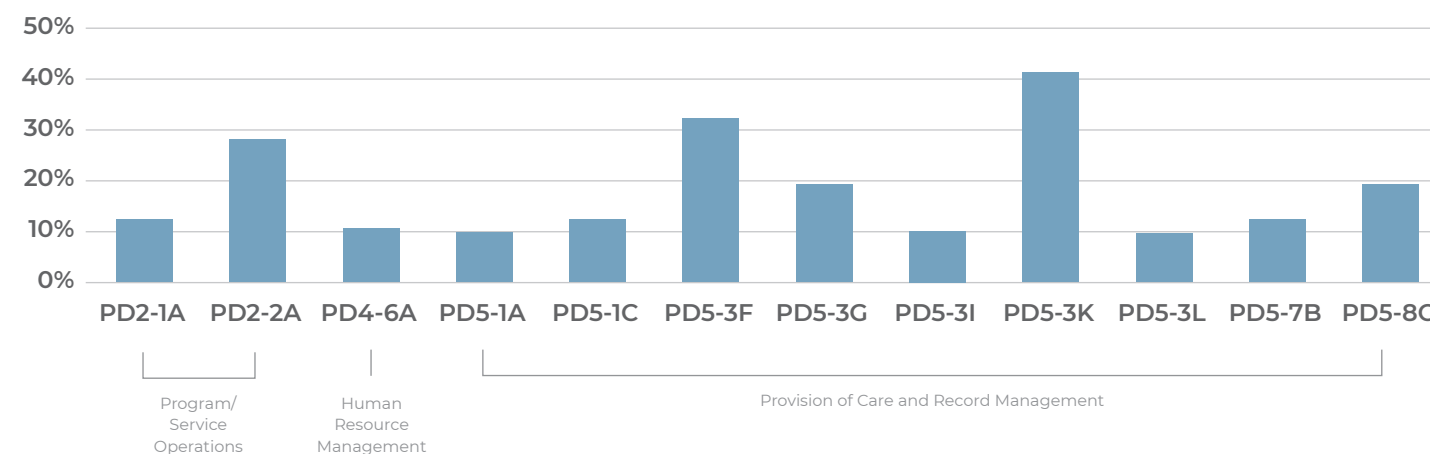
The ACHC home health team, including those individuals focused on private duty agencies, continues to look for ways to use customer feedback to improve our process, specifically with training and consistency among surveyors and standards interpretation. In the coming year, we plan to build on the momentum that the program has created by improving internal performance and building increased value in the programs that we offer. I speak for the entire team when I say that your feedback is welcomed and valued.



Barb Provini, RN, BSN
Program Manager



PRIVATE DUTY DEFICIENCIES



PRIVATE DUTY SERVICES AND DISTINCTIONS

Services

Private Duty Aide
Private Duty Companion/
Homemaker

Private Duty Nursing
Private Duty Occupational
Therapy

Private Duty Physical Therapy
Private Duty Social Services
Private Duty Speech Therapy

Distinctions

Palliative Care
Telehealth

PROGRAM/SERVICE OPERATIONS

🛡️ PD2-1A

Overview of the requirement

Written descriptions of care/services with detailed information must be made available for personnel, clients, and the community.

Comment on deficiencies

The standard was cited when organizations did not have comprehensive service descriptions or clients/patients were not provided the descriptions before receiving care.

Frequency of citation: 13%

Examples of Surveyor findings

Upon review of policies and procedures, the organization:

- Did not maintain descriptions of all services.
- Did not have a complete policy or detailed program description.
- Did not provide clients/patients and/or responsible persons with verbal and written program service descriptions prior to delivering care.

Tips for compliance

- Audit written descriptions of care/services to ensure they are inclusive of services offered and of limitations on those services.
- Educate personnel to ensure that clients/patients receive verbal/written service descriptions prior to care delivery.

🛡️ PD2-2A

Overview of the requirement

The agency must create and implement a statement regarding client/patient rights and responsibilities.

Comment on deficiencies

The standard was cited when agencies did not establish a complete rights and responsibilities statement or did not provide it to clients/patients and document that they had received the statement.

Frequency of citation: 28%

Examples of Surveyor findings

Upon review of policy and procedure, the agency did not:

- Establish a comprehensive statement regarding the rights and responsibilities of clients/patients.
- Provide the rights and responsibilities statement to clients/patients.
- Maintain documentation that the patient received and understood the rights and responsibilities statement.

Tips for compliance

- Develop a comprehensive statement detailing the client/patient rights and responsibilities.
- Educate staff responsible for admissions about the requirement to provide the statement to clients/patients.

HUMAN RESOURCE MANAGEMENT

🛡️ PD4-6A

Overview of the requirement

The standard ensures that a competency assessment is completed and documented for all personnel.

Comment on deficiencies

The standard was cited when organizations did not have a complete competency assessment for all personnel and/or failed to document education/training.

Frequency of citation: 11%

Examples of Surveyor findings

- No evidence that competency training of aides is performed under the general supervision of the RN.
- No evidence that competency assessments are conducted initially during orientation and annually thereafter.

Tips for compliance

- Educate appropriate staff on the requirement that aides are deemed competent by the RN for the tasks they are required to perform prior to providing the task independently with a client.
- Conduct a personnel record audit to ensure that assessments are appropriately documented.

PROVISION OF CARE AND RECORD MANAGEMENT

🛡️ PD5-1A

Overview of the requirement

The standard ensures that a record is maintained for each client/patient and that the record contains accurate clinical information.

Comment on deficiencies

The standard was cited when client/patient records were missing relevant and required elements.

Frequency of citation: 10%

Examples of Surveyor findings

Upon review of policies and procedures, the organization:

- Did not have a complete plan of care for each patient.
- Did not have evidence of all required documentation (e.g., discharge summary, advanced directive).

Tips for compliance

- Audit client records to ensure that each record contains all required information.
- Educate appropriate staff on the requirement for a clinical record for each client/patient and the clinical information required in the record.

PD5-1C**Overview of the requirement**

The client/patient record must contain documentation of all care/service provided, directly or by contract, and entries are dated and signed by the appropriate personnel.

Comment on deficiencies

The standard was cited due to incorrect or incomplete documentation.

Frequency of citation: 13%**Examples of Surveyor findings**

Upon patient record review, the following was observed:

- Incomplete documentation (e.g., missing dosage, frequency of medications).
- Documentation was not signed by nursing staff.
- Documentation was inaccurate (e.g., port access noted, but patient did not have one).
- Nursing notes were missing credentials with associated signatures.

Tips for compliance

- Re-educate nursing staff on the importance of correct and complete documentation.
- Audit nursing documentation for completion and accuracy.

PD5-3F**Overview of the requirement**

The standard ensures that each client/patient is provided with an individualized, written plan of care.

Comment on deficiencies

The standard was cited when plans of care were not entered, were incorrect, or were incomplete.

Frequency of citation: 33%**Examples of Surveyor findings**

Upon patient record review, the following was observed:

- Patient records were missing individualized plans of care.
- Plans of care were inaccurate (e.g., included an order for oxygen, but the patient is not prescribed oxygen).
- Plans of care were incomplete (e.g., did not include frequency of medication or PRN modifier; lacked dosage, route, or frequency of administration).

Tips for compliance

- Ensure each client/patient has an individualized, written plan of care that addresses the issues identified in the comprehensive assessment.
- Audit plans of care to ensure they meet the needs of the client/patient as identified in the assessment.

PD5-3G**Overview of the requirement**

The standard ensures that each client/patient accepted for aide services has a written plan of care.

Comment on deficiencies

The standard was cited when plans of care were incomplete.

Frequency of citation: 19%**Examples of Surveyor findings**

Upon record review, plans of care were deficient due to incomplete entries:

- No indication of which mode to use for showers.
- Ill-defined tasks for aide delegation.
- Missing outcomes/goals.
- Missing frequency/duration for aide hours and services.

Tips for compliance

- The plan of care must be based upon assessment data and should include amount, frequency, duration, and expected outcomes for the client.
- Assess and review plans of care for completion.
- Re-educate nursing staff on best practices for plans of care.

PD5-3I**Overview of the requirement**

The client/patient has a right to be involved in the development of the plan of care and any revisions.

Comment on deficiencies

The standard was cited when there was no evidence of the patient's involvement with the plan of care.

Frequency of citation: 10%**Examples of Surveyor findings**

Record review revealed the following:

- No evidence of the client/patient participation in the plan of care.
- No documentation of the client/patient refusing to participate in the plan of care process.
- No signature from the client/patient confirming their participation or acknowledging their refusal to participate.

Tips for compliance

- Re-educate the interdisciplinary group on the client/patient right to participate in the plan of care process.
- Conduct a review of plans of care to verify that the client/patient's participation was documented.

PD5-3K**Overview of the requirement**

The client/patient record must reflect that care is delivered as per the plan of care.

Comment on deficiencies

The standard was cited when provision of care did not align with the plan of care.

Frequency of citation: 41%

Examples of Surveyor findings

Patient record review revealed the following discrepancies:

- Tasks were not completed at the appropriate frequency as delegated by the RN.
- Skilled nursing notes indicated patient taking ibuprofen, but no order is present on the plan of care.
- Bolus feeding administered via gravity, rather than through the feeding pump as ordered.
- No documentation reflecting that tasks (e.g., repositioning) occurred at the frequency designated.

Tips for compliance

- Re-educate nursing staff on and promote a culture of quality care and risk mitigation.
- Conduct routine reviews of plans of care and nursing visit documentation to ensure that care is in accordance with orders.

PD5-3L**Overview of the requirement**

The plan of care for aide services must be reviewed through reassessments by a registered nurse or qualified professional.

Comment on deficiencies

The standard was cited because plans of care were not reviewed within the required time frame.

Frequency of citation: 10%

Examples of Surveyor findings

The following was observed upon patient record review:

- No evidence the RN reviewed the plan of care every 90 days.
- No evidence of plan of care review after initiating aide services.

Tips for compliance

- Re-educate interdisciplinary group on the required frequency of reassessments (every 90 days, unless state law is more stringent).
- Review all active patient records to identify missing reassessments or documentation of reassessments.

PD5-7B**Overview of the requirement**

The standard ensures that the agency develops and implements an effective transfer and discharge planning process for patients.

Comment on deficiencies

The standard was cited when policies were not implemented or discharge/transfer summaries were incomplete.

Frequency of citation: 13%

Examples of Surveyor findings

Upon patient record review, the following was observed:

- Incomplete discharge summary.
- Summary did not include a diagnosis or a brief description of the care/services provided.
- Reason for discharge was not documented.
- Discharge instructions were not included in the summary.

Tips for compliance

- Ensure that a complete and accurate discharge/transfer summary is written.

PD5-8C**Overview of the requirement**

A registered nurse must review and document all medications.

Comment on deficiencies

The standard was cited because of incorrect and incomplete medication profiles.

Frequency of citation: 18%

Examples of Surveyor findings

Patient record review indicated:

- The medication profile did not include all prescribed medications.
- The medication profile did not include PRN modifiers.
- Documentation did not include start/stop dates, volume/rate of administration, and/or drug diluent type.
- Incorrect frequency of administration was noted in the medication profile.

Tips for compliance

- Ensure that medication profiles are complete and accurate, as per physician's orders.
- Conduct routine audits of medication profiles to maintain accuracy.

ACHC OFFERS MORE, SO YOU CAN OFFER MORE TO YOUR PATIENTS



FOR PROVIDERS.
BY PROVIDERS.

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