The Basics: Disease-Specific Care Certification – Clinical Practice Guidelines and Performance Measures

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Today’s Objectives

- What constitutes an acceptable CPG
- CPGs sources identified
- Implementing CPGs
- Performance Measurement Defined
- Quick Tips About Performance Measurement
- Q & A Session
Appropriateness

- Is the CPG evidenced-based?
- Does it meet inclusion criteria set forth by National Guideline Clearinghouse?
  - [http://www.guideline.gov/about/inclusion-criteria.aspx](http://www.guideline.gov/about/inclusion-criteria.aspx)
- Is/ are the CPG(s) inclusive of all areas of care (primary diagnosis and co-morbid diagnoses)?
Also known as:

- Standards of Care
- Best Practice

They are not:
- Care Plans
- Care Paths
- Order Sets/ pre-printed orders
Characteristics of a Good CPG

- Current, best practice [not older than five (5) years/ reviewed in last five (5) years]
- Evidence that is determined current by clinical leaders
- Has an evidence-grading system
- Is comprehensive
Characteristics of a Good CPG

- If not comprehensive – what do we do?

- Find CPGs that are as comprehensive as possible for the care being provided, such as:
  - Preventing VTEs/ DVTs
  - Infection prevention/ Surgical Site Infection

- Ask yourself, “How do we know that we need to do _____X____, to provide best care, have great outcomes, etc.”
CPG’s

Resources

– National Clearinghouse from AHRQ
  – www.guideline.gov

– Professional Organizations:
  – Am. Heart/ Am. Stroke Association
  – Am. Diabetes Association
  – Am Assoc. of Orthopedic Surgeons
  – Society of Thoracic Surgeons
  – Am Academy of Physical Medicine and Rehab
  – Society of Hospital Medicine
http://www.guideline.gov
## Definition of Classes and Levels of Evidence Used in AHA/ASA Recommendations (American Heart Assoc/ American Stroke Assoc)

<table>
<thead>
<tr>
<th>Class</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Class I</strong></td>
<td>Conditions for which there is evidence for and/or general agreement that the procedure or treatment is useful and effective</td>
</tr>
<tr>
<td><strong>Class II</strong></td>
<td>Conditions for which there is conflicting evidence and/or a divergence of opinion about the usefulness/efficacy of a procedure or treatment</td>
</tr>
<tr>
<td><strong>Class IIa</strong></td>
<td>The weight of evidence or opinion is in favor of the procedure or treatment</td>
</tr>
<tr>
<td><strong>Class IIb</strong></td>
<td>Usefulness/efficacy is less well established by evidence or opinion</td>
</tr>
<tr>
<td><strong>Class III</strong></td>
<td>Conditions for which there is evidence and/or general agreement that the procedure or treatment is not useful/effective and in some cases may be harmful</td>
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### Therapeutic Recommendations

<table>
<thead>
<tr>
<th>Level of Evidence</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Level of Evidence A</strong></td>
<td>Data derived from multiple randomized clinical trials or meta-analyses</td>
</tr>
<tr>
<td><strong>Level of Evidence B</strong></td>
<td>Data derived from a single randomized trial or nonrandomized studies</td>
</tr>
<tr>
<td><strong>Level of Evidence C</strong></td>
<td>Consensus opinion of experts, case studies, or standard of care</td>
</tr>
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</table>

### Diagnostic Recommendations

<table>
<thead>
<tr>
<th>Level of Evidence</th>
<th>Description</th>
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<tbody>
<tr>
<td><strong>Level of Evidence A</strong></td>
<td>Data derived from multiple prospective cohort studies using a reference standard applied by a masked evaluator</td>
</tr>
<tr>
<td><strong>Level of Evidence B</strong></td>
<td>Data derived from a single grade A study or one or more case-control studies, or studies using a reference standard applied by an unmasked evaluator</td>
</tr>
<tr>
<td><strong>Level of Evidence C</strong></td>
<td>Consensus opinion of experts</td>
</tr>
<tr>
<td>Level of Evidence</td>
<td>Description</td>
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<tr>
<td><strong>A</strong></td>
<td>Clear evidence from well-conducted, generalizable randomized controlled trials that are adequately powered, including</td>
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<tr>
<td></td>
<td>• Evidence from a well-conducted multicenter trial</td>
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<tr>
<td></td>
<td>• Evidence from a meta-analysis that incorporated quality ratings in the analysis</td>
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<tr>
<td></td>
<td>Compelling nonexperimental evidence, i.e., “all or none” rule developed by the Centre for Evidence-Based Medicine at the University of Oxford</td>
</tr>
<tr>
<td></td>
<td>Supportive evidence from well-conducted randomized controlled trials that are adequately powered, including</td>
</tr>
<tr>
<td></td>
<td>• Evidence from a well-conducted trial at one or more institutions</td>
</tr>
<tr>
<td></td>
<td>• Evidence from a meta-analysis that incorporated quality ratings in the analysis</td>
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<tr>
<td><strong>B</strong></td>
<td>Supportive evidence from well-conducted cohort studies</td>
</tr>
<tr>
<td></td>
<td>• Evidence from a well-conducted prospective cohort study or registry</td>
</tr>
<tr>
<td></td>
<td>• Evidence from a well-conducted meta-analysis of cohort studies</td>
</tr>
<tr>
<td></td>
<td>Supportive evidence from a well-conducted case-control study</td>
</tr>
<tr>
<td><strong>C</strong></td>
<td>Supportive evidence from poorly controlled or uncontrolled studies</td>
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<tr>
<td></td>
<td>• Evidence from randomized clinical trials with one or more major or three or more minor methodological flaws that could invalidate the results</td>
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<tr>
<td></td>
<td>• Evidence from observational studies with high potential for bias (such as case series with comparison with historical controls)</td>
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<td></td>
<td>• Evidence from case series or case reports</td>
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<td></td>
<td>Conflicting evidence with the weight of evidence supporting the recommendation</td>
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<tr>
<td><strong>E</strong></td>
<td>Expert consensus or clinical experience</td>
</tr>
</tbody>
</table>
Implementation: Expectations

- Program’s multidisciplinary/interdisciplinary team selects, reviews and approves
- Process documented in team meeting notes
- Team members can discuss process
- Evidence that protocols, policies, ordersets, pathways, etc., are based in CPGs
Implementation: Expectations

For CMIP application:
- Need at least one (1) comprehensive set
- Can list up to six (6)

Some programs will need more than one (1)

Will be asked if on guideline.gov, but does not have to be listed there
Implementation: Expectations

- Have a copy available at time of onsite review
- Identify where copy is available for clinical staff
- Process to check for updated CPGs
- Process to update protocols/policies/pathways/ordersets
Implementation: Modification of CPG

- Can be modified

- Supporting evidence-based documentation for modification

- Discussions about modifications by multidisciplinary team documented

- Process to modify ordersets/policies/protocols/pathways
Implementation: Role of Reviewer

- Review the CPG during “planning session” of on-site review
- Discuss how the CPGs were selected, implemented and where they are maintained for clinical staff
- Ask staff to find and discuss CPGs during “patient tracers”
- Discuss process for updating CPGs and documents based on CPGs
Certification Program Components

- Standards
- Clinical Practice Guidelines
- Performance Measures
Performance Measures

Joint Commission measurement terminology

- **Stage 1** - Measures that are customer-defined, with no standardized measure requirement
- **Stage 2** - Measures that are defined by The Joint Commission and required from every certified organization in a specific category.
Standardized Performance Measures

- Primary Stroke, Comprehensive Stroke, Advanced Certification in Heart Failure, Palliative Care and Perinatal Care have standardized measures.


- Standardized measures have Specifications Manuals on the Joint Commission web site.
Non-Standardized Performance Measures

- Choose measures to track over time
- Four process or outcome measures to monitor on an ongoing basis
- At least two of the measures must be clinical
- One or two measures can be non-clinical, i.e., administrative, utilization, financial, patient satisfaction, etc.
Quick Tips About Performance Measures

- Related to current medical evidence (CPGs)
- Within program’s scope of responsibility
- Related to your overall performance improvement plan
Quick Tips About Performance Measures

- Defined specifications
  - Don’t try to combine multiple elements in one measure

- Data collection is consistent and logical
  - Who collects and analyzes the data?
  - Will multiple data collectors come up with same results?
Getting the Right Definition Is Everything

- What are you doing?
- To whom?
- When?
Getting the Right Definition Is Everything

- Number of sepsis patients with hypotension and/or lactic acid greater than 4 mmol/L receiving a minimum 30 ml/kg fluid bolus within one hour of diagnosis

- Change in therapy at discharge if A1C is greater than 8.5% on that admission for cardiac patients with diagnosis of diabetes

- The number of elective hip patients who received VTE prophylaxis medication within 24 hours of admission.
Troubleshooting Tips for Performance Measures

- Identify what’s wrong
  - Poorly defined specifications
  - Multiple elements in one measure
  - Impossible (?) to collect
  - Very small volume
Do these need redefinition?

- Number of Patients with evidence of Sepsis specific teaching once during visit and at discharge.

- Number of knee replacement patients ambulating day of surgery.

- Accurate Nursing Documentation
## Sampling Methodology

<table>
<thead>
<tr>
<th>Monthly Patient Volume (number of discharges)</th>
<th>Monthly Sample Size (number of medical records)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 – 9</td>
<td>100%</td>
</tr>
<tr>
<td>10 – 49</td>
<td>10 cases</td>
</tr>
<tr>
<td>50 – 99</td>
<td>20%</td>
</tr>
<tr>
<td>≥ 100</td>
<td>20 cases</td>
</tr>
</tbody>
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**Note:** Sample size requirements for the stroke (STK), ACHF‡ and CSTK§ measure sets are detailed in the Specifications Manual for Joint Commission National Quality Measures.
Questions You’ll See on the Certification Application

- **Type Of Measure:**
  - Process
  - Outcome
  - Process and Outcome

- **Measure Category:**
  - Administrative/Financial
  - Clinical
  - Health
  - Perception of Care/Services

- **Data Collection Interval:** Monthly

- **Select options for entering data:**
  - Proportion
  - Continuous Variable
  - Ratio

- **Direction of Improvement:**
  - Positive
  - Negative
On-Site Discussion of Performance Measures

- Talk about trends in data
- Talk about benchmarking
- Talk about short-term and long-term goals
- Talk about analyzing outliers
- Talk about performance improvement projects and if / how you see an improvement in data
Questions?
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