



# Assessment principles in the DDKM for practicing medical specialists

## Guidelines for surveyors and Accreditation Award Committee

DDKM



Danish Institute for Quality and Accreditation  
in Healthcare





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## 1. Introduction

The assessment principles herein apply to version 1 of the DDKM for practicing medical specialists.

Other specifics concerning the survey concept are available in "Handbook for survey teams for practicing medical specialists".

In the following, a clinic is defined as a provider number with any associated physician(s) and non-physician employees.

### 1.1 Assessment objective

The assessment of a clinic's degree of fulfilment of the requirements in the accreditation standards of the DDKM shall:

- Provide feedback to the clinic by stating to which degree it meets the DDKM requirements
- Provide guidance for the clinic's continued work with the DDKM
- Form the basis for awarding of an accreditation status.

### 1.2 General principles

It is the overall fulfilment of the elements that forms the basis for the awarding of an accreditation status. The assessment of the fulfilment of elements is based on the below 4-point scale:

Degree of fulfilment
COMPLETELY MET (CM)
MAINLY MET (MM)
PARTIALLY MET (PM)
NOT MET (NM)

The scale reflects that it is not expected that all clinics can fully meet all requirements in all of the elements. It is therefore important that the scale makes it possible to state if specific shortcomings are considered significant or less significant.

In the following section, the assessment principles are specified, and instructions are provided concerning the practical use of the principles.

## 2. Element assessment

### 2.1 Result of element assessment

An element assessment may have any of the following outcomes:

Degree of fulfilment	Definition
COMPLETELY MET (CM)	All requirements are met.
MAINLY MET (MM)	Some requirements are met, and the observed shortcomings <u>do not</u> significantly affect the requirements of the element.
PARTIALLY MET (PM)	Some requirements are met, and the observed shortcomings <u>do</u> significantly affect the requirements of the element.
NOT MET (NM)	No requirements are met, or only plans are presented.

The assessment of whether a clinic meets the requirements of the accreditation standards is always based on the elements. The elements state that which must be met (the "requirements" or "outcome measures"). The field Contents does not serve to add new requirements to be met, but to determine what specifically is needed for an element to have been met. Specifically, three types of contents within this field are important:

In some standards, specific requirements concerning the contents of guidelines, plans and procedures are provided. These requirements form the basis when it is assessed if the documents exist. However, the assessment of whether any shortcomings constitute a significant part of the element requirement or not is made on a case-to-case basis.

Some elements state that specific requirements relating to specific contexts shall be met for the element to be assessed as having been fulfilled. The field provides instructions as to how this context-dependent interpretation can be made.

### 2.2 Non-relevant elements

An element is assessed as being "non-relevant" if the activity covered by the element cannot occur in the clinic in question. This is e.g. the case if the element concerns a service, which is not provided by the clinic in question, e.g. surgery. An element cannot be assessed as being "non-relevant" simply because the clinic/s do/does not find that it would be relevant to implement it.

### **3. Elements that assess the existence and content of procedures, guidelines and plans**

#### **3.1 The basis for the assessment**

The assessment is based on the following:

- Do the guidelines or plans that are required according to the element exist? And do they have the contents required by the element? The Contents field in the accreditation standards may hold requirements specific for the contents in question. However, the specific contents and the specific level of detail shall reflect the clinic's context, i.e. the type of clinic, tasks, functions, speciality, etc.
- Is the contents intelligible for physicians and for non-physician employees in the clinic? If the document appears unclear, it shall be tested how physicians and non-physician employees interpret the document; the assessment of intelligibility shall be determined on the basis hereof. Usually, it is only necessary to assess the intelligibility of the document(s) if there is a specific reason to do so.
- Are procedures in place as required by the element? Do the relevant physicians and any non-physician employees agree as to the contents of the established procedure?

If a procedure is required, the procedure may either be in writing or oral. Procedures shall always be in writing if the physician is assisted by more than 2 persons when performing the task.

The clinic's approval of the documents that are used in the clinic shall be in place prior to the external survey. If this has not been done, the best possible assessment is MM. An MM assessment presupposes that the document is approved by the clinic before the survey concludes. If the document is approved during the survey, the focus in these cases shall be on whether the document as a whole fulfils the requirements of the element or if there are any shortcomings. It is thus the presence of any shortcomings in the contents that determines if the outcome of the assessment will be lower than MM and not the time it is approved.

#### **3.2 Outcome of the assessment**

##### COMPLETELY MET (CM):

A document is in place that covers the requirements in the element and any points stated in the Contents field. The document is intelligible for physicians and non-physician employees.

OR

Procedures meet all requirements as to contents, and physicians and non-physician employees agree as to the contents of the procedure.



#### Mainly met (MM)

A document is in place with few and insignificant shortcomings that are not critical to the element's objective or which apply only in special situations. The document is intelligible for physicians and non-physician employees.

OR

Procedures are in place, but they do not fully cover the entire process/do not cover all requirements or do not involve all relevant physicians and all non-physician employees.

#### PARTIALLY MET (PM):

A document is in place, but has significant shortcomings or shortcomings that are critical to the standard's objective.

OR

The document is not intelligible for physicians and non-physician employees.

OR

Procedures are in place, but they do not fully cover the entire process/do not cover all requirements or do not involve all relevant physicians and all non-physician employees.

#### NOT MET (NM):

No approved document exists.

OR

Procedures are not in place for the required areas.

## **4. Elements assessing the implementation and use of documents and elements assessing implementation as such**

### **4.1 The basis for the assessment**

These elements establish if physicians and non-physician employees can account for, explain or explain and demonstrate a process and refer to documents describing this.

- Can the physicians and non-physician employees explain and/or demonstrate how the workflow is performed?

- Can the accounts of physicians and non-physician employees be confirmed through objective observations? These may e.g. be direct observations or documentation from health records.
- Do the physicians and non-physician employees know where to find help if they are in doubt about what to do?

The following observations may in some cases support an assessment that a process has been implemented. However, shortcomings with regard to these cannot be used to motivate lacking implementation:

- Are any supportive measures in place to ensure that the workflow is performed as desired (e.g. ICT systems, checklists, etc.)?
- How will physicians and non-physician employees react if they come to know that some guidelines and procedures are not being followed?

## 4.2 Outcome of the assessment

For all elements, individual findings of shortcomings are allowed if these are deemed to be isolated deviations and are therefore not an expression of a generally lacking implementation. No specific rules can be provided as to the threshold that separates outlying findings from generally lacking implementation; e.g. the threshold will be lower for patient-safety critical procedures than for administrative routines of no direct consequence to patient safety.

### COMPLETELY MET (CM):

The workflow is implemented (and referral to relevant documents is in place, if required)

### Mainly met (MM)

The workflow is implemented in the clinic (and referral to documents is in place, if needed), but with shortcomings

BUT the shortcomings concern sub-elements of the workflow that are only relevant in special situations, and these are not critical to the fulfilment of the standard's objective.

### PARTIALLY MET (PM):

The workflow was implemented in the clinic and (referral to documents is in place, if needed), but there are shortcomings, and these are critical to the fulfilment of the objective of the standard.

### NOT MET (NM):

The workflow has not been implemented. This may also be the case if isolated cases were observed that were in line with the requirement of the element.

## **5. Elements assessing quality monitoring**

### **5.1 Outcome of the assessment**

These elements establish if quality monitoring has been performed at the required intervals and if the results achieved have been assessed and analysed.

From the survey date is announced, i.e. no later than 12 months before the external survey, the clinic shall have completed quality monitoring at the required frequency, cf. the standards, and it shall be clear how quality monitoring will be continued.

### **5.2 Outcome of the assessment**

#### COMPLETELY MET (CM):

Quality monitoring was performed and meets all requirements to frequency, contents and continuity. This is also the case if the quality monitoring does not literally fulfil all requirements of the element, but it is assessed that, given its actual context, the organisation fulfils the requirements of the element.

#### MAINLY MET (MM):

Quality monitoring was performed, but a limited number of gaps in frequency are observed. Quality monitoring was thus implemented systematically, but not without some imperfection.

#### PARTIALLY MET (PM):

Quality monitoring was performed, but only sporadically. Quality monitoring activities were performed, but not systematically.

#### NOT MET (NM):

Quality monitoring was not performed. This is also the case if quality monitoring was planned but not implemented, or if only isolated examples of quality monitoring are seen in the clinic.



## **6. Elements assessing quality improvement**

### **6.1 The basis for the assessment**

The basis for the assessment is an assessment of the overall efforts made, i.e. that the clinic has prioritised focus areas and has implemented measures within these focus areas. This applies in all the cases where the quality monitoring has revealed problems.

### **6.2 Outcome of the assessment**

#### COMPLETELY MET (CM):

Measures were implemented to improve quality. The effect of the measures has been assessed, and it was either concluded that the measures have had the desired effect, or new corrective measures have been initiated. It is decisive if the clinic has decided whether the efforts have had the desired effect.

#### Mainly met (MM)

Measures were implemented to improve quality. An assessment has been made of the effect of the measures, but no conclusion was made as to whether the measures had the desired effect, or no corrective measures were implemented.

#### PARTIALLY MET (PM):

Quality improvement measures were initiated, but only partially implemented. Quality improvement measures were implemented, but no assessment of their effect is available.

#### NOT MET (NM):

Measures to improve quality were not implemented. This also applies if measures were planned but not implemented.

## **7. The survey report and follow-up**

### **7.1 Motivations for the assessment of elements**

The survey report shall be prepared in a manner that allows the receiving clinic to learn from it, and it shall contribute to ensuring a consistent assessment practice.

The assessments Mainly Met (MM), Partially Met (PM) and Not Met (NM) shall always be motivated. The assessment Completely Met (CM) is motivated in those cases in which there are shortcomings

when comparing to the text of the element, but where everything required by the clinic is in place given its tasks and situation.

## 7.2 Requirement for follow-up on elements

If an element was assessed as Partially Met (PM) or Not Met (NM), follow-up is recommended. The recommendation shall clearly describe:

- Which specific shortcomings are covered by the follow-up recommendation
- Which type of follow-up is recommended
- Motivation for any recommendation concerning follow-up with a short deadline.

The survey report states which elements require follow-up. The guiding follow-up deadlines are as follows:

- Submission of documentation within three months
- Focused re-visit<sup>1</sup> within six months
- Focused re-survey<sup>2</sup> within three months, or within one month in case of conditions of critical importance for patient safety.

## 7.3 Assessment of elements that assess quality monitoring at follow-up after survey

It is not possible to re-establish continuity in quality monitoring after gaps have occurred. Therefore, follow-up shall assess if the organisation has now implemented systematic quality monitoring in accordance with the element's requirements.

## 8. Awarding of accreditation status

### 8.1 The role of the Accreditation Award Committee

After the external survey, the survey report is presented to the independent Accreditation Award Committee. Based on the fulfilment of the elements, the Accreditation Award Committee then makes its decision concerning accreditation status on the basis of the below principles.

<sup>1</sup> Focussed re-visit may be used as follow-up if the status awarded was "Temporary accreditation".

<sup>2</sup> Focused re-survey is used for follow up when the status awarded was "Accreditation in course".

## 8.2 Process and criteria for awarding an accreditation status

The main principles for awarding of an accreditation status are that the overall efforts are assessed throughout the entire standards set. After the external survey, the next steps in the process are determined on the basis of the element assessments.

The criteria are used both for assessment following external survey and for the assessment performed at follow-up. The assessment is always based on the assessments of all elements throughout the entire standards set (except for any non-relevant elements). For every element, the most recent assessment is used.

Process in case the accreditation status is awarded without specific assessment by the Accreditation Award Committee:

- The clinic is awarded the status **Accredited** without comments and no follow-up is required when all elements in the standards set were assessed as CM or MM.

Process in case the accreditation status is awarded following specific assessment by the Accreditation Award Committee:

If a minimum of one element was assessed as PM or NM, the Accreditation Award Committee makes one of the following decisions following a specific assessment:

- The clinic is awarded a **temporary accreditation**, with a requirement to undergo follow-up. If the clinic undergoes follow-up in the form of a focused revisit or resubmission of documentation and thereafter fulfils the criteria of the **Accredited** (without comments) status, the clinic shall be awarded such status. If not, the clinic will be **accredited with comments**.
- The clinic is awarded the status **Accreditation in course** and follow-up is established in the form of a focused re-survey which may lead to any of the following statuses: **Accredited**, **Accredited with comments** or **Not accredited**.
- The clinic is awarded the status **Not accredited**. This only occurs in exceptional cases and if the Accreditation Award Committee assesses that there is no chance that the clinic will be able to fulfil the standards adequately within the deadline for focused re-survey.

Specific assessment in the Accreditation Award Committee comprises an assessment of whether the shortcomings relating to the fulfilment of any element substantially affects the clinic's ability to keep patients safe and provide them with any statutory rights they may have. In this connection, safety is defined as safety against damaging events and safety against damage due to insufficient efforts on the part of the clinic.

Clinics that are awarded the final accreditation status of "Accredited with comments" should be considered as having achieved accreditation, but some subsequent development work will be needed.

