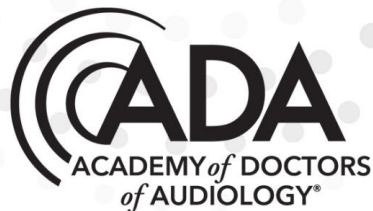


AUDACITY

Bolder than Ever





AUDIOLOGY PRACTICE
STANDARDS ORGANIZATION

Audacity 2018

Orlando, FL



What is a Standard?

“...the usual thing that is done in a particular situation.”
(Collins Dictionary)

What is a Standard?

“...the usual thing that is done in a particular situation.”
(Collins Dictionary)

Standardize: “To bring into conformity with a standard.”
(Merriam Webster Dictionary)

Why Standards?

Practice Standards are:

- * The foundation for all areas of clinical practice
- * A unified reference for clinical protocols and informed decision-making
- * A guide for clinical educators
- * A defense against litigation
- * A means to ensure scope of practice is protected

A Working Definition...

Audiology Practice Standards:

- * "A set of guidelines for providing high-quality audiology care and criteria for evaluating care. Such guidelines help assure patients that they are receiving high-quality care. The standards are important if a legal dispute arises over the quality of care provided a patient."

Standards and Your Practice



Examples of Standards

III. Patient/Client Management

A. Physical Therapist of Record

The physical therapist of record is the therapist who assumes responsibility for patient/client management and is accountable for the coordination, continuation, and progression of the plan of care.

B. Patient/Client Collaboration

Within the patient/client management process, the physical therapist and the patient/client establish and maintain an ongoing collaborative process of decision making that exists throughout the provision of services.

C. Initial Examination/Evaluation/Diagnosis/Prognosis

The physical therapist performs an initial examination and evaluation to establish a diagnosis and prognosis prior to intervention.

D. Plan of Care

The physical therapist establishes a plan of care and manages the needs of the patient/client based on the examination, evaluation, diagnosis, prognosis, goals, and outcomes of the planned interventions for identified impairments, activity limitations, and participation restrictions.

The physical therapists involve the patient/client and appropriate others in the planning, implementation, and assessment of the plan of care.

The physical therapist, in consultation with appropriate disciplines, plans for discharge of the patient/client taking into consideration achievement of anticipated goals and expected outcomes, and provides for appropriate follow-up or referral.

E. Intervention

The physical therapist provides or directs and supervises the physical therapy intervention consistent with the results of the examination, evaluation, diagnosis, prognosis, and plan of care.

F. Reexamination

The physical therapist reexamines the patient/client as necessary during an episode of care to evaluate progress or change in patient/client status and modifies the plan of care accordingly or discontinues physical therapy services.

Examples of Standards

Standard 4.1. Patients receive optimum care

Criterion 4.1.1. Optometrists have sufficient flexibility in their appointment load to allow them to provide quality care, to review patients at the appropriate time, to follow-up cases and to provide emergency care.

- * a. Appointment lengths are sufficient to allow the patients to adequately communicate their concerns and for optometrists to be able to determine and provide management to ensure quality care (*appointment schedule review*).
- * b. Patients report that they have had adequate time to communicate their problems to the optometrist (*patient feedback*).
- * c. The practice has a flexible appointment system allowing for emergency consultations and review visits (*appointment schedule review*).
- * d. Subject to patient consent, a timely reminder system is used to provide systematic preventive care and early ocular disease detection (*staff interview, practice documentation or policy and procedures manual*).
- * e. Appointments are available for non-urgent matters within a reasonable time-frame (*appointment schedule review, patient feedback*).
- * f. The practice follows up patients who have not returned for a scheduled review visit recommended by the optometrist or a referral to an ophthalmologist in instances when the consequences of non-attendance may be life- or sight-threatening (*optometrist interview, staff interview, practice documentation or policy and procedures manual*).

Criterion 4.1.2. Patients attending group practices are, when possible, able to consult the optometrist of their choice.

- * a. In group practices the appointment schedule clearly identifies appointments for each optometrist (*appointment schedule review*).
- * b. Staff members can describe how patients are given the opportunity to request a consultation with an optometrist of their choice and how continuity of care is promoted (*staff interview*).
- c. Patients of the practice report that they are able to consult the optometrist of their choice if requested (*patient feedback*).

Examples of Standards

Standard II: Screening, Evaluation, and Re-evaluation

1. An occupational therapist accepts and responds to referrals in compliance with state laws or other regulatory requirements.
2. An occupational therapist, in collaboration with the client, evaluates the client's ability to participate in daily life activities by considering the client's capacities, the activities, and the environments in which these activities occur.
3. An occupational therapist initiates and directs the screening, evaluation, and re-evaluation process and analyzes and interprets the data in accordance with law, regulatory requirements, and AOTA documents.
4. An occupational therapy assistant contributes to the screening, evaluation, and re-evaluation process by implementing delegated assessments and by providing verbal and written reports of observations and client capacities to the occupational therapist in accordance with law, regulatory requirements, and AOTA documents.
5. An occupational therapy practitioner follows defined protocols when standardized assessments are used.
6. An occupational therapist completes and documents occupational therapy evaluation results. An occupational therapy assistant contributes to the documentation of evaluation results. An occupational therapy practitioner abides by the time frames, formats, and standards established by practice settings, government agencies, external accreditation programs, payers, and AOTA documents.

Examples of Standards

Standards of Practice

Standard 1: Assessment: *The registered nurse collects comprehensive data pertinent to the patient's health or the situation.*

Standard 2: Diagnosis: *The registered nurse analyzes the assessment data to determine the diagnoses or issues.*

Standard 3: Outcomes Identification: *The registered nurse identifies expected outcomes for a plan individualized to the patient or the situation.*

Standard 4: Planning: *The registered nurse develops a plan that prescribes strategies and alternatives to attain expected outcomes.*

Standard 5: Implementation: *The registered nurse implements the identified plan.*

- Standard 5A: Coordination of Care: *The registered nurse coordinates care delivery.*
- Standard 5B: Health Teaching and Health Promotion: *The registered nurse employs strategies to promote health and a safe environment.*
- Standard 5C: Consultation: *The advanced practice registered nurse and the nursing role specialist provide consultation to influence the identified plan, enhance the abilities of others, and effect change.*
- Standard 5D: Prescriptive Authority and Treatment: *The advanced practice registered nurse uses prescriptive authority procedures, referrals, treatments, and therapies in accordance with state and federal laws and regulations.*

Standard 6: Evaluation: *The registered nurse evaluates progress toward attainment of outcomes.*

Examples of Standards

The clinical pharmacist's process of care comprises the following components.

A. Assessment of the patient

The clinical pharmacist assesses medication-related^b needs by:

- Reviewing the medical record using a problem-oriented framework (e.g., interpreting and analyzing subjective and objective information) to determine the clinical status of the patient;
- Meeting with the patient/caregivers to obtain and document a complete medication history to identify all of the patient's current medications^c (including regimens and administration routes), medication-taking behaviors, adherence, allergies, and attitudes and experiences with medication therapy^d;
- Obtaining, organizing, and interpreting patient data; and
- Prioritizing patient problems and medication-related needs.

B. Evaluation of medication therapy

The clinical pharmacist identifies strategies to optimize medication therapy by:

- Assessing, with other members of the health care team, the appropriateness of current medications on the basis of health conditions, indication, and the therapeutic goals of each medication;
- Evaluating the effectiveness, safety, and affordability of each medication;
- Assessing medication-taking behaviors and adherence to each medication; and
- Identifying medication-related problems and evaluating collaboratively with other members of the health care team the need for intervention.

Practice Standards

- * Different organizations have different levels of detail related to their standards.
- * Many also include standards on education, professional standing, billing, professional interactions, legal obligations, safety and ethics
- * Best practice guidelines then describe how to go about fulfilling those standards

APSO Mission

- * To develop, maintain, and promote national standards for the practice of audiology which are based in current evidence, reflect best practices in the profession and are universally adopted by practitioners.*

2018 APSO Board



John Coverstone, President



Amit Gosalia, Vice President



Lindsey Jorgenson, Treasurer



Jenne Tunnell, Secretary



AU Bankaitis



Dave Fabry



Tish Gaffney



Ryan McCreery



Gail Whitelaw

The Standards Development Process

1. APSO approves development of practice standards for an area of interest.
2. APSO performs selection and recruitment of subject matter experts to form two working group/s.
3. APSO facilitates one of two working groups tasked with reviewing the following:
 - a. Current standards of care
 - b. Scientific evidence related to the subject matter
 - i. Strength of evidence
 1. Grade rating

The Standards Development Process

4. Standard development group assembles data to create a draft standard. This may include:
 - i. Pt presents
 - ii. History
 - iii. Testing/results/pathways to diagnosis
 - iv. Recommendations and Management
 - v. Referrals
 - vi. List CPT codes that would be appropriate

The Standards Development Process

5. Select review is performed by the verification group of SMEs.
6. The second draft is formulated by the second working group.
7. The draft is then released for a scheduled national peer review. Comments are solicited and collated.
8. Results of nation peer review are reviewed and standards revised accordingly.
9. Final draft is sent to legal counsel for review.
10. APSO Board approves the final standard for publication.

Where Are We Now?

- * September/October 2018
 - * APSO assembled SMEs for the first standards creation working group: “Intake Standards”
 - * APSO releases online survey to determine/prioritize future standards topics

<https://www.surveymonkey.com/r/apsosurvey2018>



How YOU Can Help!

- * Donate
- * Become a Sponsor / Encourage Sponsors
- * Spread the Word
- * Become a Member
 - * <https://www.audiologystandards.org/membership.php>
- * Join a Working Group

Contact Us!

- * Audiology Practice Standards Organization
929 Old Highway 8 NW, Suite 200
New Brighton, MN 55112
- * 888-678-7773
- * apso@audiologystandards.org



<https://www.surveymonkey.com/r/apsosurvey2018>