



The Joint Commission
Certification
Disease-Specific Care

Disease-Specific Care Certification Guide

Helping Health Care Organizations Help Patients

DISEASE-SPECIFIC CARE CERTIFICATION GUIDE

*A preparation guide to answer your questions
about this unique evaluation program*

Important Contact Information

General Information (630) 792-5291

<http://www.jointcommission.org/CertificationPrograms/Disease-SpecificCare/>

Thank you for your interest in The Joint Commission's Disease-Specific Care Certification. This preparation guide features practical answers to the most commonly asked questions about certification, and is designed to help familiarize you with the review process, policies, procedures and standards as you begin to prepare for certification.

As the nationally and internationally recognized leader in health care quality review, The Joint Commission is an independent, objective evaluator of quality. In keeping with our mission to improve the safety and quality of care provided to the public, The Joint Commission developed this unique certification program to meet an evolving need. The evaluation is based both on demonstrated compliance with the standards, and on evidence that the program effectively uses clinical practice guidelines and outcomes measurement to improve care on a continual basis. This comprehensive evaluation is what makes Joint Commission certification the "quality seal of approval".

Disease-Specific Care Certification from The Joint Commission helps differentiate your program from the rest. A Joint Commission certificate of achievement assures your patients and other stakeholders that they can be confident in your ability to manage their chronic care needs. With a quality review perspective that spans over 50 years, The Joint Commission is uniquely qualified to provide you with practical, consultative suggestions and cutting edge recommendations throughout all phases of the certification review process. Improve your program on an ongoing basis and stay on the leading edge of chronic care management with Disease-Specific Care Certification from The Joint Commission.

Once you have reviewed this guide, we invite you to contact the disease-specific care certification staff at 630.792.5291, to learn more about why consumers, payers, employers, and regulators consider Joint Commission certification the best assurance that quality care is appropriately managed to meet the unique and specialized needs of patients with high-risk, high-cost chronic conditions.

Warm Regards,

Jean Range

Jean E. Range, MS, RN, CPHQ
Executive Director
Disease-Specific Care Certification

MISSION

The mission of The Joint Commission is to continuously improve the safety and quality of care provided to the public through the provision of health care evaluation and related services that support performance improvement.

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Telephone Directory

Disease-Specific Care Program..... (630) 792-5291

To receive an initial Application for Certification, or for general information about disease-specific care certification

Account Representative..... (630) 792-3007

To inquire about your completed Application for Certification, review date or schedule, or for assistance with specific issues related to a review

Standards Interpretation Group..... (630) 792-5900

For information about interpreting and how to comply with specific disease-specific care standards

Note: Please request assistance from a disease-specific care specialist.

An online form is also available at www.jointcommission.org.

Pricing Unit..... (630) 792-5115

To inquire about certification fee information

Customer Service Center..... (630) 792-5800

To inquire about names of accredited and certified organizations

Joint Commission Resources.....toll free (877) 223-6866

To register for, or receive information about education programs, and to purchase, or inquire about publications

Online registration and ordering is available at www.jcrinc.com.

Joint Commission Web Site: www.jointcommission.org

- Current Joint Commission news
- Information about publicizing your certification
- Frequently asked questions (FAQs)
- *DSC Update* (newsletter)
- Revisions to Standards
- Disease-Specific Care, Stroke Performance Measurement Implementation Guide
- Disease-Specific Care Certified Organizations

Joint Commission Resources Web Site: www.jcrinc.com

- Upcoming education programs
- Catalog of publications
- *Perspectives*: The Official Joint Commission Newsletter
- Domestic Consulting Services

Introduction

About the Joint Commission

The Joint Commission evaluates and accredits more than 15,000 health care organizations in the United States. An independent, not-for-profit organization, The Joint Commission is the nation's oldest and largest standards-setting and evaluation body in health care. The Joint Commission has over 50 years of recognized and respected excellence and expertise in evaluating clinical care quality in all types of provider settings.

The Value of Certification

Joint Commission Certification is a Measure of Achievement

More and more, consumers and purchasers are looking for ways to sift through the hundreds of available providers to identify those that offer the highest quality of services. Joint Commission Disease-Specific Care Certification — the “gold seal of approval” — is a measure of achievement and distinction that is well recognized within the health care industry.

The Difference Between Certification and Accreditation

Certification and accreditation are voluntary processes whereby an agency or association grants public recognition to an organization that meets certain established standards or criteria as determined through initial and periodic reviews. Both represent the highest levels of recognition achievable by a health care provider or chronic care services organization. Certification and accreditation demonstrate an organization's commitment to be accountable for the quality of services it offers — and are a pledge to continuously strive for performance improvement.

While Joint Commission certification and accreditation share their reputation for quality evaluation criteria and high standards, they differ from each other in terms of the scope they encompass.

Certification demonstrates your commitment to excellence in providing disease-specific services in a comprehensive manner. Certification standards evaluate the scope of a specific disease, condition, or service, and a program's effectiveness in using clinical guidelines and performance measurement to improve clinical care.

Accreditation is a comprehensive evaluation of the overall quality and safety of an organization. Accreditation is reserved to recognize the evaluation of a set of standards across an entire organization.

Certification and accreditation can be viewed as separate yet complimentary Joint Commission programs. Certification compliments accreditation by recognizing an organization's overall competencies in providing quality, safe care, while also recognizing its unique service offerings to treat chronic conditions.

Certification and accreditation differ from licensure in that licensure is the lawful permission to perform a certain activity for a limited period of time. Licensure is linked to regulation and is under the jurisdiction of state or federal governments. The state or federal standards or criteria under which this permission is granted are written into laws and conditions of participation, and portray minimum qualifications necessary to protect the consumer.

The Benefits of Joint Commission Disease-Specific Care Certification

While accrediting organizations other than the Joint Commission are offering disease management accreditation or certification, no one else has over 50 years of recognized and respected excellence and expertise in evaluating clinical care quality in various provider settings.

Providers will receive an evaluation and certification decision in a specific chronic care management program – for example, heart failure management, or asthma care management – thereby clarifying for key referral sources and customer prospects, distinctive program and service competencies, as well as the provider's ability to manage co-morbidities.

The Joint Commission's certification review process is an unmatched educational and consultative evaluation that serves as an independent, unbiased validation of a program's internal performance improvement initiatives.

Achievement of a Disease-Specific Care Certificate of Distinction differentiates chronic care management programs in the marketplace by giving consumers, payers, employers, regulators, physicians and other clinical professionals highly valued objective comparative information about a provider's ability to continuously improve its patient care.

The Joint Commission's Certificate of Distinction classification is a tangible demonstration of a provider's commitment to quality excellence by recognizing the ability to meet rigorous criteria for managing specific diseases, chronic conditions and co-morbidities.

Compliance with The Joint Commission's national standards and performance measurement expectations may facilitate contracts from employers or purchasers concerned with controlling costs and improving productivity. It may also reduce liability insurance premiums.

Our Reviewers – Disease-Specific Care Professionals

Joint Commission Disease-Specific Care field reviewers are experienced disease-specific care clinical professionals who understand the day-to-day issues that confront you, and have the hands-on expertise to help you resolve them.

The Joint Commission ensures reviewer consistency by providing several weeks of initial training, including precepted reviews with a seasoned reviewer. We also provide annual continuing education to keep reviewers up-to-date on advances in quality-related performance evaluations. Part of the training is ensuring that your on-site review is an educational process and not just an inspection.

The majority of the reviewers are clinicians in current practice. The Joint Commission evaluates its reviewers' performance continually throughout the year.

Eligibility

The Types of Programs Eligible for Certification

The Joint Commission has the ability to evaluate the following programs and services under the Disease-Specific Care Certification Program:

- *Services that provide clinical care directly to participants (patients and/or families). Examples of these programs include, but are not limited to, services provided in hospitals, clinics, home care companies, long-term care facilities, sub-acute care, rehabilitation centers, and physician groups.*
- *Programs that facilitate comprehensive clinical support and interact directly with participants (patients and/or families), on-site, telephonically or through the use of on-line services or other*

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electronic resources. Examples of these organizations include but are not limited to: disease management companies and health plans with disease management services.

Programs seeking Disease-Specific Care Certification must meet the following eligibility requirements:

- The organization is located within the U.S., operated by the U.S. government, or operated under the charter of the U.S. Congress;
- Uses a standardized method of delivering clinical care based on clinical guidelines and/or evidence-based practice, and
- Uses performance measurement to improve its performance over time.

The Joint Commission Disease-Specific Care program and standards apply in Hospitals, Ambulatory Care, Long Term Care, Home Care, Behavioral Health Care, Health Plans, Integrated Delivery Systems, Physician Organizations and Groups, Disease Management Service Companies and to any chronic condition or disease state, including, **but not limited to:**

Acute Coronary Syndrome	High-risk pregnancy
Acute Myocardial Infarction	HIV/AIDS
Alzheimer's Disease	Hypertension
Arthritis	Ischemic Heart Disease
Asthma	Low Back Pain
Breast Cancer	Lung cancer
Chemical Dependency	Migraine Headaches
Coronary Artery Disease	Multiple Sclerosis
Cystic Fibrosis	Obesity/Bariatric Surgery
Depression	Orthopedic joint replacement – hip
Diabetes	Orthopedic joint replacement - knee
Eating Disorders	Osteoporosis
Emphysema	Parkinson's Disease
End Stage Renal Disease	Pneumonia
Epilepsy	Sickle Cell Disease
Heart Failure	Sleeping Disorders
Hemophilia	Wound Care
Hepatitis	

The Joint Commission has also takes our Disease-Specific Care Certification program one step farther by creating Advanced Certification Programs for several diseases. These advanced programs are based on collaboration with a professional association and using the certification program as a foundation, apply additional requirements specific to a particular disease or condition. Advanced certification is currently available for the following disease/condition-specific programs or services:

Chronic Kidney Disease
Chronic Obstructive Pulmonary Disease
Inpatient Diabetes
Lung Volume Reduction Surgery
Primary Stroke Centers
Ventricular Assist Device

Disease-Specific Care Certification Overview

Standards, Guidelines, Measures

Disease-Specific Care certification uses a model that is flexible enough to apply to any disease management program that a health care provider offers. The evaluation and resulting certification is based on an assessment of the following:

- Compliance with consensus-based standards
- Effective use of established clinical practice guidelines to manage and optimize care
- An organized approach to performance measurement.

Each of these components carries equal weight in the decision to certify a program and is fully explained below.

The Standards

Five Standards Categories

The standards have and will continue to benefit from broad public and field input including a Disease-Specific Care Certification Advisory Committee, and the Standards and Survey Procedures Committee of The Joint Commission Board of Commissioners.

The standards are organized into five groups and address the following concepts:

Program Management

- Designing, implementing, and evaluating the program
- Defining leadership roles
- Creating a relevant program for participants
- Providing adequate access to care
- Conducting the program in an ethical manner
- Supplying reference resources to staff

Delivering or Facilitating Clinical Care

- Using qualified, competent staff
- Delivering or facilitating the delivery of care using clinical practice guidelines that are evidence-based
- Individualizing care to meet the participant's needs
- Improving practice and services based on the use of performance measurement

Supporting Self-Management

- Assessing participants' self-management capabilities
- Providing support for participants in self-management activities
- Involving participants in developing the plan of care
- Educating participants in the theory and skills necessary to manage their disease(s)
- Recognizing and supporting self-management efforts

Clinical Information Management

- Proactively gathering and sharing information across the continuum to coordinate care across settings and over time
- Providing easy access to participant-related information
- Preserving participant confidentiality
- Maintaining data quality and integrity
- Integrating and interpreting data from various sources

Performance Measurement

- Having an organized, comprehensive approach to performance improvement
- Trending and comparing data to evaluate processes and outcomes
- Using information garnered from measurement data to improve or validate clinical practice
- Using participant-specific, care-related data
- Evaluating the participants' perceptions of quality of clinical care
- Maintaining data quality and integrity

The standards development process included input from chronic care management experts, employers and consumers. And, to ensure the relevance, ongoing insight and recommendations concerning issues and trends that affect the field are sought from industry representatives and other stakeholders in the delivery of disease-specific care.

Programs requesting certification will be required to demonstrate acceptable compliance with *all* of the applicable standards.

The Standards Manual

The Joint Commission's *Disease-Specific Care Certification Manual* is the place to begin when preparing for certification. Even if you do not pursue certification right away, this manual is an excellent tool to help your organization become organized and established. The standards address participant-focused performance and are organized around functions and processes, both clinical and organizational, common to all disease-specific care programs.

The *Disease-Specific Care Certification Manual* is designed for use in self-assessment activities and is the basis for a certification review. In addition to the standards themselves, the manual also contains information on certification policies and procedures, Certification Participation Requirements and National Patient Safety Goals. Modules regarding advanced certification programs are also available.

You may purchase a manual by contacting JCR Customer Service at (877) 223-6866 or www.jcrinc.com. The basic manual includes all of the requirements and standards for certification. Six program-specific modules are available as appendices. These modules include the add-on requirements for advanced certification programs and can be ordered separately. There is a module available for each of the following advanced programs:

- Chronic Kidney Disease
- Chronic Obstructive Pulmonary Disease
- Inpatient Diabetes Care
- Lung Volume Reduction Surgery
- Primary Stroke Centers
- Ventricular Assist Device

The Deluxe edition of the *Disease-Specific Care Certification Manual* includes all six of the program-specific modules.

Clinical Practice Guidelines

The Joint Commission will expect a disease-specific care program to be able to demonstrate the selection, implementation and integration of clinical practice guidelines in the care of patients/participants. The Joint Commission will not prescribe the guidelines to be used for DSC certification, but recommends the National Guidelines Clearinghouse at www.guideline.gov as one source of such clinical practice guidelines.

Performance Measurement

Recognizing that the certification program will continue to evolve over time, and that consensus-based, standardized measures do not currently exist across many disease states, the Joint Commission has implemented a two-stage performance measurement approach.

Stage I: DSC Certification programs and services are required to collect and analyze data on *at least four performance measures* related to or identified in clinical practice guidelines for each program or service. The Joint Commission will not be prescriptive during Stage I regarding which specific measures are to be implemented; the emphasis will be on the use of performance measures for improving care. The standards require the disease-specific care program or service to demonstrate that it:

- Routinely applies the cycle for performance improvement to identify and address improvement opportunities.
- Implements a plan for improvement and graphically depicts measurement results over time to demonstrate improvements in the measured areas.
- Reviews the effectiveness of the interventions implemented in response to improvement opportunities identified by the measurement activity.

Each program or service is required to submit the descriptions of at least four performance measures at the time it requests certification. Two of the measures must be clinical process or outcome measures. The remaining two measures may also be clinical or related to health status, functional status, administrative or financial areas, or participant perception of care. For each measure, four months of data are to be shared with the reviewer during the initial onsite visit. Once certified, each program or service will submit to The Joint Commission data reports and summaries of its performance measurement activities.

Stage II: Standardized measures will be identified and specified by the Joint Commission and external performance measurement experts. As consensus is reached on a set of standardized measures for a service or program (i.e., stroke), the set of standardized measures will be integrated into the performance measurement activities of the advanced certified disease-specific program or service, replacing Stage I measures. Data related to the performance measures will be submitted to The Joint Commission on a regular basis.

A Stage II standardized measure set currently exists for Primary Stroke Centers. All other disease programs eligible for certification use Stage I performance measures.

The standards require the disease-specific program or service to demonstrate that it:

- Routinely applies the cycle for performance improvement to identify and address improvement opportunities.
- Implements a plan for improvement and graphically depicts measurement results over time to demonstrate improvement in the measured areas.
- Reviews the effectiveness of the interventions implemented in response to improvement opportunities identified by the measurement activity.

National Patient Safety Goals

The Joint Commission evaluates National Patient Safety Goals and requirements for Disease-Specific Care Certification annually. Aggregate data on achievement of the Goals will be made public each year.

For each of the National Patient Safety Goals, The Joint Commission has released evidence-based requirements to help organizations reduce specific types of errors. Certified organizations that provide care relevant to the Goals are evaluated for compliance with the Requirements or implementation of acceptable alternatives. Frequently asked questions about the National Patient Safety Goals can be found on The Joint Commission web site, www.jointcommission.org. Other sources of information

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include *Joint Commission Perspectives*, and *Perspectives on Patient Safety*. Subscriptions for both periodicals are available through the Joint Commission Resources web site, www.jcrinc.com.

2008 National Patient Safety Goals for Disease-Specific Care Certification

Note: A comprehensive list of National Patient Safety Goals has been developed for all Joint Commission accredited and certified organizations, therefore some specific numbered goals may not apply to disease-specific care.

Note: New Goals and Requirements are indicated in **bold**.

Goal 1 Improve the accuracy of patient identification.

- 1A Use at least two patient identifiers when providing care, treatment or services.

Goal 2 Improve the effectiveness of communication among caregivers.

- 2A For verbal or telephone orders or for telephonic reporting of critical test results, verify the complete order or test result by having the person receiving the information record and "read-back" the complete order or test result.
- 2B Standardize a list of abbreviations, acronyms, symbols, and dose designations that are not to be used throughout the organization.
- 2C Measure, assess and, if appropriate, take action to improve the timeliness of reporting, and the timeliness of receipt by the responsible licensed caregiver, of critical test results and values.
- 2E Implement a standardized approach to "hand off" communications, including an opportunity to ask and respond to questions.

Goal 3 Improve the safety of using medications.

- 3B Standardize and limit the number of drug concentrations used by the organization.

Goal 7 Reduce the risk of health care-associated infections.

- 7A Comply with current **World Health Organization (WHO) Hand Hygiene Guidelines** or Centers for Disease Control and Prevention (CDC) hand hygiene guidelines.
- 7B Manage as sentinel events all identified cases of unanticipated death or major permanent loss of function associated with a health care-associated infection.

Goal 8 Accurately and completely reconcile medications across the continuum of care.

- 8A There is a process for comparing the patient's current medications with those ordered for the patient while under the care of the organization.
- 8B A complete list of the patient's medications is communicated to the next provider of service when a patient is referred or transferred to another setting, service, practitioner or level of care within or outside the organization. The complete list of medications is also provided to the patient on discharge from the facility.

Goal 9 Reduce the risk of patient harm resulting from falls.

- 9B Implement a fall reduction program including an evaluation of the effectiveness of the program.

Goal 10 Reduce the risk of influenza and pneumococcal disease in institutionalized older adults.

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- 10A Develop and implement a protocol for administration and documentation of the flu vaccine.
- 10B Develop and implement a protocol for administration and documentation of the pneumococcus vaccine.
- 10C Develop and implement a protocol to identify new cases of influenza and to manage an outbreak.
- Goal 13** Encourage patients' active involvement in their own care as a patient safety strategy.
- 13A Define and communicate the means for patients and their families to report concerns about safety and encourage them to do so.

Before the On-Site Certification Review Process

Requesting a Certification Review

A disease-specific care provider that wishes to be certified begins the certification process by completing and submitting the *Application for Certification*. This electronic document provides essential information about a program such as:

- Demographic information, including identification of the disease-specific care service(s) requested to be evaluated and preferred month of review
- A reference to the clinical practice guidelines used for each disease state selected for certification, and
- Specifications for four performance measures, including at least (2) clinically-focused measures.

By analyzing this information in advance of the on-site review, the reviewer(s) will begin to have a clear and comprehensive picture of your organization's current strengths and growth opportunities. Advance analysis of this information will also make the on-site review time efficient, cost effective and focused.

Applications for Certification are available on a secured organization-specific extranet site. The disease-specific care service may obtain access to an *Application for Certification* by calling or writing to:

Disease-Specific Care Certification Business Development
The Joint Commission
One Renaissance Boulevard
Oakbrook Terrace, Illinois 60181
Phone: 630-792-5291; Fax: 630-792-4291
Email: DSC Info@jointcommission.org

Any changes to a disease-specific care program prior to the onsite review and not reflected in the program application must be communicated to The Joint Commission.

Preparing for Review

It is very important that the disease management program's leadership encourage staff input and involvement in the process. Staff is an integral part of ongoing monitoring of compliance with the standards. Staff also play a primary role in implementing recommendations made by Joint Commission reviewers for performance improvement opportunities — opportunities that may result in time and cost savings.

The Joint Commission recommends that organizations prepare for certification by reviewing the standards manual and conducting a “mock” certification review prior to the actual on-site review. Spend time evaluating each aspect of your service and activities

During the “mock” certification review, document areas of potential compliance or non-compliance. Make sure that, during the actual on-site review, the Joint Commission reviewer knows that the findings from the mock review are being used to make necessary improvements. Joint Commission Resources (JCR), a client-focused, expert resource for health care organizations, can also provide these “mock” reviews. JCR partners with organizations, providing consulting services, educational services, and publications to assist in improving the quality, safety, and efficiency of health care services, and to assist in meeting the accreditation and certification standards of the Joint Commission. JCR is a subsidiary of the Joint Commission, but provides services independently and confidentially, disclosing no information about its clients to the Joint Commission or others. Visit the JCR website at www.jcrinc.com or call 630-268-7400 for additional information on the services that are available.

Attendance at a JCR-sponsored educational seminar is the single best way to prepare for certification. An educational seminar provides you with the opportunity to learn first-hand the intent of the standards and how a service can demonstrate compliance. Learn from the experiences of others by attending a JCR Disease-Specific Care educational program. Visit the JCR website at www.jcrinc.com for additional information on upcoming seminars.

Scheduling the Review and Developing the Review Agenda

The Joint Commission, in collaboration with the disease-specific care program, selects the initial review date and prepares the review agenda to meet the service’s needs and the requirements for an efficient review. Programs are notified of the date of the initial review at least 30 days in advance of the visit. Subsequent onsite visits are conducted every two years and are scheduled within a 90-day window of the initial visit. The program is given 5-days advance notice of all recertification visits to facilitate attendance by key clinical staff.

The Joint Commission will assign each disease-specific care program an account representative, who will serve as the primary contact between the program and the Joint Commission. This individual will coordinate planning of the on-site certification review and will be available to answer any questions about policies, procedures, or certification issues.

The account representative and reviewer will work with the program to prepare an agenda based on the size, type, and complexity of the disease-specific care service(s) to be reviewed. The agenda will specify the sites of the program to be visited, the type of interviews to be conducted, the personnel to be interviewed, and the documents to be provided to the reviewers.

Key Elements of the Certification Process

Three factors are considered key to the successful completion of the Disease-Specific Care Certification process:

- Acceptance of the pre-review evaluation information;
- Successful demonstration of compliance with all applicable standards; and
- Attention to performance improvement in practice and patient outcomes over time.

The On-Site Review

The Purpose of a Certification Review

The certification review assesses a disease-specific care service's compliance with Joint Commission standards, implementation and adherence to clinical practice guidelines, and outcomes of care. The review evaluates compliance based on:

- A pre-onsite review of information, to gain an understanding of the programs and services offered;
- An on-site review, which allows the Joint Commission to evaluate factors relevant to the certification process, as well as to validate the pre-onsite information submitted; and
- An intra-cycle evaluation, to evaluate the on-going performance of the disease-specific care program.

The on-site review process, as well as the intra-cycle evaluation, identifies areas of strength and areas for improvement in program quality.

Example One-Day Agenda for Disease Specific Certification On-Site Review

Time	Agenda Activity	Organization Participants
8:00 – 8:30 a.m.	Opening Conference and Orientation to Program	<ul style="list-style-type: none"> • Program(s) administrative and clinical leadership and others at the discretion of the organization
8:30 – 9:00 a.m.		
9:00 – 9:30 a.m.	Reviewer Planning Session	<ul style="list-style-type: none"> • Program representative(s) that will facilitate tracer activity • Individual(s) responsible for obtaining clinical records
9:30 – 12:30 a.m.	Individual Tracer Activity	Program staff and other organization staff who have been involved in the patient's care, treatment or services
10:00 – 10:30 a.m.		
10:30 – 11:00 a.m.		
11:00 – 11:30 a.m.		
11:30 – 12:00 p.m.		
12:00 – 12:30 p.m.		
12:30 – 1:00 p.m.	Reviewer Lunch	
1:00 – 1:30 p.m.	System Tracer – Data Use	<ul style="list-style-type: none"> • Program leaders • Clinical leaders • Others at the discretion of the organization
1:30 – 2:00 pm.		
2:00 – 2:30 p.m.	Competence Assessment/Credentialing	<ul style="list-style-type: none"> • Program leaders

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Time	Agenda Activity	Organization Participants
2:30 – 3:00 p.m.	Process	representatives responsible for human resources processes <ul style="list-style-type: none"> • Organization representatives responsible for credentialing processes, if different from above • Individuals with authorized access to, and familiar with the format of files • Others at the discretion of the organization
3:00 – 3:30 p.m.	Issue Resolution & Reviewer Report Preparation	Will vary depending upon the issue
3:30 – 4:00 p.m.		
4:00 – 4:30 p.m.	Program Exit Conference	<ul style="list-style-type: none"> • Program leaders • Clinical leaders • Other staff at the discretion of the organization

Please note: the order of the final agenda may be different. However, the organization can anticipate that the time frames will be used. Your reviewer will finalize the agenda with you. In addition, the reviewer may ask other individuals or groups to be involved with any of the above activities.

The Length of the On-Site Review

It is anticipated that a one-day (with site visits, if appropriate) evaluation on-site can be accomplished for up to two disease states when management of the program is integrated and decisions that impact the delivery and operation of the program are centralized. A disease-specific care service that manages more than one disease at a single site and is not functionally or organizationally integrated may require additional review days. Additional days may also be added when services are provided at multiple sites. The length of the review is determined through analysis of the information submitted on the Application for Certification.

Certification of Lung Volume Reduction Surgery or Ventricular Assist Device programs requires a 1 ½ day review.

What the Reviewer(s) Evaluates

During the on-site visit, the reviewers will:

- discuss and evaluate how clinical outcomes and other performance measurements are used to identify opportunities to improve care,
- assess leadership's commitment to, and oversight of, improvements in the quality of management for chronic care and services provided,
- determine if appropriate measures are in place to assess or monitor improvements in care quality,

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- look for validation that care is coordinated across the continuum, with care resources available to the participant and programs in place to encourage appropriate patient/family participation,
- review components of the service’s interventions along the continuum and how information is shared to meet the patient’s need,
- assess how participants are educated with respect to self-management and guidelines that are pertinent to them,
- validate that evidence-based guidelines are incorporated into daily clinical practices,
- be seeking evidence that providers and practitioners are educated in and seek to help the participant to change behavior,
- assess whether the provider encourages a participant’s active and central role in managing his/her illness,
- validate the existence of regular collaborative care planning,
- determine how the participants are identified and tracked along the continuum, and
- ensure that participant specific clinical information/data are timely and useful.

The reviewer(s) will visit the disease-specific care program(s) during the dates established and according to the prepared agenda. The reviewer(s) may ask to interview personnel during the review or request additional information. The program must cooperate with the reviewer(s) and provide accurate information about the service and its compliance with the standards.

NOTE: If, during the review, the reviewer(s) identifies any condition he/she believes poses an immediate threat to public, member, or patient safety, they must notify the organization’s Chief Executive Officer and the Joint Commission’s Central Office. The Joint Commission will decide whether to stop or continue the review based on an assessment of the situation.

The reviewer(s) will confer with the disease-specific care program’s leadership team at a leadership conference at the end of each review. During this conference, the reviewers will provide preliminary information about their findings, citing strengths as well as opportunities for improvement. This information is strictly preliminary and should not be considered final until review by the Joint Commission’s Central Office staff and a final certification report is issued.

The Duration of the Certification Decision

A Certificate of Distinction in Disease-Specific Care is valid for a two-year time frame for an identified disease-specific care program unless revoked by the Joint Commission.

Cycle	Year 1	Year 2	2 Year Award
Scope of Review	Off-site review plus on-site evaluation by reviewer covers: <ul style="list-style-type: none"> • standards compliance • clinical practice guidelines • organized performance measurement approach 	Off-site evaluation by reviewer of submitted descriptive material covers: <ul style="list-style-type: none"> • attestation of compliance with the standards • updated clinical guideline information • review of data submitted for each of the measures and demonstration of ongoing measurement and improvement activities 	Certificate of Distinction
Focus of Review	Achieve Certification	Maintain Certification	

At the approximate one-year anniversary of the award of certification, the Joint Commission will evaluate the ongoing performance of the disease-specific care program. This review consists of an off-site review of the following materials submitted by the certified program:

- self-assessment “attestation” of compliance with the standards;
- an off-site review of updated clinical guideline information; and
- review of data submitted for each of the measures with demonstration of ongoing measurement and improvement activities.

The Joint Commission reserves the right to revoke the certification for failure to submit the required intra-cycle materials.

If, during the period of certification, the disease-specific care service undergoes changes in its structure, ownership, or services, it must notify The Joint Commission. The Joint Commission will determine the need to re-evaluate the service and render a new certification decision, if indicated.

If, during the period of certification, The Joint Commission receives information that the disease-specific care service is substantially out of compliance with the current certification standards, The Joint Commission will determine the need to conduct another review of the service and/or render a new certification decision.

After the On-Site Review

The Decision Process

A committee of the Joint Commission’s Board of Commissioners makes certification decisions based on the findings of the review. A program is certified unless the number of non-complaint standards at the time of the on-site review is three standard deviations above the mean number of recommendations for all reviewed Disease-Specific Care programs.

The decision of the Joint Commission is transmitted to the Chief Executive Officer of the disease-specific care service and other leaders as identified on the Application for Certification.

Post-Review Evidence of Standards Compliance

When requirements for improvement are identified during the on-site review, an Evidence of Standards Compliance (ESC) report is submitted by programs within 45 days of the review. This report describes the actions the program took (not planning to take) to bring itself into compliance with the standard or clarifies why the program believes it was in compliance with the standard at the time of survey. An Evidence of Standards Compliance must address compliance at the Elements of Performance level.

Some Elements of Performances will also require that organizations include a Measure of Success (MOS) in the Evidence of Standards Compliance. A Measure of Success is a numerical or quantifiable measure, usually related to an audit, which determines if an action was effective and is being sustained. In the initial Evidence of Standards Compliance submission, a program will identify its target Measure of Success. Four months after the Evidence of Standards Compliance is approved, the organization submits aggregate data demonstrating evidence of compliance.

The Certification Award

The Joint Commission provides each disease-specific care service with a Certificate of Distinction at the time of initial certification. There is no charge for the certificate. Additional copies of certificates may be purchased by contacting the assigned Joint Commission Account Representative.

The certificate and all copies remain The Joint Commission’s property. They must be returned if:

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- the program is issued a new certificate reflecting a name change, or
- the program's certification is withdrawn or denied for any reason.

A disease-specific care program certified by the Joint Commission must be accurate in describing to the public the nature and meaning of its certification award. Therefore, a disease-specific care service must not misrepresent its certification status or the services to which the certification award applies. The Joint Commission will supply each service receiving certification with proper guidelines for announcing the certification award.

Certification is neither automatically transferred nor continued if significant changes occur within the disease-specific care service. Such changes may necessitate a full or focused certification review if the service has:

- Changed ownership and there are a significant number of changes in the management and clinical staff or operating policies and procedures that affect the disease-specific program;
- Offered at least 25% of its services at a new location or in a significantly altered physical facility;
- Expanded its capacity to provide services, or use of its services, by 25% or more as measured by patient volume or other relevant measures;
- Developed a more intensive level of service; or
- Merged with, consolidated with, or acquired an uncertified site, service, or program.

When any of these changes occur, the disease-specific care service must notify the Joint Commission in writing not more than 30 days after such a change occurs. Failure to provide timely notification to the Joint Commission of these changes may result in the loss of certification.

If a certified disease-specific care service is purchased by another service or is physically or organizationally merged with another service, the Joint Commission may decide that the disease-specific care service must undergo an additional review. Barring exceptional circumstances, the Joint Commission continues certification of the service undergoing the kind of changes described above until it determines whether a full certification review is necessary.

Promoting Your Certification

Once certification status is achieved, you should promote that status to your patients, residents, staff, referral sources, potential customers, media, and visitors. Every certified organization receives a publicity kit that contains:

- Suggestions for celebrating certification
- Guidelines for publicizing Joint Commission Certification
- Frequently asked questions
- Sample news releases
- Fact sheets
- Gold Seal of Approval window decals

Information about your certification status will be posted on the Joint Commission's website.

Policies

Disclosure Policy

The Joint Commission's confidentiality policy forbids releasing information gathered from a disease-specific care service during the certification process. The only information that the Joint Commission will provide to the public through our website at www.jointcommission.org is a certified program's status, that is, a listing of certified disease programs.

If the disease-specific care service wishes to use its certification to fulfill government requirements, the Joint Commission will release additional information, up to and including the certification report, to the relevant government agency with the certified service's authorization.

The certified disease-specific care service may release more detailed information, up to and including its certification report to whomever it wishes. However, when a disease-specific care service disseminates inaccurate information about its certification, the Joint Commission reserves the right to clarify information that would otherwise be considered confidential.

Postponement

Circumstances may arise when the disease-specific care program must postpone the scheduled review or wishes to cancel the review. To postpone or cancel a scheduled review, the program must provide 30 days advance notice, stating the reason(s) for the request. If the program requests a postponement less than 30 days before the scheduled start of the review, it risks being charged a postponement fee.

Certification Review Fees

The cost of Joint Commission Disease-Specific Care Certification is based on several factors, including the number of disease programs applying for certification, and the number of locations or sites included in the review. The fee structure involves an annual base fee, which recognizes that significant certification-related services provided on a generally more continuous basis between on-site reviews and a separate fee to cover the direct costs of the on-site survey in the year(s) in which it occurs.

The Joint Commission has announced its intention to transition to annual subscription billing for certification customers for implementation in January 2008. Moving certification programs to this model brings them in line with all other programs at the Joint Commission. Your new billing model will contain the same two billing components:

- Annual fee billing will be at a base rate for all indirect costs related to supporting a certification customer. Such items in this category would include access to the secure extranet site, program-specific newsletters, interpretation of standards, account representative support, etc. We generate the annual fee invoice every year in early January. These fees are non-refundable and are non-transferable.
- Certification on-site add-on fees cover all review-related direct costs in the year in which we conduct the on-site review. This fee covers airfare, lodging, meals, car rental, and all other fees required to send the certification team to your organization. We will generate your on-site fee invoice approximately 7-10 days following your review's completion.

All invoices are due, in full, within 30 days of the invoice date. Organizations reviewed in 2007 will have 60 additional days to pay their 2007 certification fees and their 2008 annual fees.

Disease specific care customers can expect their annual fee to be approximately 15-20% of their current review fee. In addition, in the year of the review is conducted, the disease specific care organization will pay approximately 60-70% of the fee related to the costs of conducting the on-site review.

Please visit the Joint Commission's Web site (<http://jointcommission.org>) for Frequently Asked Questions on subscription billing. For additional information, questions about subscription billing, or a quote, please contact the Joint Commission's Pricing Unit at 630/792-5115 or PricingUnit@JointCommission.org.

Appendix A: Certification Participation Requirements

Certification Participation Requirements differ from eligibility criteria in that the certification process may be initiated even when all certification participation requirements have not yet been met.

For an organization seeking certification for the first time, compliance with the Certification Participation Requirements (CPR) is assessed during the initial review. For the Certified organization, compliance with these requirements is assessed throughout the certification cycle through on-site reviews, Evidence of Standards Compliance (ESC), and periodic updates of organization-specific data and information. Organizations are either compliant or not compliant with CPRs. When an organization does not comply with a CPR, the organization will be assigned a Requirement for Improvement in the same way that noncompliance with a standard generates a Requirement for Improvement. However, refusal to permit performance of a review at the discretion of the Joint Commission (Requirement 3) will immediately lead to Denial of Certification. Falsification of information (Requirement 7) will immediately lead to Preliminary Denial of Certification. All requirements for improvement can impact the certification decision and follow-up requirements, as determined by established certification decision rules. Failure to resolve a Requirement for Improvement can ultimately lead to loss of certification.

Application for Certification

CPR 1

When requested, the organization provides the Joint Commission with all official records and reports of public or publicly recognized licensing (for example, a state license), examining, reviewing, or planning bodies.

Element of Performance for CPR 1

1. The organization provides the Joint Commission with all official records and reports of licensing, examining, reviewing, or planning bodies.

Compliance with CPR 1

Yes
 No

CPR 2

The organization immediately reports any changes in the information provided in the application for certification and any changes made between reviews.

Rationale for CPR 2

An organization that experiences a significant change in ownership or control, location, capacity, or the categories of services offered must notify the Joint Commission in writing not more than 30 days after such changes. The Joint Commission may decide that the organization must be re-reviewed when a significant change has taken place. The Joint Commission continues the organization's certification until it determines whether a re-review is necessary. Failure to provide timely notification to the Joint Commission of ownership, merger or consolidation, and service changes may result in interruption or loss of certification.

Element of Performance for CPR 2

1. The organization notifies the Joint Commission not more than 30 days after a significant change in ownership or control, location, capacity, or the categories of services offered.

Compliance with CPR 2

Yes
 No

Acceptance of Review

CPR 3

An organization permits the performance of a review at the discretion of the Joint Commission.

Elements of Performance for CPR 3

1. The organization permits the performance of a review.

Compliance with CPR 3

Yes

No

Performance Measurement

CPR 4

The organization uses performance measures relevant to the services provided and populations served.

Rationale for CPR 4

Stage One: Non Standardized Measures

For disease-specific care programs without a standardized measure set defined by the Joint Commission, the program may select measures from the universe of measures. The program identifies clinical, perception of care, financial, or functional performance measures that are relevant to the services provided and the population served. The measures identified are to be submitted at the time of application for certification.

Stage Two: Standardized Measures

For certification programs with standardized measure sets defined by the Joint Commission, the program is required to collect data on the standardized measures

Elements of Performance for CPR 4

1. **For Stage I programs:** A minimum of 4 performance measures must be identified by the disease-specific care program.
2. **For Stage I programs:** A minimum of 2 of the 4 identified performance measures must be clinical in nature.
3. Organizations seeking disease-specific care certification are required to have gathered performance measure data for a minimum of 4 months prior to the initial on-site certification review.

Compliance with CPR 4

Yes

No

CPR 5

The organization submits performance measurement data to the Joint Commission on a routine basis.

Rationale for CPR 5

The organization collects data on each performance measure at least quarterly. The data and reports must be made available for review by the Joint Commission during intra-cycle and subsequent onsite reviews, and produced upon request by the Joint Commission. Stage One: Non Standardized Measures and Stage Two: Standardized Measures are to be submitted in a specified format and on the forms provided by the Joint Commission.

Elements of Performance for CPR 5

1. The organization collects and analyzes data internally and generates run charts, control charts, or other appropriate applicable performance improvement tools, at least quarterly, for use in quality improvement activities.
2. The organization continues to use a measure if data suggest an unstable pattern of performance or identifies an opportunity for improvement.
3. The organization changes to a new measure if the data reflect continuing stable and satisfactory performance.

Compliance with CPR 5

- Yes
 No

CPR 6

The organization provides notices to its publics that when an individual has any concerns about patient care and safety in the organization that the organization has not addressed, he or she is encouraged to contact the organization's management.

Rationale for CPR 6

If the concerns cannot be resolved through the organization, the individual is to be encouraged by the organization to contact the Joint Commission. Methods of notice may include, but are not limited to, distribution of information about the Joint Commission, including contact information in published materials such as marketing materials and/or posting of this information on the organization's Web site.

Element of Performance for CPR 6

1. The organization provides notices to its publics that when an individual has any concerns about patient care and safety in the organization that the organization has not addressed, he or she is encouraged to contact the organization's management or the Joint Commission.

Compliance with CPR 6

- Yes
 No

Misrepresentation of Information

CPR 7

The organization does not misrepresent information in the certification process.

Rationale for CPR 7

Information provided by the organization and used by the Joint Commission for the certification process must be accurate and truthful. Such information may be:

- Provided orally
- Obtained through direct observation by Joint Commission reviewers
- Derived from documents supplied by the organization to the Joint Commission

The Joint Commission requires each organization seeking certification to engage in the certification process in good faith. Any organization that fails to participate in good faith by falsifying information presented in the certification process may have its certification denied or removed by the Joint Commission.

For the purpose of this requirement, falsification is defined as the fabrication, in whole or in part, and through commission or omission, of any information provided by an applicant or certified organization to the Joint Commission. This includes any redrafting, reformatting, or content deletion of documents.

However, the organization may submit additional material that summarizes or otherwise explains the original information submitted to the Joint Commission. These additional materials must be properly identified, dated, and accompanied by the original documents.

Element of Performance for CPR 7

1. The organization provides accurate and truthful information throughout the certification process.

Compliance with CPR 7

- Yes
 No

CPR 8

The organization does not publicly misrepresent its certification status or the scope of sites and services to which the certification applies.

Rationale for CPR 8

Organizations certified by the Joint Commission must be accurate when describing to the public the nature and meaning of their certification. On request, the Joint Commission's Department of Communications will provide certified organizations with appropriate guidelines for characterizing the certification award. An organization may not engage in any false or misleading advertising with respect to the certification award. Any such advertising may be grounds for denying or revoking certification.

Elements of Performance for CPR 8

1. The organization accurately represents its certification status as to the scope of sites and services to which the certification applies.
2. The organization does not engage in any false or misleading advertising with respect to the certification award.

Compliance with CPR 8

- Yes
 No

CPR 9

Certified organizations or organizations seeking certification are not permitted to use Joint Commission full-time, part-time, or intermittent reviewers or surveyors to provide any certification-related consulting services.

Rationale for CPR 9

Consulting services include, but are not limited to, the following:

- Helping an organization to meet Joint Commission standards
- Helping an organization to complete intracycle monitoring requirements
- Assisting an organization to remedy areas identified in its monitoring as needing improvement
- Conducting mock reviews for an organization

Element of Performance for CPR 9

1. The organization does not use Joint Commission full-time, part-time, or intermittent reviewers or surveyors to provide any certification-related consulting services.

Compliance with CPR 9

- Yes
 No

Review Observers

CPR 10

An organization that applies for review is obligated to accept Joint Commission reviewer management staff and/or members of the Board of Commissioners to observe a review under two specific circumstances:

- Observation and mentoring of reviewers as part of reviewer management and development
- Preceptorship of new reviewers

Element of Performance for CPR 10

1. The organization accepts Joint Commission reviewer management staff and/or members of the Board of Commissioners to observe a review under either of the two specific circumstances.

Compliance with CPR 10

Yes

No

CPR 11

The organization educates its staff that any employee who has concerns about the safety or quality of care provided in the organization may report these concerns to the Joint Commission.

Elements of Performance for CPR 11

1. The organization educates its staff that any employee who has concerns about the safety or quality of care provided in the organization may report these concerns to the Joint Commission.

2. The organization further informs its staff that it will take no disciplinary action because an employee reports safety or quality of care concerns to the Joint Commission.

3. The organization demonstrates this commitment by taking no retaliatory disciplinary action against employees when they do report safety or quality of care concerns to the Joint Commission.

Compliance with CPR 11

Yes

No

CPR 12 The organization meets all requirements for timely submission of data and information to the Joint Commission.

Rationale for CPR 12 The cornerstone of the Joint Commission's certification process is the emphasis on a continuous process. As such, in order to realize the full benefit of a continuous certification process, certified organizations will be required to have regular interactions with the Joint Commission.

Element of Performance for CPR 12

1. The organization meets all requirements for timely submission of data and information to the Joint Commission.

Note: The Joint Commission will impose the following consequences for failure to comply with this CPR:

- If the organization continues not to comply with the requirement after 31 days, the organization will be placed in Provisional Certification.
- If the organization continues not to comply with the requirement after 61 days, the organization's certification status will be changed from Provisional Certification to Conditional Certification.

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- If the organization continues not to comply with the requirement after 91 days, the organization's certification decision will be changed from Conditional Certification to Denial of Certification. In accordance with the Accreditation Committee policy, such organizations will not be afforded any appeal.

The proposed consequences address only compliance with the requirement itself. They do not address the content of the organization's submissions to the Joint Commission. For example, if information in an organization's application for certification leads to inaccuracies in the appropriate length of the review and a longer review is required, the organization will incur the additional costs of the longer review. In addition, if there is evidence that the organization has intentionally falsified the information submitted to the Joint Commission, the *Information Accuracy and Truthfulness Policy* and its consequences will be applicable (see also CPR 7).

Compliance with CPR 12

Yes

No

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Appendix B: The Certification Timeline

Organizations Requesting Certification for the First Time

	Joint Commission Activity	Your Activity
4-6 months before preferred month of certification		Call 630/792-5291 to obtain an Application for Certification.
Upon receipt of your call	An e-mail is sent to the organization's Primary Contact providing access to the Electronic Application for Certification.	Staff member(s) with knowledge of your program's services/programs, sites, and patient volume should complete and return the Application for Certification. A \$2500 deposit for Initial Certification (that is applied to your certification fees) is required for programs within organizations not currently accredited by the Joint Commission.
Upon receipt of your Application for Certification and deposit	<ul style="list-style-type: none"> ▪ You are assigned an Account Representative. ▪ You will be mailed a complimentary copy of the <i>Disease-Specific Care Certification Manual</i>. ▪ You are given access to a complimentary 6-month online subscription to <i>Perspectives: The Official Newsletter</i> of the Joint Commission. ▪ You will be notified of the date(s) of your initial certification review. 	

All Organizations Requesting Certification

	Joint Commission Activity	Your Activity
Review	Reviewer(s) arrives for on-site review. At the conclusion of the review, you receive a copy of the preliminary report, which details partial or non-compliant areas that need to be addressed.	During the review, staff should be available as outlined on the survey agenda.
2 days – 20 days after survey	Final report is posted on your organization's extranet site. An email is sent to alert your organization that the final report has been posted.	
Within 45 days after final report is posted	Joint Commission reviews and approves your Evidence of Standards Compliance, if required.	For any standards scored as partial or non-compliant, you submit your Evidence of Standards Compliance to Joint Commission, which identifies measures of success you will track over the next four months to show compliance.
Six months after the certification decision		You submit data to support measures of success for partial or non-compliant standards from your Evidence of Standards Compliance.

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	Joint Commission Activity	Your Activity
Monthly	Each certified organization is mailed one copy of the <i>Perspectives</i> newsletter, which is the official source for updates to standards, policies, and procedures. (Also available online)	Staff should review all changes featured in <i>Perspectives</i> to keep abreast of changes and developments in the standards and review process.
Within 30 days of any significant organizational changes (as defined in the Certification Manual)	An organization update form for this purpose can be found on the organization's extranet site. A decision about appropriate follow-up will be made based upon the type and extent of the change.	The organization must notify The Joint Commission (via letter, fax, or e-mail) of any significant change in the organization.

