The Joint Commission created its Advanced Disease-Specific Care Certification for Chronic Obstructive Pulmonary Disease (COPD) in 2007 through a collaborative partnership with the American Lung Association.

As part of ongoing maintenance activities for the advanced disease-specific care certification programs, Joint Commission staff revised several COPD program requirements to reflect updated clinical practice guidelines. The revisions become effective with on-site certification reviews beginning March 23, 2014.

The updated clinical practice guidelines included the 2011 Global Initiative for Chronic Obstructive Lung Disease (GOLD) guidelines¹ and the joint clinical practice guideline updates issued by the American College of Physicians, American College of Chest Physicians, American Thoracic Society, and European Respiratory Society.² The following areas within the COPD certification program were enhanced:

- Basis for initial assessments
- Patient-specific treatment plans
- Essential elements of the plan of care

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¹ Global Initiative for Chronic Obstructive Lung Disease (GOLD).
² Joint clinical practice guideline updates.
Revisions to the current requirements, which include minor enhancements to the “Delivering or Facilitating Clinical Care” (DSDF) and “Supporting Self-Management” (DSSE) chapters, will be included in the spring edition® for the Disease-Specific Care Certification Manual. The box below displays the new and revised requirements; new text is underlined and deleted text is shown in strikethrough. The requirements are also available on The Joint Commission website at http://www.jointcommission.org/standards_information/prepublication_standards.aspx.

For more information about the COPD requirements, please contact The Joint Commission Disease-Specific Care Certification Program at dscinfo@jointcommission.org.

References
Revisions to Requirements for Advanced Certification for COPD (continued)

a. The patient's and/or, as appropriate, the family's ability to self-administer inhaled medication is documented.

b. The patient's and/or, as appropriate, the family's ability to manage medical equipment, such as oxygen therapy, is documented. *

c. Therapy is based on severity of disease, its complications, and its comorbidities.
   a. Treatment is patient specific and guided by the patient's plan of care. (See also DSDF.4, EP 2c)

* Requirements a and b were revised and moved to DSCT.5, EP 5.

Standard DSDF.4

The program develops a plan of care that is based on the patient's assessed needs.

Element of Performance for DSDF.4

A 2. The program individualizes the plan of care for each patient. 
   a. The program individualizes the patient's plan of care.
   b. The patient's individualized plan of care is consistent with the CPG clinical practice guidelines selected for use in the program.
   c. The patient's individualized plan of care addresses the following:
      ● Relieving and reducing impact of symptoms
      ● Reducing the risk of adverse health events (for example, exacerbation)

Note: Therapeutic approaches to reduce the risk of adverse health events include both pharmacologic and non-pharmacologic therapies.

   ● Evaluating degree of airflow limitation using spirometry
   ● Managing complications and comorbidities, or referring to other practitioners for care
   ● Determining drug availability

Clinical Information Management (DSCT)

Standard DSCT.5

The program initiates, maintains, and makes accessible a medical record for every patient.

Element of Performance for DSCT.5

C 5. The medical record contains sufficient information to document the course and results of care, treatment, and services.

   a. The patient's ability (or as appropriate, the family's ability) to self-administer inhaled medication is documented.
   b. The patient's ability (or as appropriate, the family's ability) to manage medical equipment, such as oxygen therapy, is documented. *

* Requirements a and b were revised and moved from DSDF.3, EP 3.