The Joint Commission
Advanced DSC Certification
for
Inpatient Diabetes Care

November 12, 2013

Caroline Isbey  RN, MSN, CDE
Associate Director
Teresa Gomez
Associate Project Director Specialist-SSM
Carol Mooney
Sr. Associate Director Standards Interpretation
Today’s Topics

- Identifying how the process of certification improves quality of care and reviewing benefits of achieving certification
- Defining the three (3) core components for DSC certification
- Summarizing the Inpatient Diabetes Care specific requirements
- Answer questions
“...the process of applying for disease-specific certification is one important way Bay Medical has moved forward with three important goals: creating high-quality clinical programs; improving its clinical reputation among prospective patients; and fostering teamwork among physicians, hospital employees, and management.”
### Benefits of Inpatient Diabetes Certification

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improves the quality of patient care</td>
<td>by reducing variation in practice</td>
</tr>
<tr>
<td>Supports hospital goal of avoiding “never events”</td>
<td>through improved diabetes management</td>
</tr>
<tr>
<td>Provides an objective assessment of clinical excellence</td>
<td></td>
</tr>
<tr>
<td>Creates a loyal, cohesive multidisciplinary clinical team</td>
<td></td>
</tr>
<tr>
<td>Promotes a culture of excellence across the organization</td>
<td></td>
</tr>
<tr>
<td>Facilitates</td>
<td>Marketing and contracting</td>
</tr>
</tbody>
</table>

**Joint Commission Certification**

*Disease-Specific Care*
Certification Eligibility

An inpatient diabetes management program for any patient with a medical history of diabetes (principle or co-morbid diagnosis):

- Formal program structure
- Standardized method of clinical care delivery based on clinical guidelines/ evidence-based practice
- Organized approach to performance measurement
- All inpatient units including pediatric, L & D and ED
- Exception:
  - Independent, freestanding pediatric-specialty hospitals
  - Outpatient programs
Disease-Specific Care Certification

- 2700+ DSC certifications since 2002 in
  - 1000+ organizations
  - 50 states plus DC and PR

- Core DSC Program
  - Can fit any disease or condition
  - More than 100 different types of programs certified

- Specialty (Advanced) Certification programs
  - Chronic Kidney Disease – 2 programs
  - COPD – 6 programs
  - Comprehensive Stroke Center – 58 programs
  - Heart Failure – 48 programs
  - Inpatient Diabetes – 68 programs
  - Palliative Care – 48 programs
  - Primary Stroke Center – 1016 programs

- CMS National Decision Coverage
  - VAD for DT – 125 programs
  - Lung Volume Reduction Surgery – 6 programs
Advanced Disease-Specific Care Inpatient Diabetes Certified Programs
Disease Specific Care Certification

**Process**
ADA CPGs

**Quality & Safety of Care for Patients with Diabetes**

**Outcomes**
PM & PI Process

**Structure**
DSC Standards
IPD requirements
**Process:** Clinical Practice Guidelines

- Care based on guidelines / evidence-based practice
- Review validates:
  - Implementation of CPGs
  - Rationale for selection / modification
  - Monitoring & improving adherence
- American Diabetes Association Clinical Practice Recommendations for the inpatient setting need to be used
Structure: Disease-Specific Care Standards

- Program Management: 7 standards
- Delivering or Facilitating Clinical Care: 6 standards
- Performance Improvement and Measurement: 6 standards
- Clinical Information Management: 5 standards
- Supporting Self-Management: 3 standards
Inpatient Diabetes Certification

Requirements

- Designated interdisciplinary team and team leader, updated to include specific disciplines to be included as members and ad hoc members of the team – updated for 1/1/2014

- Staff education in diabetes management, updated to include specific topics for staff education – updated for 1/1/2014

- Medical record (MR) identifies diabetes mellitus (existing or newly diagnosed)

- Plan coordinating insulin administration and meal delivery, updated to include blood glucose monitoring – updated for 1/1/2014
Inpatient Diabetes Certification
Requirements (cont.)

- Nutritional assessments for patients not consistently reaching glucose targets

- Written protocols for the management of patients on IV insulin infusions, updated to include identified blood glucose targets, plans for transitioning to other glucose lowering agents, – updated for 1/1/2014

- PI program has a process to evaluate episodes of hypoglycemia for root causes and trends – updated 1/1/2014
Inpatient Diabetes Certification
Requirements (cont.)

- Blood glucose monitoring protocols

- Hemoglobin A1C results available for patients with known diabetes, updated to state that women with Gestational Diabetes are not included – updated for 1/1/2014

- Blood glucose monitoring results available for all team members

- Individualized plan for hypo- and hyperglycemia treatment
Inpatient Diabetes Certification

Requirements (cont.)

- Patient comprehension of self-management documented in MR

- Patient education components include:
  - Importance of and use of blood glucose meter
  - Meal plan management
  - Medication administration instructions (oral agents and injectable medications)
  - Exercise
  - S/S of hyper- and hypoglycemia
  - Treatment of hyper- and hypoglycemia
  - Sick Day Guidelines
  - Emergency contact information
  - Additional education / resources
**Inpatient Diabetes Certification Requirements**

**Effective January 1, 2014**

- Policies for insulin pen use (new) (DSPR.1 EP.5.a)
- Staff education about insulin pen use (new) (DSDF.1 EP.5.b)
- Development and implementation of hypoglycemic protocol (new) (DSDF.2 EP.5.b)
- Reassessment of blood glucose level per hypoglycemic protocol (new) (DSDF.3 EP.2.b)
- Education for staff on symptomatic hypoglycemia including recognition and response (new) (DSDF.1 EP.5.a)
Inpatient Diabetes Certification Requirements
Effective January 1, 2014

- Establish blood glucose range for patients receiving IV insulin infusion – (new) (DSDF.2 EP.5.c)
- Plan for transitioning from IV insulin infusion to other glucose lowering agents – (new) (DSDF.4 EP.1.a)
- Process to transition patient to medication regimen which will be followed at home – (new) (DSDF4. EP.3.a)
Inpatient Diabetes Certification Requirements
Effective January 1, 2014

- Policies for insulin pump therapy use – (new)
  (DSSE.1 EP.1.a and DSSE.1 EP.1.b)

- When insulin pump therapy is used while in the hospital, specific documentation required— (new)
  (DSCT.5 EP.3.a)

- Follow-up diabetes management appointment made prior to discharge (new) (DSDF.6 EP.1.a)
**Outcome: Performance Measurement**

- Program Team selects/defines four (4) performance measures to positively impact the quality of patient care:
  - Two clinical process or outcome (minimum)
  - Others may be non-clinical
  - Use for PI plans

- Data submission via CMIP on The Joint Commission Connect extranet secure web portal

- Four (4) months data for initial on-site review

- Monitor data monthly

- Share 12 months worth of trended data one year after achieving certification
Examples of Performance Measures

- Documentation of A1C result on admission in Medical Record
- Rate of hypoglycemia
- Rate of hyperglycemia
- Documentation of Survival Skill Assessment
- Documentation of Diabetes teaching for identified needs
- Use of basal, meal dose, and correctional scale insulin
- Hypoglycemia policy followed correctly
- Critical care glycemic management
- Glucose management of pts with diabetes undergoing total joint arthroplasty
- Diabetes documented in Medical Record/correct type of diabetes documented in medical record
- Readmit within 30 days
Challenges of Certification

- Consistent implementation of Clinical Practice Guidelines (most frequently scored DSC standard)
- Evaluating patient perception of care quality
- Performance Measurement:
  - Data collection
- For IPD, implementing diabetes care program throughout the hospital
Most frequently scored standards for Inpatient Diabetes Care Reviews

- Implementation of Clinical Practice Guidelines (DSDF.2)
  - not following hospital hypoglycemia protocol – recheck of BGL, amount of Carbohydrates given, treatment not documented

- Practitioners are qualified and competent (DSDF.1)
  - Physician education on DM not documented
  - Nurse practitioners and bedside nurses education on DM not documented

- Participant information is gathered from a variety of sources (DSCT.3)
  - Patient and practitioner managing diabetes care after discharged not informed of A1C result

- Patient’s DM comprehension (DSCT.5 EP. 2 & DSSE.3 EP.4)
Preparation Tips

1. Obtain from Joint Commission Resources:
   a. *Disease-Specific Care Certification Manual, 2013*
      (hard copy or e-dition)
   b. Contact information (877) 223-6866 or www.jcrinc.com.

2. Assess compliance with standards (Gap analysis)
   - Identify opportunities for improvement and implement action plans

3. Review treatment protocols based on Clinical Practice Guidelines (Gap analysis)

4. Develop and implement Gap closure plans for standards and Clinical Practice Guidelines
5. Develop process for performance measure data collection
   - Identify opportunities for improvement in performance measurement process and implement action plans

6. Submit application

7. Maintain continuous compliance with Joint Commission requirements
The On-Site Evaluation

Activities:
- Program overview
- Patient tracers
- System tracer on data use
- Competency assessment and credentialing
- Closing conference

Engaging practitioners and patients

Educative
Joint Commission Resources

Website:
http://www.jointcommission.org/certification/diseasespecific_care.aspx
http://www.jointcommission.org/CertificationPrograms/Inpatient+Diabetes/

Pre-publication standards that will be effective January 1, 2014
http://www.jointcommission.org/standards_information/prepublication_standards.aspx

Quality Check: finding certified Organizations:
- http://www.qualitycheck.org/consumer/searchQCR.aspx (Used to search for the organization once identified)

Obtain from Joint Commission Resources:
- Disease-Specific Care Certification Manual, 2013
  (hard copy or e-dition)
- Contact information (877) 223-6866 or www.jcrinc.com
Advertise Your Achievement
WE'RE 1ST IN THE COUNTRY TO BE CERTIFIED FOR INPATIENT CARE OF PEOPLE WITH DIABETES.

Yeah. We’re that good.

We’ve passed rigorous standards so people with diabetes can get the special hospital care they need no matter why they’re hospitalized. The Joint Commission’s Certificate of Distinction for Inpatient Diabetes Care recognizes that we take exceptional steps to foster better outcomes across all inpatient settings.

The Joint Commission and the American Diabetes Association have identified that we excel with technologies and people to manage your blood sugars. From housekeeping staff to nurses, doctors to the CEO... we understand the needs of people with diabetes. We’re skilled and trained. And we’ll give you personalized education materials so you can better manage your condition after you’re discharged from our care.

No matter why you choose Desert Springs, we’ll monitor and control your blood sugars so you can heal better.

For more information call the Diabetes Treatment Center 702.369.7560.

DESSERT SPRINGS HOSPITAL
MEDICAL CENTER

© Copyright, The Joint Commission
Questions?

Caroline Isbey RN, MSN, CDE
Associate Director
Disease-Specific Care Certification
The Joint Commission
cisbey@jointcommission.org
630-792-5279
These slides are current as of 11/12/13. The Joint Commission reserves the right to change the content of the information, as appropriate.

These slides are only meant to be cue points, which were expounded upon verbally by the original presenter and are not meant to be comprehensive statements of standards interpretation or represent all the content of the presentation. Thus, care should be exercised in interpreting Joint Commission requirements based solely on the content of these slides.

These slides are copyrighted and may not be further used, shared or distributed without permission of the original presenter or The Joint Commission.