Quick Start to Disease-Specific Care Certification Preparation

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1. Determine Your Eligibility

Any disease-specific care program that

- Is provided by a Joint Commission accredited organization
- Has a formal program structure
- Has a standardized method of clinical care delivery based on clinical guidelines/evidence-based practice
- Has an organized approach to performance measurement
2. Review the Standards

- 2015 Comprehensive Certification Manual for Disease-Specific Care just released in November
  - Front half of manual is general standards for most programs
    - Most programs start from the same set of standards.
- Also available, Standards Manual with just the basic standards, no advanced programs.
2. Review the Standards

- Appendices in the back for “advanced” programs:
  - Chronic kidney disease
  - COPD (outpatient-based)
  - Comprehensive stroke
  - Heart failure
  - Diabetes (inpatient)
  - Lung volume reduction surgery
  - Primary stroke
  - Ventricular assist device
Disease-Specific Care Standards

- Program Management
  7 standards

- Delivering or Facilitating Clinical Care
  6 standards

- Supporting Self-Management
  3 standards

- Clinical Information Management
  5 standards

- Performance Improvement and Measurement
  6 standards
Core / Basic Program Certification

Disease-Specific Care Certification Manual

Standards, Elements of Performance, and Scoring

Standard PR.1
The program defines its leadership roles.

Elements of Performance for PR.1
1. The program leaders are qualified to meet the program’s mission, goals, and objectives.
2. The program defines the accountability of its leaders.
3. The leaders participate in designing, implementing, and evaluating care, treatment, and services.
4. The leaders provide for the uniform performance of patient care, treatment, and services.
5. The leaders confirm that practitioners practice within the scope of their licensure, training, and current competency.
6. The leaders develop a performance improvement plan for leadership quality.
7. The leaders set expectations for development of plans to manage and improve quality at the program level.

Standard PR.2
The program is designed, implemented, and evaluated collaboratively.
Advanced Program Certification

Disease-Specific Care Certification Manual

Standards, Elements of Performance, and Scoring

Standard DSPR.1

The program defines its leadership roles.

Elements of Performance for DSPR.1

1. The program leaders are qualified to meet the program’s mission, goals, and objectives.

Requirements Specific to Heart Failure Care Certification

a. The program identifies a leader(s).
b. The program leader(s) has experience in the care of patients with heart failure.
c. The program establishes an interdisciplinary team to collaborate in the care of heart failure patients.

2. The program defines the accountability of its leaders.

Requirements Specific to Heart Failure Care Certification

a. The program leader(s) has responsibility for overseeing the clinical and administrative aspects of inpatient and outpatient heart failure care, including care transitions.
b. The program leader(s) has the authority to advocate for resources with the hospital or organization administration.
3. Review Clinical Practice Guidelines

- Review your standards of care – do you have good evidence-based guidelines underpinning the steps you take with every patient?

- Research at [www.guideline.gov](http://www.guideline.gov) and national associations. Are you functioning as a program with the most recent clinical standards in your field?
4. Conduct a Self-Assessment

Split up the standards chapters among your team and perform self-assessments, with the standards as the organizing tool.

– Remember, the self-assessment is more than “do we meet the standard,” but also “how can we demonstrate to an outside person that we meet the standard?”
4. Conduct a Self-Assessment

- Develop work plans for areas that are not in compliance with standards

- Work with your team to develop a goal for when you expect you will be ready for certification – and focus your efforts on that shared timetable.
4. Conduct a Self-Assessment

- If possible, line up help from an organization that has achieved the same certification you plan to pursue
  - The Joint Commission can help you find someone
- If it’s a nearby facility, or a sister hospital, ask for help to organize a mock review
5. Determine Your Performance Measures

- Four process or outcome measures to monitor on an ongoing basis
- Two of the measures must be clinical
- Other two measures can be clinical, administrative, utilization, or satisfaction

(Stroke and Advanced Certification in Heart Failure have standardized measures.)
5. Determine Your Performance Measures

- Review the overall performance improvement goals and activities of your program.
- Look for measurable characteristics of the PI plans and projects.
- Determine how to define the data you need and how to collect it consistently.
- Start collecting data with enough time to have four months of data by the time of the on-site review.
6. Use Resources from The Joint Commission

- Contact Business Development for questions about eligibility, the preparation process, data requirements, etc. at (630) 792-5291.

- Standards Interpretation Group answers questions about how individual standards are applied
  - 630-792-5900
  - [www.jointcommission.org](http://www.jointcommission.org) “Ask a Standards Question”
  - Be sure to choose Disease-Specific Care from the menus to reach the correct expert.
7. Start the Application Process

- Contact Business Development to open the application for you about 5-6 months before the date you’d like the on-site review.
  - Actual date of review is negotiated with you.
  - Application stays valid for 12 months.
7. Start the Application Process

- Have the following information ready to go for the application
  - Basic demographic data about your program
  - The name(s) of the clinical guidelines you have adopted
  - A brief narrative of your program’s performance improvement activities
  - A description of the performance measures
  - A preferred month you would like the on-site review to take place
7. Start the Application Process

- Hit “Submit”
- Once received, an account executive will contact you to review the application and begin the scheduling process.
8. Schedule the Review

- 30-days’ notice of initial review for a program
- Plan how you want to present your program in the opening conference
  - Does not need to be elaborate
  - Tell us your story
- Decide who will accompany the reviewer for the day
- Assemble the four months of data on your measures
9. The Day of the Review

- Opening conference
- Patient tracers
- Data discussion
- Review of credentialing and licensure
- Summary of findings
- [Party?]
10. Advertise Your Achievement