



Q&A Guide for
**DISEASE-SPECIFIC CARE
CERTIFICATION**

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



**The Joint Commission
Certification**
Disease-Specific Care

Q&A Guide for
DISEASE-SPECIFIC CARE
CERTIFICATION

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

Important Contact Information

General Information (630) 792-5291
<http://www.jointcommission.org/DSC>

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 Gold 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 60 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 clinical 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

To continuously improve health care for the public, in collaboration with other stakeholders, by evaluating health care organizations and inspiring them to excel in providing safe and effective care of the highest quality and value.

Table of Contents

<i>Who is The Joint Commission?</i>	2
<i>What is Disease-Specific Care Certification?</i>	2
<i>What is the difference between certification and accreditation?</i>	2
<i>What is the difference between certification/accreditation and licensure?</i>	3
<i>What are the benefits of Joint Commission Disease-Specific Care Certification?</i>	3
<i>What are the key elements of Disease-Specific Care Certification?</i>	4
<i>What types of programs are eligible for certification?</i>	4
<i>What types of programs are certified?</i>	4
<i>Can I get a list of all certified programs?</i>	6
<i>What is Advanced Certification?</i>	6
<i>What do the standards cover?</i>	7
<i>Where can we find the standards?</i>	8
<i>Who can answer questions about the standards?</i>	8
<i>What are the requirements for clinical practice guidelines?</i>	8
<i>What are the requirements for performance measurement?</i>	8
<i>What are Certification Participation Requirements?</i>	9
<i>How do I request a certification review?</i>	9
<i>We are already certified for one (or more) disease programs. How do we add additional program(s) to our certification?</i>	10
<i>What does certification cost?</i>	10
<i>How is the review scheduled?</i>	10
<i>What happens if we need to postpone our scheduled review?</i>	11
<i>What should we do to prepare for review?</i>	11
<i>What are some tips for success?</i>	12
<i>What happens during the on-site review?</i>	12
<i>Who conducts the Disease-Specific Care reviews?</i>	14
<i>What does the reviewer evaluate?</i>	15
<i>How are patient records reviewed?</i>	16
<i>What is the decision process after the on-site review?</i>	16
<i>Do the results of the Disease-Specific Care review impact my organization's accreditation status?</i>	17
<i>Can I obtain a site-level certification award?</i>	17
<i>How can we promote our certification award?</i>	17
<i>What information is shared with the public about our review?</i>	18
<i>What is The Joint Commission Quality Report?</i>	18
<i>What is the Intra-Cycle Review?</i>	19
<i>What is required to maintain certified status?</i>	19
<i>Where can I find more resources?</i>	20
<i>Appendix A: The Certification Timeline</i>	21

Who is The Joint Commission?

The Joint Commission evaluates, accredits and certifies more than 20,500 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 60 years of recognized and respected excellence and expertise in evaluating clinical care quality in all types of provider settings.

While accrediting organizations other than The Joint Commission are offering disease management accreditation or certification, no one else has over 60 years of recognized and respected excellence and expertise in evaluating clinical care quality in various provider settings.

What is Disease-Specific Care Certification?

Joint Commission Disease-Specific Care Certification was established in 2002, and today has been achieved by more than 2,000 clinical care programs nationwide. Certified programs must demonstrate a systematic approach to care delivery and a commitment to performance improvement through ongoing data collection and analysis. The discipline and self-assessment inherent in meeting these requirements creates a road map to improving patient care quality.

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. The 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.

What is the difference between certification and accreditation?

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

What is the difference between certification/accreditation and licensure?

Certification and accreditation differ from licensure in that licensure is the lawful permission to perform a certain activity for a limited period of time. Both certification and accreditation are voluntary processes and demonstrate an organization's commitment to be accountable for the quality of services it offers. 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.

What are the benefits of Joint Commission Disease-Specific Care Certification?

First and foremost, Disease-Specific Care Certification helps to improve quality of patient care by reducing variation through the application of a systematic approach.

Pursuing and achieving Disease-Specific Care Certification fosters and maintains a loyal cohesive clinical team, since it is the efforts of the complete clinical team working together that results in certification.

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.

Providers will receive an evaluation and certification decision in a specific clinical care management program – for example, heart failure management, or asthma care management – which will make it clear to key referral sources and customer prospects that the organization has distinctive program and service competencies, as well as the ability to manage co-morbidities.

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

Achievement of a Disease-Specific Care Certificate of Distinction differentiates clinical 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.

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

What are the key elements of Disease-Specific Care Certification?

The Disease-Specific Care Certification program has three key elements. The first is the requirement for compliance with 27 consensus-based national standards. These standards include:

- Program Management
- Delivering or Facilitating Clinical Care
- Supporting Self-Management
- Clinical Information Management
- Performance Measurement

The second element of Disease-Specific Care Certification is the effective integration of established Clinical Practice Guidelines within the program to manage and optimize care.

The third element of Disease-Specific Care Certification is the requirement that the program collects and analyzes performance measure data to drive future improvement activities.

Each of these components carries equal weight in the decision to certify a program.

Disease-Specific Care Certification is awarded after an on-site review that assesses these three key components and evaluates the organization's commitment to excellence in providing disease-specific services in a comprehensive manner. Disease-specific care programs that successfully demonstrate compliance in all three areas are awarded certification for a two-year period.

What types of programs are eligible for certification?

Any disease-specific care program may apply for Joint Commission certification if all the following requirements are met:

- The disease-specific care program is in the United States, operated by the U.S. government, or operated under a charter of the U.S. Congress.
- The program functions within a Joint Commission accredited organization, when the organization is eligible for accreditation.
- The disease-specific care program must have served a minimum of 10 patients at the time of its Joint Commission on-site review, except for the requirements below:
 - Inpatient Diabetes/Chronic Kidney Disease/Chronic Obstructive Pulmonary Disease Centers: 30 patients served
 - Lung Volume Reduction Surgery/Ventricular Assist Device: 1 patient served
- The disease-specific care program uses a standardized method of delivering clinical care based on clinical practice guidelines and/or evidence-based practice.
- The disease-specific care program uses performance measurement to improve its performance over time. Four months of performance measure data must be available at the time of the initial on-site certification review.

What types of programs are certified?

The Joint Commission Disease-Specific Care Certification evaluates the following:

- Programs that provide clinical care directly to participants. Examples include, but are not limited to, services provided in hospitals, long term care settings, home care organizations, health plans, integrated delivery systems, rehabilitation centers, physician groups, and disease management service companies.

- Programs that provide comprehensive clinical support and that interact directly with participants on site, by telephone, or through online services or other electronic resources. Examples include, but are not limited to, disease management companies and health care plans with disease management services.

The list below contains the diseases or conditions that are currently approved for eligibility for Disease-Specific Care certification. If you are considering certification for a disease or condition not listed here, please contact The Joint Commission to review eligibility.

Currently Approved Disease Programs		
Advanced Chronic Kidney Disease	Coronary Artery Bypass Graft	Kidney Stones
Advanced Chronic Obstructive Pulmonary Disease	Coronary Artery Disease	Laminectomy
Advanced Comprehensive Stroke Center	Crohn's Disease	Laryngeal Cancer
Advanced Heart Failure	Cystic Fibrosis	Leukemia
Advanced Inpatient Diabetes	Dementia	Low Back Pain
Advanced Lung Volume Reduction Surgery	Depression	Lung Cancer
Advanced Palliative Care	Diabetes Mellitus	Maternal Child
Advanced Primary Stroke Center	Discectomy	Microdiscectomy
Advanced Ventricular Assist Device	Eating Disorders	Migraine Headache
Abdominal Aortic Aneurysm	Emphysema	Minimally Invasive Colorectal Surgery
Abnormal Uterine Bleed Unrelated to Pregnancy	End Stage Renal Disease	Morbid Obesity
Acquired Brain Injury	Epilepsy	Multi-System Trauma
Acute Coronary Syndrome	Esophageal Cancer	Multiple Sclerosis
Acute Myocardial Infarction	Fetal Cardiac Monitoring	Necrotizing Enteral Colitis
Allergy	Fetal Heart Anomaly	Neurotrauma
Alzheimer's Disease	Gastroesophageal Cancer	Normal Delivery
Amputee Rehabilitation	Gastroesophageal Reflux Disease	Oncology Rehabilitation
Amyotrophic Lateral Sclerosis	Geriatrics Delirium	Orthopedic Rehabilitation
Arthritis	Hand Surgery	Orthopedic Trauma
Asthma	Head Injury	Osteoporosis
Atrial Fibrillation	Heart Failure	Osteoporosis Related Fracture
Attention Deficit Disorder	Hemophilia	Pancreatic Cancer
Bariatric Surgery	Hepatitis B/C	Pancreatic/Hepatic/Biliary Cancer
Benign Esophageal Disorder	High Risk Obstetrics	Pancreatitis
Bipolar Disorder	Hip Fracture	Parkinson's Disease Rehabilitation
Bone Marrow Transplant	Hip Fracture Rehabilitation	Parkinson's Disease
Brain Injury Rehabilitation	HIV/AIDS	Pediatric Asthma
Brain Tumor	Hyperbilirubinemia	Pediatric Autism
Breast Cancer	Hyperglycemia	Pediatric Chronic Pain
Burn Treatment	Hyperlipidemia	Pediatric Diabetes

Cardiac Rehabilitation	Hypertension	Pediatric Eating Disorder
Cardiac Valve Repair & Replacement	Induction of Labor	Pediatric Epilepsy
Carotid Stenosis	Infertility	Pediatric Musculoskeletal Infection
Cellulitis	Intractable Chronic Pain	Pediatric Obesity
Chemical Dependency	Irritable Bowel Syndrome	Pediatric Trauma
Chest Pain	Joint Replacement – Ankle	Pelvic Inflammatory Disease
Child Birth	Joint Replacement – Hip	Pelvic Organ Prolapse
Chronic Obstructive Pulmonary Disease	Joint Replacement – Knee	Peripheral Vascular Disease
Colorectal Cancer	Joint Replacement - Shoulder	Pneumonia
Colorectal Disorders	Kidney Cancer	Pre-Term Labor
Prematurity	Spinal Cord Injury Rehabilitation	Uterine-Ovarian Cancer
Prostate Cancer	Spinal Fusion	Wound Care
Pulmonary Rehabilitation	Spine Injury	
Renal Transplant	Spine Surgery	
Respiratory Distress Syndrome in Pre-term Infants	Stroke Rehabilitation	
Respiratory Failure	Systemic Lupus Erythematosus	
Self Injury	Traumatic Brain Injury	
Sepsis	Traumatic Brain Injury Rehabilitation	
Sickle Cell Disease	Tuberculosis	
Sleeping Disorder	Ulcerative Colitis	

Can I get a list of all certified programs?

Certified Disease-Specific Care programs are listed on the Joint Commission web site: <http://www.jointcommission.org/certified>. Choosing the Excel spreadsheet option allows you to sort certified organizations and/or programs to meet your needs.

What is Advanced Certification?

Disease-Specific Care Certification is available at two levels, core and advanced. Both are evaluated through the same three categories of requirements; however, the advanced certification programs must meet additional, clinically specific requirements and expectations. An advanced program does not need to achieve core certification prior to applying for an Advanced Certification. The Joint Commission offers Advanced Certification for the following conditions and procedures:

- Chronic Kidney Disease
- Chronic Obstructive Pulmonary Disease
- Heart Failure
- Inpatient Diabetes Care
- Primary Stroke Center
- Comprehensive Stroke Center
- Lung Volume Reduction Surgery
- Ventricular Assist Device for Destination Therapy

What do the standards cover?

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

Program Management

- Designing, implementing, and evaluating the program
- Defining program 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 practitioners
- Delivering or facilitating the delivery of care using evidence-based clinical practice guidelines
- 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
- 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

Initial standards development included input from chronic care management experts, employers and consumers. To ensure their 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.

Where can we find the standards?

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, performance measurement, and advanced certification programs.

You may purchase a manual by contacting Joint Commission Resources Customer Service at (877) 223-6866 or www.jcrinc.com. The manual includes all of the requirements and standards for certification. Seven program-specific sections are included as appendices. These sections include the add-on requirements for advanced certification programs.

Who can answer questions about the standards?

The Joint Commission Standards Interpretation Group (SIG) is available to answer any questions about the certification standards, including whether and how they apply to your organization, and suggest steps to meet the intent of the standards. You can contact the Standards Interpretation Group by phone at (630) 792-5900 or through The Joint Commission web site's online question form at:

http://www.jointcommission.org/standards_information/standards_online_question_form.aspx

What are the requirements for 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 does not mandate 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.

What are the requirements for 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. As a resource for potential performance measures, visit <http://qualitymeasures.ahrq.gov/>.

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 and heart failure), 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 and Advanced Certification in Heart Failure program. All other disease programs eligible for certification use Stage I performance measures.

For recertification, 24 months of performance measurement data and performance improvement activity are required for assessment and discussion during the on-site review.

What are 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 a program seeking certification for the first time, compliance with the Certification Participation Requirements (CPR) is assessed during the initial review. For the certified program, 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.

The Certification Participation Requirements are listed in detail in the *Disease-Specific Care Certification Manual*.

How do I request a certification review?

The certification process is initiated when an organization completes and submits the *Application for Certification*. This is a two-part **electronic** document for the initial Disease-Specific Care program seeking certification, which provides essential information about a program such as:

- Organizational 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 including rationale, for four performance measures, including at least two 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. This advance analysis of the information will also make the on-site review time more efficient and focused.

Applications for Certification are available on a secured organization-specific extranet site. A representative from the organization can obtain a login and password for the electronic application 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: DSCInfo@jointcommission.org

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

We are already certified for one (or more) disease programs. How do we add additional program(s) to our certification?

An organization with one or more certified programs that is seeking certification for additional programs should begin by contacting its Account Executive or the Joint Commission Business Development department at (630) 792-5291.

What does certification cost?

The cost of Joint Commission Disease-Specific Care Certification is based on several factors:

- The number of disease programs applying for certification;
- Whether the program is a core or an advanced program;
- The number of locations or sites included in the review.

The fee structure involves two aspects: an annual base fee, which recognizes that significant certification-related services are provided on a generally more continuous basis between on-site reviews, and a separate fee to cover the direct costs of the on-site review in the year(s) in which it occurs. For up-to-date fee information or questions about fees, please contact The Joint Commission's Pricing Unit at (630) 792-5115 or PricingUnit@JointCommission.org.

How is the review scheduled?

The Joint Commission schedules reviews based on the program's preferences indicated in the application. With the information provided, The Joint Commission determines the number

of days required for a review and the number and type of reviewers. The disease-specific care program must inform The Joint Commission about any changes to the information in its application between the time the information is submitted and the time of the on-site review. Inaccurate or incomplete information may cause a delay in the review.

Disease-specific care programs can identify up to ten days each year in which a review should be avoided. These ten blackout days should not include federal holidays but may include regional events during which it may be difficult to conduct a review during a given period. The Joint Commission will make every effort to accommodate the program regarding avoiding these ten days.

The Joint Commission, in collaboration with the disease-specific care program, selects the initial review date and prepares the review agenda. Programs are notified of the date of the initial review at least 30 days in advance of the visit. Recertification reviews are conducted every two years and are scheduled within a 90-day window of the initial review anniversary date.

For recertification reviews, the program is given advance notice of seven business days, to make it possible for key clinical staff to be available for the review. The two programs that **do not** get any advance notice are Lung Volume Reduction Surgery (LVRS) and Ventricular Assist Device Destination Therapy (VAD-DT).

The Joint Commission assigns an Account Executive to each disease-specific care program, who will serve as the primary contact between the program and The Joint Commission. The Account Executive coordinates planning of the on-site certification review and is available to answer any questions about policies, procedures, or certification issues.

The Account Executive and reviewer(s) 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 specifies 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.

Under the certification process, the on-site evaluation is one piece of a continuous performance review. The certification process encourages disease-specific care programs to embed the standards into routine operations to achieve and maintain excellent operational systems on an ongoing basis.

What happens if we need to postpone our scheduled review?

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, with the reason for the request. If the program requests a postponement less than 30 days before the scheduled start of the review a postponement fee may be charged.

What should we do to prepare for review?

It is very important that the program's leadership encourage staff input and involvement in the process. Staff members are an integral part of ongoing monitoring of compliance with the Disease-Specific Care standards. Staff also play a primary role in implementing

recommendations made by The 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 first by reviewing the *Disease-Specific Care Certification Manual* which includes the DSC standards and tools to conduct a “mock” certification review or gap analysis. Spend time evaluating each aspect of your service and activities against the standards and elements of performance. Refer to the Resources page at the end of this booklet for information on ordering the *Disease-Specific Care Certification Manual*.

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(s) are being used to make necessary improvements.

What are some tips for success?

The following tips are intended as helpful suggestions to achieve continuous compliance with the standards:

- Make the *Disease-Specific Care Certification Manual* available to staff by keeping a complete copy or multiple copies of the manual in a resource center. Let staff and others know that the manual is available and how they can access it.
- Read all parts of each chapter of the manual.
- Turn the manual into a scrapbook of ideas, strategies, questions, and answers. Insert extra pages for notes. Keep a record of calls to The Joint Commission’s Standards Interpretation Group (SIG) at 630/792-5900, including both questions and answers, for future reference and to avoid duplicate calls by other staff members.
- Focus on the concepts described and the points made in all standards and EPs. Concentrate on incorporating the frameworks and concepts of standards and EPs into day-to-day work rather than on viewing the concepts as rules that must be followed just for Joint Commission review purposes.
- Keep up with manual changes as they occur instead of waiting until your review is near. Read *The Joint Commission Perspectives*, the official monthly Joint Commission newsletter, to find new scoring, standards interpretations, and other useful information as the year progresses. File all significant changes in your manual.
- View recent revisions to disease-specific care standards and policies on the Joint Commission Resources Web site at <http://www.jcrinc.com/Joint-Commission-Requirements/Disease-Specific-Care>.
- Go to <http://www.jointcommission.org/standards/FAQs/> for Standards Frequently Asked Questions. You can also use the online form for submitting standards questions to The Joint Commission at http://www.jointcommission.org/standards_information/standards_online_question_for_m.aspx.
- Develop a team responsible for creating innovative ways to achieve and maintain continuous operational improvement and standards compliance, such as the following:
 - Question of the week or month
 - Standards-related posters
 - Column in a weekly all-staff newsletter.

What happens during the on-site review?

The on-site review process 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 – 10:00 a.m.	Individual Tracer Activity	<ul style="list-style-type: none"> • 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 p.m.		
2:00 – 2:30 p.m.	Competence Assessment/Credentialing Process	<ul style="list-style-type: none"> • Program leaders • Clinical leaders • Organization representatives responsible for human resources processes • 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
2:30 – 3:00 p.m.		
3:00 – 3:30 p.m.	Issue Resolution & Reviewer Report Preparation	<ul style="list-style-type: none"> • 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.

It is anticipated that a one-day (with site visits, if appropriate) evaluation on-site can be accomplished for all programs. However, when management of two disease states is integrated and decisions that impact the delivery and operation of the program are centralized, i.e. Hip and Knee replacement programs, the on-site evaluation of both programs will be conducted in one-day. 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 for Destination Therapy programs requires a 1½ day review.

Who conducts the Disease-Specific Care reviews?

The majority of Joint Commission Disease-Specific Care field reviewers are clinicians in current practice, with specific clinical expertise. This background gives them a solid appreciation of the day-to-day issues that confront you.

The Joint Commission evaluates its reviewers' performance continually throughout the year, and conducts regular training to refresh the reviewers' evaluation skills and provide updates on changes to Joint Commission standards or policies.

In most cases, a certification review will be conducted by an individual reviewer. The selection of a reviewer to perform the on-site evaluation will be based on the information provided by the organization. If more than one reviewer is required, one of the reviewers is designated as the “team leader.” The team leader is responsible for integration, coordination, and communication of on-site review activities. In addition to direct participation as an active member of the review team, the team leader serves as the primary point of on-site contact between the program and The Joint Commission. Among other responsibilities, the team leader leads the opening conference and the daily and exit briefings.

What does the reviewer evaluate?

During the on-site visit, the reviewer(s) 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;
- assess the process of ensuring data quality and integrity;
- look for validation that care is coordinated across the continuum, with care resources available to the patient 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 patients 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;
- identification of the qualifications and competencies required of the practitioners, the requirements for continuing education, and the process for ensuring on-going education has occurred;
- seek evidence that providers and practitioners are educated in, and seek to help the patient to change behavior;
- assess whether the provider encourages a patient's active and central role in managing his/her illness;
- validate the existence of regular collaborative care planning;
- determine how the patients are identified and tracked along the continuum; and
- ensure that patient-specific clinical information/data are timely and useful.

The reviewer may ask to interview personnel during the review or request additional information.

The reviewer will confer with the program's leadership team at a leadership conference at the end of each review. During this conference, the reviewer provides preliminary information about the findings, citing strengths as well as opportunities for improvement. This information is strictly preliminary and should not be considered final until reviewed by The Joint Commission's Central Office staff and a final certification report is issued.

How are patient records reviewed?

The cornerstone of The Joint Commission's on-site certification process is the tracer methodology, which involves the review of actual, current patients being treated as part of the program. The tracer methodology is a way to analyze a program's system of providing care, treatment, and services using actual patients as the framework for assessing standards compliance. The tracer methodology does the following:

- Follows a patient's course of care, treatment, and services
- Assesses the impact of inter-relationships among the program disciplines in patient care
- Assesses the use of, adherence to, and diversion from clinical guidelines in the patient's care, treatment, or service
- Evaluates the integration and coordination of program and services in the patient's care

What is the decision process after the on-site review?

The report left on site at the end of the review is called the "Summary of Review Findings Report." This report is sorted by relevant chapters in the manual and includes standards, EPs, and other requirements found to be less than fully compliant at the time of review, as well as review team observations. The Summary of Review Findings Report left on site does not include the potential certification decision. Instead, the organization's official report of review findings is posted on *The Joint Commission Connect*[™] secure extranet site after the review and includes the *potential* certification decision.

Typically, the Official Review Report is posted on the extranet within 48 business hours after the review, unless the report requires The Joint Commission central office review. In most cases, the *final* certification decision is made after The Joint Commission receives and approves the organization's Evidence of Standards Compliance (ESC – see below) when applicable.

A committee of The Joint Commission's Board of Commissioners makes certification decisions based on the findings of the review. Programs that demonstrate compliance with all certification requirements will receive certification. Programs that have requirements for improvement during their initial onsite visit must correct these areas of non-compliance to receive certification.

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 or 60 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.

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 ESC, a program will identify its target Measure of Success. Four months after the ESC is approved, the organization submits aggregate data demonstrating evidence of compliance.

Do the results of the Disease-Specific Care review impact my organization's accreditation status?

The results of the Disease-Specific Care Certification review do not reflect, either positively or negatively, on the accreditation decision of the organization as a whole, with one important exception: If, during the Disease-Specific Care review, the reviewer identifies any condition he/she believes poses an immediate threat to patient or public safety, notice is immediately sent to 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.

If the decision is made to stop the review, the program will not be certified. The Joint Commission central office may also make the decision to conduct an unannounced on-site accreditation survey for cause.

Can I obtain a site-level certification award?

The Joint Commission conducts an on-site certification review based on the information reported in the application. In certain situations, an organization with multiple sites might choose to have only one of its sites certified. In this case, an organization may go through the certification process for only one of its sites, provided that it can make a clear distinction between its certified and not certified sites. The Joint Commission certification review, assuming satisfactory compliance, provides one Certificate of Distinction for each disease-specific care program per site.

How can we promote our certification award?

Once certification status is achieved, your program may promote that status to your patients, residents, staff, referral sources, potential customers, media, and visitors. Your program may use the Joint Commission's Gold Seal of Approval™ logo as a visual representation of that achievement.

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.

The certified program must be accurate in describing to the public the nature and meaning of its certification award. 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 program receiving certification with proper guidelines for announcing and promoting the certification award.

What information is shared with the public about our review?

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 program's authorization.

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

What is The Joint Commission Quality Report?

As part of The Joint Commission's certification and accreditation processes, the Quality Report aims to differentiate health care organizations based on certification or accreditation categories. The certification process emphasizes continuous improvement in key areas of safety and quality, and reflects information about a disease-specific care program's special recognitions and achievements.

The Joint Commission certification Quality Report provides summary information about the quality and safety of health care provided by a certified program. The certification Quality Report will contain the following information:

- The disease-specific care program title
- The certification status
- The effective date of the certification status
- Certified sites and type of services included in the application and review
- Certification history

Adverse certification decisions, the effective date of the certification decision, and any standards with which the program was not compliant, if applicable, will be reflected on the certification Quality Report.

An organization's Quality Report may be obtained via The Joint Commission Customer Service Department (630/792-5800) or through Quality Check on The Joint Commission's Web site (<http://www.qualitycheck>).

What is the Intra-Cycle Review?

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.

At the approximate one-year anniversary of the certification award, The Joint Commission conducts an intra-cycle review by phone with the certified organization. This consists of a discussion of the following materials submitted by the certified program:

- self-assessment “attestation” of continued compliance with the standards;
- updated clinical guideline information; and
- 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.

For a quick reference on the timeline for the certification process and award, see Appendix A.

What is required to maintain certified status?

A Certificate of Distinction in disease-specific care is valid for two years for an identified disease-specific care program if it submits an acceptable Intra-Cycle Evaluation Report at the one-year anniversary of its certification award. If a disease-specific care program does not comply with elements of the intra-cycle evaluation, The Joint Commission terminates its certification.

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.

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.

Where can I find more resources?

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 Executive..... (630) 792-3007

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

http://www.jointcommission.org/standards_information/standards_online_question_form.aspx.

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

To inquire about certification fee information or on-line at pricingunit@jointcommission.org

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 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

Appendix A: 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 access to the electronic Application for Certification.
Upon receipt of your call	Your organization's Primary Contact (usually The Joint Commission liaison for your hospital) will be given access to the Electronic Application for Certification.	It is the responsibility of your Primary Contact to provide access to additional contacts. Staff member(s) with knowledge of your program's services/programs, sites, and patient volume should complete and submit the electronic Application for Certification.
Upon receipt of Part 1 of the Application for Certification	<ul style="list-style-type: none"> ▪ You are assigned an Account Executive who will contact you to review Part 1 of the Application for Certification and discuss initial review dates. Your Joint Commission Account Executive will be your primary point of contact for all questions. ▪ You will receive an email requesting completion of Part 2 of the Application for Certification. ▪ You will be mailed a complimentary copy of the <i>Disease-Specific Care Certification Manual</i>. ▪ You will be given a 30-day written notice of your scheduled initial review. 	Review certification manual to ensure standards compliance.

All Organizations Requesting Certification

Joint Commission Activity		Your Activity
Review	Reviewer(s) arrive(s) for on-site review. At the conclusion of the review, you receive a copy of the preliminary report.	During the review, staff should be available as outlined on the review agenda. Utilize the Review Process Guide and agenda for onsite review preparation.
After your onsite review	Final report is posted on your organization's extranet site. If there are Requirements for Improvement (RFIs), an Evidence of Standards Compliance (ESC) is due within 45 and/or 60 days. An optional 10 day clarification is also available for any finding.	For any standards scored as non-compliant, you submit your Evidence of Standards Compliance (ESC) within 45 and/or 60 days after the completion of your onsite review. A Measures of Success (MOS) may be due 4 months after an approved ESC submission.
After your certification	<ul style="list-style-type: none"> ▪ If the ESC is accepted, a certification decision is rendered 	

	Joint Commission Activity	Your Activity
Decision is rendered	<p>and the award letter is posted to your Joint Commission extranet page. In addition, your award certificate will be mailed within 4-6 weeks.</p> <ul style="list-style-type: none"> Your organization's certification status and contact information will be posted to Quality Check at http://www.qualitycheck.org. 	
Monthly	Each certified organization's CEO 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.
Intracycle Event	Intracycle conference call scheduled with your organization and Disease-Specific Care reviewer 12 months after initial onsite review.	<ul style="list-style-type: none"> Performance measure data that was collected monthly should be submitted on-line via your secure-extranet site. Quarterly data submission required for Primary Stroke Center certification and Advanced DSC certification in Heart Failure. Formally submit CMIP tool and participate in intracycle conference call with reviewer. Discuss the results of your organization's performance measurement (monthly data), your analysis of your performance (PM Data Report), and your organization's ongoing approach to performance improvement (PI Plan) during intracycle conference call.
Ongoing	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. See certification manual for policy on significant organizational changes.
9 months before the due date of your next review	Notification via email that the Application for Certification is due for an update in preparation for the next unannounced on-site review. All recertification reviews will be unannounced with a 7 business day notice.	Complete and submit electronic application for recertification

