The Basics: Getting Started on Disease-Specific Care Certification

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Today’s Objectives

- Define the main components of Disease-Specific Care Certification
- Provide tips on assessing readiness and preparation timelines
- Discuss how and when to apply
- Q & A Session
Core Program Components

- Standards
- Clinical Practice Guidelines
- Performance Measures
1. Determine Your Eligibility

A disease, condition or procedure-based program that:

- Is provided by a Joint Commission accredited organization (any setting is eligible)
- 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

- Comprehensive Certification Manual for Disease-Specific Care
  - Front half of manual is general standards for most programs (all chapters through “DSPM”)
  - Most programs start from the same set of standards
  - Manual also contains specific standards for Advanced certification programs.

- Palliative Care, Perinatal Care, and Comprehensive Cardiac Care have their own, unique standards manuals
2. Review the Standards

Appendices in the back for “advanced” programs:
- Acute Stroke Ready
- Chronic Kidney Disease
- COPD (outpatient-based)
- Comprehensive Stroke
- Heart Failure
- Diabetes (Inpatient)
- Lung Volume Reduction Surgery
- Primary Stroke
- Total Hip and Total Knee Replacement
- Ventricular Assist Device
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

Standards, and Elements of Performance

Standard DSPR.1
The program defines its leadership roles.

Elements of Performance for DSPR.1
1. The program identifies members of its leadership team.
2. The program defines the accountability of its leader(s).
3. The program leader(s) guides the program in meeting the mission, goals, and objectives.
4. The program leader(s) identifies, in writing, the composition of the interdisciplinary team.
5. The program leader(s) participates in designing, implementing, and evaluating care, treatment, and services.
6. The program leader(s) provides for the uniform performance of care, treatment, and services.
7. The program leader(s) makes certain that practitioners practice within the scope of their licensure, certification, training, and current competency.
Advanced Program Certification

Standards, Elements of Performance, and Scoring

Standard DS-PR.1
The program defines its leadership roles.

Elements of Performance for DS-PR.1

1. The program identifies members of its leadership team.

   **Requirement Specific to Total Hip and Total Knee Replacement**
   
   a. The organization identifies a medical director for the total hip and total knee program.

   **Note:** The medical director for the program must have experience in the care of patients undergoing total hip and total knee replacements in order to provide clinical guidance and administrative leadership to the program.

2. The program defines the accountability of its leader(s).

3. The program leader(s) guides the program in meeting the mission, goals, and objectives.

   **Requirement Specific to Total Hip and Total Knee Replacement**
   
   a. The program leader(s) collaborates with community health care settings and providers to support the continuum of care and patient outcomes.
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

- If your hospital has other certifications, talk to those team leaders, and look at how they organized the program information.
5. Determine Your Performance Measures

- Primary Stroke, Comprehensive Stroke, Advanced Certification in Heart Failure, Palliative Care and Perinatal Care have standardized measures.


- Standardized measures have Specifications Manuals on the Joint Commission web site.
5. Determine Your Performance Measures

- All other programs must choose measures to track over time
- Four process or outcome measures to monitor on an ongoing basis
- At least two of the measures must be clinical
- Up to two measures can be non-clinical, administrative, utilization, financial, patient satisfaction, etc.
5. Determine Your Performance Measures

- Review the overall performance improvement goals and activities of your program.
- Look for measurable characteristics of the performance improvement plans and projects.
- Determine how to define the data you need and how to collect it consistently.
- Start collecting data ahead of time.
- Four months of data must be collected and available 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 or certification@jointcommission.org

- Standards Interpretation Group answers questions about how individual standards are applied
  - 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 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 one of your program’s performance improvement activities
  - Names and descriptions of the performance measures
  - A preferred month you would like the on-site review to take place (“Ready Date”)
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

- Celebrate!
10. Follow-Up Activities

- Any deficiencies will be discussed at the end of the review
- Findings displayed on the SAFER Matrix™
- Sixty days to submit evidence of standards compliance (ESC)
### Immediate Threat to Life

A threat that represents immediate risk or may potentially have serious adverse effects on the health of the patient, resident, or individual served.

<table>
<thead>
<tr>
<th>Likelihood to Harm a Patient/Staff/Visitor</th>
<th>Scope</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIGH (harm could happen at any time)</td>
<td>LIMITED</td>
</tr>
<tr>
<td>MODERATE (harm could happen occasionally)</td>
<td>PATTERN</td>
</tr>
<tr>
<td>LOW (harm could happen, but would be rare)</td>
<td>WIDESPREAD</td>
</tr>
</tbody>
</table>

- **LIMITED**: Unique occurrence that is not representative of routine/regular practice.
- **PATTERN**: Multiple occurrences with potential to impact few/some patients, visitors, staff and/or settings.
- **WIDESPREAD**: Multiple occurrences with potential to impact most/all patients, visitors, staff and/or settings.

The Joint Commission’s Survey Analysis for Evaluating Risk (SAFER) Matrix™

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11. Advertise Your Achievement
Questions?
Upcoming “Basics” Webinars

PART 2: Most Frequently Cited Disease-Specific Standards
May 24, 2017

PART 3: Clinical Practice Guidelines and Performance Measures
June 21, 2017

www.jointcommission.org/DSC
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