



The Joint Commission




Joint Commission Certification

The Roadmap to Achieving Excellence, Part 1

January 23, 2020

Beyond Accreditation

Achieving Joint Commission accreditation is just the beginning, organizations have the opportunity to further improve outcomes for their patients through certification programs

The image features three vertical bars of increasing height from left to right, located in the bottom right corner. The bars are outlined in a light blue color against the dark blue background.

Why Achieve the Gold Seal for Certification?

For more than 60 years, the name “Joint Commission” has been synonymous with unparalleled quality, safety and performance improvement. No other “seal of approval” is as widely recognized by peers, payers, insurers and the public as the **Joint Commission’s Gold seal of Approval®**. Earning this accolade means that our accredited and certified health care organizations are among the top in their marketplaces.



Accreditation vs. Certification

Accreditation Surveys

- Organization-wide evaluation of care processes and functions

Certification Reviews

- Product or service-specific evaluation of care and outcomes



Collaborate with a Premier Certifying Body

Trusted by over 21,000 organizations/programs nationwide



The Joint Commission is the oldest and largest accrediting and certifying body setting the standard for safe, high-quality health care nationally and internationally.

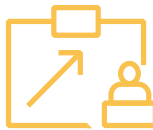


Certification for your organization:

- Provide standardization of patient care across an organization with multiple sites/locations
- Provide an objective assessment of clinical excellence
- Assist in growing specific clinical product lines
- Provide leading practices to improve programs
- Help improve your patient outcomes
- Create a loyal, cohesive clinical team
- Promote achievement to your marketplace

Achieve Joint Commission Certification

Pathways to excellence in patient care for your organization



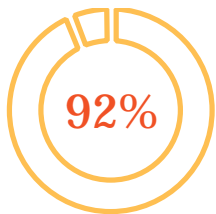
Show your commitment to:

- Continuous performance improvement
- High-quality patient care
- Reduced risk of harm



General eligibility:

- A formal interdisciplinary program structure
- Utilization of evidence-based clinical practice guidelines
- A formal approach to collecting, analyzing and interpreting performance measures



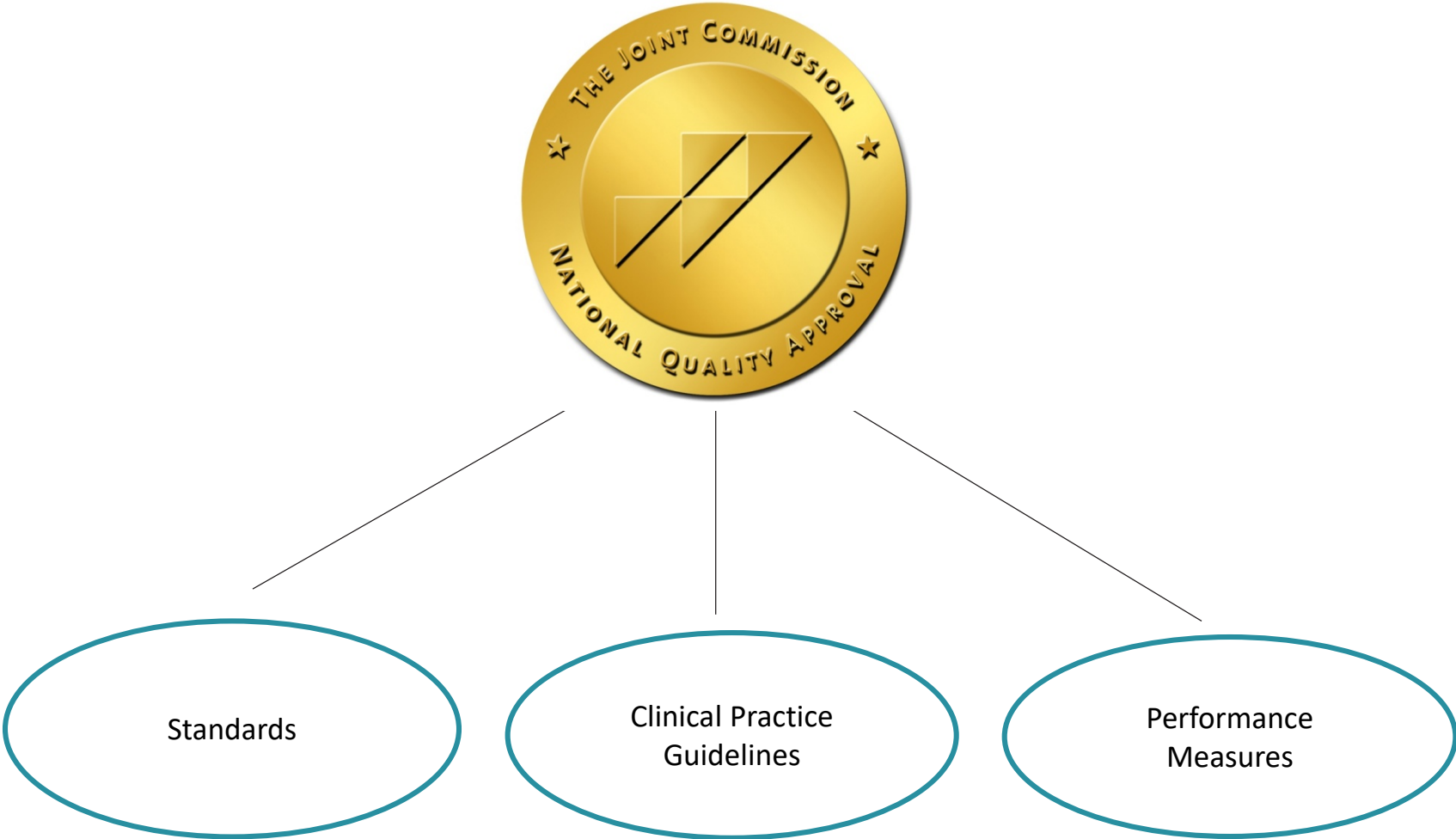
92% of our customers tell us Joint Commission certification directly impacts the safety and quality of their patient outcomes. *

* Value of Certification Survey, February 2016

The Steps to Successful Certification



Core Program Components



1. Determine Your Eligibility

A disease, condition or procedure-based program that:

- Is provided by a Joint Commission accredited organization (any setting is eligible)
 - A couple of exceptions to the accreditation pre-requisite
- 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



2. Review the Standards

Comprehensive Certification Manual for Disease-Specific Care

- Most programs start from the same set of standards
 - Core standards cover oncology, rehabilitation, wound care and other categories
 - Advanced standards
- Palliative Care, Perinatal Care, and Comprehensive Cardiac Care have their own, unique standards manuals

2. Review the Standards

Each advanced program has an appendix in the standards manual:

- All Stroke options (ASRH, PSC, TSC, CSC)
- COPD (outpatient-based)
- Advanced Certification in Heart Failure
- Heart Attack (Acute and Primary)
- Diabetes (Inpatient)
- Total Hip and Total Knee Replacement
- Ventricular Assist Device

2. Review the Standards

Disease-Specific Care Core Standards

Print Chapter Related Links Expand All ↑ C




Standard Label	Standard Text	Ac
DSPR.1	The program defines its leadership roles.	

Standard Introduction and Rationale

Nbr	Elements of Performance (EPs)	CMS	New	FSA	DOC
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.				

2. Review the Standards

Advanced Certification Standards

		Print Chapter Related Links Expand All Collapse All				
Standard Label	Standard Text	Actions				
DSPR.1	The program defines its leadership roles.	  				
Standard Introduction and Rationale						
Nbr	Elements of Performance (EPs)	CMS	New	FSA	DOC	ESP
1	<p>The program identifies members of its leadership team.</p> <p>Requirement Specific to Primary Stroke Center Certification a. The organization appoints a primary stroke center (PSC) medical director. Note: A PSC medical director does not have to be board certified in neurology or neurosurgery but must have sufficient knowledge of cerebrovascular disease to provide administrative leadership, clinical guidance, and input to the stroke program.</p>					
2	<p>The program defines the accountability of its leader(s).</p> <p>Requirement Specific to Primary Stroke Center Certification a. Written documentation shows support of the primary stroke center by hospital or health system administration.</p>				ⓓ	
3	The program leader(s) guides the program in meeting the mission, goals, and objectives.					

3. Review Clinical Practice Guidelines

Patient care must be based on **guidelines / evidence-based practice**

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

- Published document that is use to develop the order sets/ care paths/ policies/ protocols
- Demonstrate discussion and adoption by team

Research with national associations and peer-reviewed publications.

Are you functioning as a program with the most recent clinical standards in your field?

3. Review Clinical Practice Guidelines

The on-site review validates:

- Rationale for selection / modification
- Implementation of guidelines
- Monitoring & improving adherence

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.

4. Conduct a Self-Assessment

Contact the Standards Interpretation Group:

www.jointcommission.org “Ask a Standards Question”

Submit Performance Measure questions to <http://manual.jointcommission.org>

5. Determine Your Performance Measures

Standardized measure sets are used for

- All stroke programs
- Advanced Certification in Heart Failure
- Heart Attack
- Palliative Care
- Perinatal Care
- Advanced Total Hip and Knee Replacement

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.

Define your measures at the time you apply for certification

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

- Who, What, Where and When

5. Determine Your Performance Measures

Start collecting data ahead of time

Four months of data must be collected and available by the time of the on-site review

No data is required in the application step

5. Determine Your Performance Measures

What Makes a Good Performance Measure?

Results can be used for improvement

Relates to current medical evidence

Defined specifications

Data collection is consistent and logical

6. Use Resources from The Joint Commission



Loren Salter
lsalter@jointcommission.org
630-792-5143

David Eickemeyer
deickemeyer@jointcommission.org
630-792-5697

certification@jointcommission.org

Zach George
zgeorge@jointcommission.org
630-792-5169

Lindsay Parker
lparker@jointcommission.org
630-792-5111

7. Start the Application Process

Think ahead – when would you be ready to have The Joint Commission walk in the door?

- This is your Readiness Date

Contact Business Development to start the application about 5-6 months before that date.

- Actual date of review is negotiated with you.
- Application stays valid for 12 months.



7. Start the Application Process

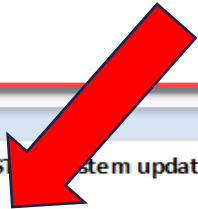


Notification of Scheduled Events
As of Wednesday, February 14, 2018 no events were available for viewing. Please note that unannounced events are viewable by 7:30 AM on the day of the event.

This is the section of your secure extranet that displays information regarding Joint Commission activity at your organization. For more details, please see your [Schedule Information](#).

Favorite Apps [Edit](#)
No Favorite Applications Selected

The ICM/FSA application will be unavailable on Thursday, February 15th from 7:00 p.m. - 9:00 p.m. CST for system updates.



> Accreditation Certification

What's Due

Application	Description	Due Date	Overdue
Launch	Office of Quality and Patient Safety Incident		

Official Documents Posted in Last 30 days
No Documents Posted within the Last 30 Days

- Important Updates**
- Joint Commission For-Cause Surveys
 - Suicide Prevention in Health Care Settings: E...
 - Mid-year survey experience: Elimination of OF...
 - Revised Swing Bed Crosswalks
 - Swift Home Care standards changes for Demand

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
- Seven questions about your program’s performance improvement activities (the “PI Plan”)
- Names and descriptions of the performance measures (for non-standardized measures)
- A preferred month you would like the on-site review to take place (“Readiness Date”)
- We have templates that can help you organize the guidelines, measures and PI Plan information
- No performance measurement data is required at this step

7. Start the Application Process

Hit “**Submit Application**”

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

- Note-taker
- Medical record expert

Assemble at least four months of data on your measures

9. The Day of the Review

Opening conference

Patient tracers

- Engaging all types of practitioners

Data discussion / Performance Improvement

Review of credentialing and competency

Preliminary report of findings

Educational Opportunities

Usually one day per program

9. The Day of the Review Joint Commission Reviewers

Our reviewers are subject-matter experts in the program being reviewed and provide enormous value for your organization:



Provide leading practices to improve/grow the programs they are reviewing



Conduct educationally focused reviews



Lead a collaborative engagement that helps to increase staff awareness and education



Inspire staff to improve the quality of patient care

10. Follow-Up Activities

Any deficiencies will be discussed at the end of the review

Findings displayed on the SAFER Matrix™

- Helps you understand where systemic, high-risk issues were identified

Sixty day follow-up for all Requirements for Improvement

- Submit evidence of standards compliance (ESC)

11. Advertise Your Achievement



Upcoming “Basics” Webinars

PART 2: Understanding and Choosing Clinical Practice Guidelines and Performance Measures

February 11, 2020

PART 3: Most Frequently Cited Disease-Specific Standards

May 12, 2020

Questions?



The Joint Commission Disclaimer

These slides are current as of 1/15/20. 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.