

A background image showing a group of healthcare professionals in a clinical setting. In the foreground, a woman in a white lab coat with a stethoscope around her neck is smiling and looking towards a man in a grey suit and tie who is also smiling. Other people are visible in the background, slightly out of focus.

Joint Commission Certification

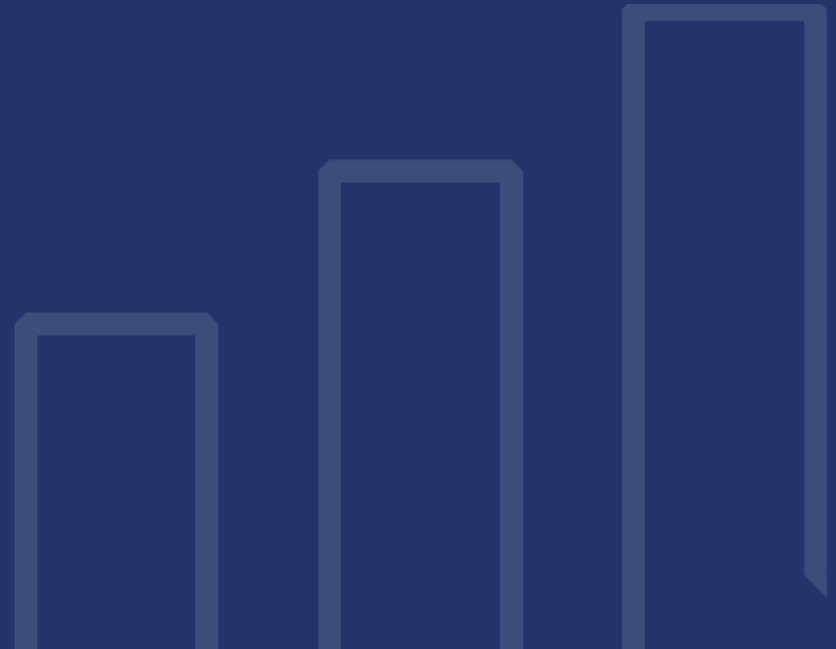
Roadmap for Achieving Certification: Tackling the Most Frequently Cited Certification Standards

May 12, 2020

Today's Agenda

- The top ten cited standards from 2019.
- Reasons why certain standards are cited more frequently.
- Tips to help you prepare, and decrease the chance of being cited on these standards

The Top Ten



Most Frequently Cited Standards for 2019

- 1. The program is implemented through the use of Clinical Practice Guidelines (CPG's) selected to meet the patient's needs (DSDF.3)**
- 2. The program initiates, maintains, and makes accessible a health or medical record for every patient (DSCT. 5)**
- 3. The program develops a standardized process originating in CPG's or evidence-based practice to deliver or facilitate the delivery of clinical care (DSDF.2)**
- 4. The program addresses the patient's education need's (DSSE.3)**
- 5. Practitioners are qualified and competent (DSDF.1)**

Most Frequently Cited Standards for 2019

- 6. The program defines its leadership roles. (DSPR.1)**
- 7. The program determines the care, treatment, and services it provides. (DSPR. 5)**
- 8. The program evaluates patient satisfaction with the quality of care. (DSPM.5)**
- 9. The program develops a plan of care that is based on the patient's assessed needs (DSDF.4)**
- 10. The program involves patients in making decisions about managing their disease or condition.
(DSSE.1)**

How Frequently Cited in 2019

- DSDF.3 – 50% (+2%)
- DSCT.5 – 33% (+8%)
- DSDF.2 – 22% (--)
- DSSE.3 – 19% (-1%)
- DSDF.1 – 15% (-3%)

Three of top five are in Delivering and Facilitating Care (DSDF) chapter

Four of top ten are in DSDF chapter

Reasons Why



Delivering or Facilitating Clinical Care -DSDF.3

Standard: The program is implemented through the use of clinical practice guidelines selected to meet the patient's needs.

Elements of Performance for this standard:

- The program establishes an interdisciplinary team based on the patient's assessed needs and direction from clinical practice guidelines.
- The assessment(s) and reassessment(s) are completed according to the patient's needs and clinical practice guidelines.
- The program implements care, treatment and services based on the patient's assessed needs.

What the reviewers found for DSDF.3

- Inconsistency of establishing an interdisciplinary team based on patient's assessed needs
- Not following order set / policies / protocols concerning:
 - Vital signs
 - Neuro-checks
 - Neuro-vascular checks
 - Incentive spirometry
 - Pain assessment / management
 - Pre-operative clearance
 - MD not contacted for changes in vital signs / neuro-status / cardiac rhythm as ordered

Clinical Information Management –DSCT.5

Standard: The program initiates, maintains, and makes accessible a medical record for every patient.

Elements of Performance for this standard:

- All relevant practitioners have access to patient information as needed.
- The medical record contains sufficient information to identify the patient.
- The medical record contains sufficient information to support the diagnosis
- The medical record contains sufficient information to justify the care, treatment, and services provided.

Clinical Information Management –DSCT.5 (cont.)

Standard: The program initiates, maintains, and makes accessible a medical record for every patient.

Elements of Performance for this standard:

- The medical record contains sufficient information to document the course and results of care, treatment, and services.
- The medical record contains sufficient information to facilitate continuity of care.
- The program reviews its medical records for completeness and accuracy.

What the reviewers found for DSCT.5

Missing documents and documentation in patients' medical records:

- Consents for treatment missing or incomplete
- Incomplete H&P; unclear date of most recent H&P
- Advanced directives
- Start / end time of specific assessments and therapies

Practitioners do not have access to other departments notes, i.e. case management / procedure labs / pre-op class attendance

Order sets not initiated

Delivering or Facilitating Clinical Care -DSDF.2

- **Standard:** The program develops a standardized process originating in clinical practice guidelines (CPGs) or evidence-based practice to deliver or facilitate the delivery of clinical care.
- **Elements of Performance** for this standard:
 - The selected clinical practice guidelines are evaluated for their relevance to the target population.
 - The selected clinical practice guidelines are based on evidence that is determined to be current by the clinical leaders.
 - The program leader(s) and practitioners review and approve clinical practice guidelines prior to implementation. (Documented)

Delivering or Facilitating Clinical Care -DSDF.2 (cont.)

- **Standard:** The program develops a standardized process originating in clinical practice guidelines (CPGs) or evidence-based practice to deliver or facilitate the delivery of clinical care.
- **Elements of Performance** for this standard:
 - Practitioners are educated about clinical practice guidelines and their use.
 - The program demonstrates evidence that it is following the clinical practice guidelines when providing care, treatment, and services.
 - The program implements modifications to clinical practice guidelines based on current evidenced-based practice.

What the reviewers found for DSDF.2

- CPGs not specific to all patient populations served (admitting diagnosis and comorbidities)
- Lack of written protocols for all aspects of care covered by the CPGs
- CPGs not reviewed or approved by program lead(s) and practitioners
- CPGs not current and/or not reviewed to identify if current
- Practitioners not educated about CPGs or their use

What the reviewers found for DSDF.2

- No process to ensure current CPGs are being used in, implemented in or to update order sets / protocols / policies
- Standardized order sets non-existent
- Order sets not being used when available
- Order sets / protocols / policies not being followed as written
- Modifications of CPGs not supported by evidence-based practice

Supporting Self-Management –DSSE.3

- **Standard:** The program addresses the patient’s education needs.
- **Elements of Performance** for this standard:
 - The program’s education materials comply with recommended elements of care, treatment, and services which are supported by literature and promoted through clinical practice guidelines and evidence-based practice. (documented)
 - The program presents content in an understandable manner according to the patient’s level of literacy.
 - The program presents content in a manner that is culturally sensitive

Supporting Self-Management –DSSE.3 (cont.)

- **Standard:** The program addresses the patient's education needs.
- **Elements of Performance** for this standard:
 - The program makes initial and ongoing assessments of the patient's comprehension of program-specific information.
 - The program addresses the education needs of the patient regarding his or her disease or condition and care, treatment, and services.

What the reviewers found for DSSE.3

- Lack of signed consent forms for treatment
- No documentation of discussion with patient / family member about treatment options
- No documented initial and ongoing assessment of patient's comprehension of program-specific information
- Lack of discussion of lifestyle changes

What the reviewers found for DSSE.3

- Patient education:
 - Education material not having appropriate health literacy level
 - Education booklets given to patient / caregiver not individualized to reflect patient needs / condition
 - Lack of education on current diagnosis and/or co-morbid conditions
 - Patient-specific risk factors for specific disease states not identified
 - No discussion of resources available for patient or care giver
 - Medication reconciliation documents not containing complete information

Delivering or Facilitating Clinical Care -DSDF.1

- **Standard:** Practitioners are qualified and competent.
- **Elements of Performance** for this standard:
 - Practitioners have education, experience, training, and/or certification consistent with the program's scope of services, goals and objectives, and the care provided. (documented)
 - The program verifies each practitioner's licensure using a primary source verification process upon hire and at licensure expiration. (documented)
 - The program assesses practitioner competency at time of hire. This assessment is documented. (documented)

Delivering or Facilitating Clinical Care -DSDF.1 (cont.)

- **Standard:** Practitioners are qualified and competent.
- **Elements of Performance** for this standard:
 - Orientation provides information and necessary training pertinent to the practitioner's responsibilities. Completion of the orientation is documented. (documented)
 - The program assesses practitioner competence on an ongoing basis. This assessment is documented. (documented)
 - The program identifies and responds to each practitioner's program-specific learning needs.
 - Ongoing in-service and other education and training activities are relevant to the program's scope of services.

What the reviewers found for DSDF.1

- Incomplete credentialing / privileging for procedures performed and/or treatment provided
- Lack of competencies validated for specific job requirements, initially and ongoing
- Lack of primary source verification / expired licensure / certifications
- Lack of consistency of following hospital and/or program policies
- Lack of process to identify and educate health care members not completing expected orientation / education

Tips to Avoid Common Issues



Preparation

- Disease-Specific Care standards as a self-assessment tool
- Assigning team members specific responsibilities
- Standards of Care demonstrated in order sets / policies / protocols
- Process to monitor following of order sets / policies / protocols
- Sharing of rationale for following standards of care
 - Patient safety / decreasing risk of adverse events occurring

Medical Record Review

- Completeness?
- Are program-specific order sets / protocols / policies being used? If not, why not?
- Is patient care following the order sets / protocols / policies?
- Are patients being assessed for education needs/ discharge needs?
- Education provided based on assessed individualized needs?
- Is medication reconciliation complete and accurate?

Remember: If it was not documented in the medical record – it did not occur

Medical Record Review

- How often do you audit a sample of your program's medical records?
- Pick a regular process and timeframe for random record audits.
- Keep track of missing information. Are you seeing any patterns?
- Information from record audits can be used to assess staff training needs.

Clinical Practice Guidelines

- Discussion and approval of CPGs documented
- Process to review and update CPGs being used
- Process to update all protocols / order sets / policies with most current CPGs
- Education of **ALL** department staff / practitioners involved in caring for the patient including MDs that admit as well as provide consultative services

Human Resources (MD and other staff members)

- Orientation
- Education offerings completed (will look back at least one year)
- Current licensures / certifications
- Competencies for requirements in job descriptions
- Completeness of credentialing / privileging including procedures performing / treatment providing

Staff Education

- What's included in orientation / onboarding of new staff
- Order sets / protocols / policies available
- Covering specific topics outlined in the standards and elements of performance, if applicable
- Develop timeline for ongoing education
- Process to determine if all staff received / completed expected education and if not, how will education be accomplished

For More Help

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