Advanced Certification: Heart Failure

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OUTLINE

Program background and requirements associated with Advanced Certification for Heart Failure (ACHF)

Certification Measure Improvement Process (CMIP) and indicators

Key aspects of the review process

Steps for preparing an initial or recertification

Questions
ACHF Program Background

- ACHF program is based on the 2013 ACCF/AHA Guideline the Management of Heart Failure: Executive Summary: A Report of the American College of Cardiology Foundation/ American Heart Association Task Force on Practice Guidelines supplemented by the 2016 AHA focused update on new pharmacological therapy for heart failure.

- Clinical practice guidelines include recommendations for heart failure care across settings related to assessment, monitoring, management, and performance improvement.

- The ACHF evaluation focus is on patient care in the inpatient setting as well as a thorough assessment of the coordination of care, including transition to outpatient heart failure care providers.
Requesting an Application for Certification

The Joint Commission (TJC) secure extranet access to the electronic application (E-App)

- Contact TJC Business Development office for information and assistance completing application 630-792-5291
  - Describe the DSC program seeking certification
  - Include identification of preferred review dates
  - Identify standardized performance measures and describe a performance improvement plan
  - Identify current clinical practice guidelines used by the program
  - For advanced programs, attest to eligibility requirements
Certification Requirements Associated with ACHF

General Eligibility Requirements

- Program is in the US, operated by the US government, or operated under a charter of the US Congress.
- The DSC program is provided within a TJC accredited organization when the organization is eligible for accreditation.
- DSC certification is awarded at a site level.
- The DSC program must have served a minimum number of patients at the time it submits its Joint Commission application; 10 heart failure patients served.
Certification Requirements Associated with ACHF

General Eligibility Requirements (CONTINUED)

- The program uses a standardized method of delivering clinical care based on clinical practice guidelines and/or evidence based practice.

- The program uses performance measurement to improve its performance over time. Four months of performance measure data must be available at the time of initial certification on-site review.
Certification Requirements Associated with ACHF

- Eligibility specific to ACHF
  - Established inpatient heart failure clinical treatment program
  - Provide ambulatory care services either through a hospital based and hospital-owned heart failure clinic OR a collaborative relationship with one or more cardiology practices
Certification Requirements Associated with ACHF

Clinical Practice Guidelines (CPG’s) Requirements

- The program must follow the 2013 ACCF/AHA Guideline the Management of Heart Failure: Executive Summary: A Report of the American College of Cardiology Foundation/American Heart Association Task Force on Practice Guidelines supplemented by the 2016 AHA focused update on new pharmacological therapy for heart failure.
  - 2017 ACCF/AHA Guideline the Management of Heart Failure
Certification Requirements Associated with ACHF

Both the core DSC standards and advanced program requirements appear in the Comprehensive Certification Manual for DSC Advanced Programs as well as the “Advanced Disease Specific Care” section of the E-dition.

- Standard (requirement)- is a statement that defines performance expectations, structures or processes that must be substantially in place to enhance care.
Certification Requirements Associated with ACHF

Elements of performance (EP’s)

- EP’s- Statements that detail the specific performance expectations and/or structures or processes that must be in place in order for an organization to provide high-quality care, treatment, and services.

  - EP’s are scored and placed within the Survey Analysis for Evaluating Risk (SAFER matrix) and determine a program’s overall compliance with a standard
Certification Requirements Associated with ACHF

Performance Measure Requirements

- Performance measure - is an indication of an organizations or services performance in relation to a specified process or outcome

- 6 mandatory inpatient ACHF measures and 7 optional outpatient measures
  - Precisely defined specifications
  - Standardized data collection protocols
  - Meet established evaluation criteria and can be uniformly adopted for use
Certification Requirements Associated with ACHF

Documentation icons Ⓞ

- Used to indicate when written documentation is needed to demonstrate compliance.
- Focus is on performance and implementation rather than documentation.
- The Ⓞ icon is used to identify data collection and documentation requirements that are in addition to information found in the medical record.
  - The Ⓞ icon is applied for EP’s that require a policy, bylaws, a license, evidence of testing, data, performance improvement (PI) reports, and meeting minutes. Documentation can be on paper or in an electronic format.
Certification Requirements Associated with ACHF

Documentation Examples:

- Program leaders identify goals and sets priorities for improvement in a PI plan (DSPM.1)
- Program verifies each practitioner’s licensure using a primary source verification process upon hire and at licensure expiration (DSDF.1)
Mandatory Standardized Performance Measures for ACHF

TJC uses 2 methodologies for performance Measurement for DSC Programs: standardized or non standardized measures

- **ACHF-01** = Beta-Blocker Therapy at Discharge
- **ACHF-02** = Post-Discharge Appointment for Heart Failure Patients
- **ACHF-03** = Care Transition Record Transmitted
- **ACHF-04** = Discussion of Advance Directives/Advanced Care Planning
- **ACHF-05** = Advance Directive Executed
- **ACHF-06** = Post-Discharge Evaluation for Heart Failure Patients
Optional Standardized Performance Measures for ACHF

- **ACHFOP-01** = Hospital Outpatient Beta-Blocker Therapy Prescribed for LVSD
- **ACHFOP-02** = Hospital Outpatient ACEI or ARB Prescribed for LVSD
- **ACHFOP-03** = Hospital Outpatient Aldosterone Receptor Antagonist for LVSD
- **ACHFOP-04** = Hospital Outpatient NYHA Classification Assessment
- **ACHFOP-05** = Hospital Outpatient Activity Recommendations
- **ACHFOP-06** = Hospital Outpatient Discussion of Advance Directives /Advanced Care Planning
- **ACHFOP-07** = Hospital Outpatient Advance Directive Executed
Certification Measurement Improvement Process (CMIP)

- AHF Performance Improvement Plan
- CMIP- reporting of standardized measure data to TJC via CMIP or through a Joint Commission listed vendor
- Monthly data points submitted on a quarterly basis for each measure
- Data to be received at TJC no later than 4 months following the end of the calendar quarter
- Clinical Practice Guidelines
  - 2013 ACCF/AHA Guideline the Management of Heart Failure: Executive Summary: A Report of the American College of Cardiology Foundation/American Heart Association Task Force on Practice Guidelines supplemented by the 2016 AHA focused update on new pharmacological therapy for heart failure
ACHF Standards

2017 Comprehensive Certification Manual for Disease Specific Care- ACHF

- Certification Participation Requirements (CPR) and 5 Core DSC Standards
ACHF Standards

CPR - Certification Participation Requirements

- The organization allows TJC to review the results of external evaluations from publicly recognized bodies, reports any changes in the information provided in the application for certification and any changes made between reviews, permits the performance of a review at TJC discretion, collects standardized performance measurement data monthly, submits performance measurement data to TJC at least quarterly, notifies the public it serves about how to contact its organization management and TJC to report concerns about patient safety and quality care, accurately represents its certification status and the facilities and services to which TJC certification applies.
ACHF Standards

CPR Certification Participation Requirements

- Applicants and certified organizations do not use TJC employees to provide certification-related consulting services, the organization accepts the presence of TJC reviewer management staff or a Board of Commissioners member in the role of observer of an on-sire review, any individual who provides care, treatment, and services can report concerns about safety or the quality of care to TJC without retaliatory action from the organization, submits information to TJC as required, truthful and accurate when describing information in its Quality Report to the public, the DSC program is part of a currently Joint Commission accredited organization and the DSC program provides care, treatment, services, and an environment that pose no risk of an “Immediate Threat to Life” or ITL situation
ACHF Core Standards

DSPR - Program Management

- Designing, implementing and evaluating the program, offering a relevant program for patients, providing safe and adequate access to care, conducting the program in an ethical manner, supplying reference resources to practitioners, and offering the program in safe and accessible facilities
ACHF Core Standards

DSDF - 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 patients’ needs, managing comorbidities and concurrently occurring conditions, initiating discharge planning and facilitating subsequent care, treatment, and services.
ACHF Core Standards

- DSSE - Supporting Self Management

- Assessing patients’ self-management capabilities, providing support for patient in self-management activities, involving patients in developing the plan of care, educating patients in the theory and skills necessary to manage their disease(s), recognizing and supporting self-management efforts
ACHF Core Standards

DSCT - Clinical Information Management

- Proactively gathering and sharing information across the continuum to coordinate care across settings and over time, providing easy access to patient-related information, preserving confidentiality of patient information, maintaining data quality and integrity, integrating and interpreting data from various sources, using aggregate data to support the program’s information needs and direction setting
ACHF Core Standards

DSPM – Performance Measurement

- Having an organized, comprehensive approach to performance improvement, developing a performance improvement plan, 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’ perception of the quality of care, maintaining data quality and integrity
Top Ten Most Commonly Scored ACHF Standards

- 25% - DSDF.3
  - Each encounter; volume status & vital signs (Weight, JVP, edema, orthopnea)
  - Patient is re-evaluated or arrangements made within 72 hours of discharge

- 16% - DSDF.2
  - Current and evidence based CPG’s

- 12.5% - DSDF.1
  - Program supports practitioner continuing education or certification
Top Ten Most Commonly Scored ACHF Standards

9% - DSPM.5
- Program evaluates patient satisfaction with quality of care

6% - DSDF.4
- Individualized care plans

6% - DSDF.6
- Scheduling follow-up appointments to occur within 7 days after discharge
Top Ten Most Commonly Scored ACHF Standards

- **6% - DSPM.2**
  - The program maintains data quality and integrity (timely, accurate, complete, and relevant to the program)

- **6% - DSPM.3**
  - Performance measures are based on professionally developed CPG’s with the goal of improving quality of care for heart failure patients

- **6% - DSPR.1**
  - The program establishes an interdisciplinary team to collaborate care; documents roles & responsibilities
Top Ten Most Commonly Scored ACHF Standards

6% - DSSE.3
- Patient Education; recommended elements
Suggestions for Successfully Achieving Continuous Compliance with Certification Standards

- Use checklists to evaluate compliance for each standard
- Take note of any standard you need assistance with and make an action plan to achieve compliance
- Use the DSC manual to perform a mock review
- Turn standards into power point presentations, handouts, study aids, or other educational materials. Rewrite as quizzes, tests, or worksheets to determine staff understanding
Suggestions for Successfully Achieving Continuous Compliance with Certification Standards

- Create an online TJC electronic bulletin board on your internal website
  - Use an online discussion board to help staff recognize existing compliance processes and to integrate new processes into everyday work

- TJC Standards Interpretation Group (SIG) is available to help online
  - [https://www.jointcommission.org/standards_information.jcfaq.aspx](https://www.jointcommission.org/standards_information.jcfaq.aspx)
  - Standards Online question form on the FAQ page or via your Joint Commission Connect extranet site
Key Aspects of the Review Process

- Initial Reviews - 30 day notice
- Recertification - 7 business day notice
  - Letter of introduction, agenda, bio sketch and picture of reviewer by 7:30am on morning of review
Key Aspects of the Review Process

One Day Review Agenda:

- 8:00-9:00  Opening Conference & Orientation to program
- 9:00-9:30  Reviewer Planning Session
- 9:30-12:30  Individual Tracer Activity
- 12:30-1:00  Lunch
- 1:00-2:00  System Tracer- Data Use
- 2:00-3:00  Competence Assessment/Credentialing Process
- 3:00-4:00  Issue Resolution & Reviewer Report preparation
- 4:00-4:30  Program Exit Conference
What is SAFER™?

The Survey Analysis for Evaluating Risk™ (SAFER™) is a transformative approach for identifying and communicating risk levels associated with deficiencies cited during surveys. The additional information related to risk provided by the SAFER Matrix helps organizations prioritize and focus corrective actions.

The SAFER Matrix™ provides one, comprehensive visual representation of survey findings in which all Requirements for Improvement (RFIs) are plotted on the SAFER matrix™ according to the likelihood of the issue to cause harm to patients, staff or visitors, in addition to how widespread the problem is, based on the surveyor’s observations.

The SAFER Matrix™ replaces the current scoring methodology, which is based on pre-determined categorizations of elements of performance (such as direct and indirect impact) – instead allowing surveyors to perform real-time, on-site evaluations of deficiencies. Placement of RFIs within the matrix will determine the level of detail required within each RFI’s Evidence of Standards Compliance follow-up.
The Joint Commission’s Survey Analysis for Evaluating Risk (SAFER) Matrix™

Immediate Threat to Life

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Preparing for Initial and Subsequent On-Site Reviews

- Prepare for days of the review with entire multidisciplinary team, hospital administration, quality dept., data analysts, hospital “aware”, human resources, medical staff office
- Review anticipated dates for review with team
- Review Agenda
- Identify personnel who will participate in all sessions of the review
- “Perspectives” monthly TJC newsletter—responsible for meeting all applicable requirements published
Intracycle Conference Call

- TJC will conduct an intracycle review, an off-site review of certification participation requirements and their performance measurement and improvement efforts 12 months after certification is awarded.

- Expected review questions:
  - Any changes in hospital ownership or program leadership
  - Changes in how you are approaching the program?
  - Changes in CPG’s
  - Any concerns with CMIP indicators/progress?
  - Any issues with data collection, abstraction, inter-rater reliability?
Intracycle Conference Call

- Outreach and community/EMS/patient education
- Assessment of/concerns with patient perception/satisfaction?
- Consultative areas of discussion
Thank you!
How to Learn More and Begin the Application Process

Contact the Joint Commission Business Development team

- Main number: 630-268-7400 - Mon-Fri, 8:30am-5:00pm CST
- Email: certification@jointcommission.org
- Website: https://www.jointcommission.org/achievementgoldseal.aspx

Associate Directors

- Provide current version of E-dition and Performance Measures
- Guide you through Requirements, Gap Analysis and Application process
QUESTIONS?