The Joint Commission
Community Based Palliative Care Certification: Lessons Learned

Presented by:

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Questions/Comments:
• Submit questions and comments via the Questions panel.

Note: Today’s presentation is being recorded and will be posted on the Joint Commission website.
Objectives

• Share various models used by Home Care organizations to provide community-based palliative care services.

• Highlight the eligibility criteria and critical standards in The Joint Commission Community Based Palliative Care (CBPC) Certification program.

• Provide an overview of the on-site CBPC Certification survey process.

• Discuss one organization’s experience in preparing for CBPC Certification, and the lessons learned during the survey process.
Program Design Options

Community-based Palliative Care

- Independent organization
- Provided along with HH care
- Separate service line of HH or Hospice
- Affiliated with a hospital or health system
- Affiliated with physician/practice
Payer sources

Types and range of payment models

- Payment per service
  - Fee for service (FFS)
  - FFS for performance with pay
  - Bundled payments or case rates
  - ACOs

- Global or fixed payment
  - Capitation or integrated delivery system
  - Grant funded programs

Medicare Advantage; Medicaid managed care; Insurance companies

CAPC Payer/Provider Toolkit:
https://www.capc.org/payers/palliative-care-payer-provider-toolkit/
Eligibility Requirements

- Home Health and/or Hospice organizations that elect to apply for CBPC Certification must meet the following:
  - All General Eligibility Requirements currently in the Home Care manual (ACC chapter)
  - All new CBPC Eligibility Requirements
Eligibility Requirements (cont'd.)

**New:** A Home Health or Hospice organization qualifies for Home Care Community Based Palliative Care Certification under the following conditions:

- Org is TJC Home Care accredited (HH and/or Hospice)
- Able to provide CBPC services 24/7 as needed
- Had 5 CBPC patients/last 12 months; 3 active on survey
- CBPC services provided in patient's residence
- Org utilizes clinical practice guidelines to provide CBPC services

https://www.jointcommission.org/accreditation/home_care_accreditation.aspx
Examples of Eligible Organizations

• HH and/or Hospice organization seeking initial accreditation may also include CBPC Certification in their initial survey

• HH and/or Hospice organization may include CBPC Certification in their triennial survey

• HH and/or Hospice accredited organization may choose to schedule a CBPC Certification Extension survey prior to their next triennial survey
Lessons learned:
Tips for Certification Success

If your organization is considering becoming certified in CBPC:

• Take time to build your program (if not already in place); organizations that have been providing CBPC services for at least 6-12 months or longer are more likely to do well on the survey.
• Review the eligibility criteria prior to applying
• Compare your program/policies to the Certification requirements to be sure you are in compliance
• Each organization’s CBPC program is different – that’s ok!
• When you apply, complete the CBPC Organization Self-Assessment tool, to be sure you are “ready” for the survey
CBPC Certification Standards

Chapters in the Home Care manual with CBPC Certification standards:

Accreditation Participation Requirements (APR)
Human Resources (HR)
Information Management (IM)
Leadership (LD)
Provision of Care (PC)
Performance Improvement (PI)
Record of Care (RC)
Rights and Responsibilities (RI)
For organizations that elect The Joint Commission Community-Based Palliative Care Certification option: The program’s core interdisciplinary team is comprised of the following:

- Physician(s) (doctor of medicine or osteopathy) who has specialized training in palliative care and/or hospice care; clinical experience in palliative medicine and/or hospice care; or is board-certified or board-eligible for certification in Hospice and Palliative Medicine

- Registered nurse(s) or advanced practice nurse(s) who has training in palliative care and/or hospice care; clinical experience in hospice or palliative care; or one who has, or is eligible for, palliative care certification

- Chaplain(s) who has training in palliative care and/or hospice care; experience in hospice or palliative care; or one who has or is eligible for board certification; or, a spiritual care professional(s)* who has training in palliative care and/or hospice care or experience in hospice or palliative care

Note: The program may choose to have a full- or part-time chaplain or spiritual care provider on staff; they may utilize a chaplain from another program within the organization, such as the hospital or hospice; or, they may utilize chaplains and/or spiritual care providers from other organizations in the local community, including parish nurses. The patient also has the right to involve his or her personal spiritual care provider (such as a pastor, priest, rabbi, or religious leader) rather than the program's chaplain.
HR.01.02.07, EP10 (cont'd)

- Social worker(s) who has training in palliative care and/or hospice care; experience in hospice or palliative care; or one who has, or is eligible for, palliative care certification

Note: The program may choose to have a full- or part-time social worker on staff; they may utilize a social worker from another program within the organization, such as the hospital or hospice; or, they may utilize social workers from other organizations in the community if they are available.

Critical Standards/EPs for CBPC

HR.01.02.01, EP27-29  Staff with PC education/experience
HR.01.02.07, EP12    IDT responsibilities in writing
HR.01.04.01, EP24    Staff orientation - content for PC
HR.01.06.01, EP27    Competency in providing PC
LD.04.03.03, EP34    Process to refer patients to hospice
LD.04.04.01, EP27    Written PI plan
LD.04.04.09, EP7     Use of CPGs
PC.01.01.01, EP49    Process to identify CBPC patients
PC.01.02.01, EPs46-52 Initial assessments by IDT members
RI.01.05.01, EP23    Advance care planning discussions
Deciding to pursue CBPC Certification

Organizations that decide to pursue CBPC Certification can do so in one of two ways:

- Complete the e-App to add CBPC at the time of your next on-site survey (one day will be added to the on-site survey)
- Complete the e-App for a one-day extension survey to be done between accreditation surveys
- Call your account executive for assistance
Resources

**Clinical Practice Guidelines:**
National Hospice and Palliative Care Organization (NHPCO), Standards of Practice for Pediatric Palliative Care and Hospice, 2010

**Article:**

**Professional Organizations:**
American Academy of Hospice and Palliative Medicine (AAHPM)  [www.aahpm.org](http://www.aahpm.org)
Center to Advance Palliative Care (CAPC)  [www.capc.org](http://www.capc.org)
Hospice and Palliative Nurses Association (HPNA)  [www.hpna.org](http://www.hpna.org)
National Hospice and Palliative Care Organization (NHPCO)  [www.nhpco.org](http://www.nhpco.org)

**CAPC Payer/Provider Toolkit:**

**Information about Joint Commission CBPC Certification for Home Care:**
[https://www.jointcommission.org/accreditation/home_care_accreditation.aspx](https://www.jointcommission.org/accreditation/home_care_accreditation.aspx)
Resources for CBPC quality measures

Websites:

http://aahpm.org/quality/measuring-what-matters


http://www.nhpco.org/performancemeasures

https://www.jointcommission.org/new_perf_measures_adv_certification_palliative_care/
Define Palliative Care Population

• Establish your CBPC patient eligibility criteria
• Acknowledge patients receiving CBPC services
• Ability to generate a patient list at the start of survey
Operations

- Program should be fully operational for at least 6 months to one year prior to survey
- Palliative Care Clinical Practice Guidelines (CPG) identified & utilized
- Identified staff who participate/provide palliative care services
- IDT established and core members are actively involved with care of designated CBPC patients
- 24/7 on call support available/functional
Staff Development

• Orientation to CBPC program
• Education about CPG
• Competency assessment of CBPC staff
• Considerations:
  • Designated team
  • All staff
• Documentation available for surveyor
CBPC Data requirements

- Data Elements identified
  - Four measures required
    - Two clinical measures
    - Two non clinical measures
- Four months of data history required (on initial CBPC survey)
  - Data collection
  - Data analysis
  - Improvements initiated
- Data available at time of survey
CBPC data

• Examples of non-clinical data to collect and monitor (use what you already collect!)
  • Referrals and admissions
  • Types and totals of visits
  • Diagnoses
  • Readmission rate
  • Number of ED visits, reason for visits
  • Patient/caregiver satisfaction
  • Number of patients transitioned to hospice
  • Discharge/transfer disposition
CBPC clinical quality measures

• Examples of quality measures for CBPC:
  • Pain screening and assessment
  • Pain improvement
  • Dyspnea screening
  • Dyspnea improvement
  • Discussion of advance care planning (treatment preferences)
  • Patient and family satisfaction with care
Patient Care Requirements

• CPG identified and utilized
• Patient education materials developed and utilized
• CBPC plan of care
  • This may be separate or inclusive with the home health plan of care
  • If embedded, it must:
    ✔ Specify palliative care needs or interventions
    ✔ Have specific measurable CBPC goals
CBPC and the Deemed Survey

Palliative Care patients managed **within** a Medicare certified program

- Home Health organizations
  - Comply with CoPs
  - CBPC requirements are additional component
- Hospice organizations
  - Verify the CBPC patient is separately managed - NOT a hospice patient
Survey Process: What Will it Look Like?

On-site full survey for a HH and/or Hospice organization that choose the CBPC Certification option:

- Agenda similar to current agenda surveyor(s) will evaluate all services including CBPC throughout the survey
- Orientation to the organization will include time for the organization to explain their CBPC program/services
- All services (including CBPC) will be addressed in system sessions, including Leadership, Emergency Management, Environment of Care, Infection Control, Medication Management; the Data System Tracer will allow time for the organization to present Performance Improvement data and information for CBPC
- Session re: Credentialing of LIPs will be added to the Competency session
- Time will be allotted to meet with the IDT members
- Time will be allotted for CBPC patient tracers/ home visits
Survey Requirements

Documentation of specific CBPC activities available for review at time of survey

• CBPC program criteria and CPG
• Patient List
• Plan of care for each patient
• IDT activities
• HR file documentation
• Performance measures and data analysis
Community Based Palliative Care

Lorette Shea RN, BSN MPS
Director of Professional Practice and Outcomes Management
• An integrated post-acute health system
• Four business lines
  • Home & Community Based Services
  • Hospice & Palliative Care
  • Facility Based Care
  • Managed Care
• $1.1 billion in annual revenue
• Serving over 50,000 New Yorkers each year
MJHS Home Care

- MJHS Home Care is **Accredited by The Joint Commission**

- MJHS Home Care First in the nation to be certified in Disease Specific Management for Heart Failure in 2011.
Survey Preparation

• Review of Draft Joint Commission Standards for CBPC
• Disease Specific Management Process:
  1.) Team approach; decision making; defined core team members
  2.) Review of literature; best practices
  3.) Standard of Care
  4.) Protocols for Symptom management
  5.) Program Description
Clinical Initiatives

• Developed a Community Based Palliative Care Screening Tool for patients who met criteria for Home Care
• Use of Edmonton Symptom Assessment Scale (ESAS-r); validated tool utilized for symptom assessment
Benchmarking with Hospice

• Compared Home Care electronic medical record to Hospice electronic record
• IDT process
• Experts involved in training
Program Implementation

- Decision to start small; control volume; tailor criteria
- Education (initial and on-going); Hospice/Palliative Care experts participated in training.
- Structure for IDT; core team members; frequency
- Modifications to Home care electronic medical record, including IDT Template.
- Review current policies/tailor as needed including: admission policies; on-call policies; pain management; assessment/reassessment policy.
Lessons Learned

- Redefinition of the plan of care for CBPC; created an IDT Collaboration Note which pulls electronically to Plan of Care
- Modification of the problem file in Allscripts; created problem file specific to palliative care, example spiritual distress
- Adjusted criteria for IDT presentation; initial and on-going
- Developed patient satisfaction survey specific to CBPC; separate from HHCAHPS
- Welcome letter summarizing program to be sent to primary physicians.
Cost Sharing and Reimbursement

- Cost-effective resource sharing:
  - Contractual arrangements with Hospice staff
  - Hospice staff and experts participated in training of home care staff

- Reimbursement for CBPC:
  - Coverage for Nursing and social work (generic home care)
  - Physician- contractual arrangement for participation in IDT; role is educator only
  - Chaplain services available but not covered
  - Coverage for time allotted to IDT does not exist
Measurement of Outcomes

Developed a monitoring tool specific to CBPC with focus on:

- Symptom management protocols
- Re-hospitalizations/emergent care
- Advance directives
- Adherence to IDT criteria
- Timely referrals to hospice and/or specialist-level Palliative Care
Resources


Home Care Team Contacts

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www.jointcommission.org/accreditation/home_care.aspx

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Time for Your Questions!
Submitting Your Questions

Attendee Participation

- Please continue to submit your text questions and comments using the Questions Panel

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