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Note: Today’s presentation is being recorded and will be provided within three business days on the Joint Commission Website.
Disclosure Statement

The following staff and speakers have disclosed that neither they nor spouses/partners have any financial arrangements or affiliations with corporate organizations that either provide educational grants to this program or may be referenced in this activity:

- Donna Martin, DNP, RN, CMSRN, CDE
- Antoinette Pretto-Sparkuhl RN, BSN, MBA, MHA
Managing Patient Outcomes: The Battle Against Sepsis

- Reviewer Perspective
  Donna Martin, DNP, RN, CMSRN, CD
  Disease-Specific Care Certification Reviewer
  Joint Commission

- Customer Perspective
  Antoinette Pretto-Sparkuhl RN, BSN, MBA, MHA
  Senior Director Clinical Excellence
  Far West Division | HCA

July 28, 2016
Reviewer Perspective

Donna Martin, DNP, RN, CMSRN, CDE

Disease-Specific Care Certification Reviewer
The Joint Commission
Sepsis Statistics

- In the US, more than 250,000 sepsis patients die annually.
- Sepsis is the most expensive disease to treat in the hospital, costing approximately $20 Billion annually.
- Sepsis mortality can be reduced with early detection & rapid initiation of treatment.

Source: Sepsis Alliance 2016
Who is eligible for certification?

- Joint Commission accredited organization
- Program has served a minimum of 10 patients
- Use of standardized clinical care delivery based on evidence-based care and clinical practice guidelines
- Data collection and performance measurement data
Sepsis Certification Model

**Structure**
Consensus-based national standards

**Quality & Safety of Care for Patients**

**Process**
Clinical Practice Guidelines

**Outcome**
Performance Measures

The Joint Commission Certification
Disease-Specific Care

SEPSIS—July 28, 2016
Structure: Certification Standards

- Certification Participation Requirements
- Program Management
- Delivering or Facilitating Clinical Care
- Supporting Self-Management
- Clinical Information Management
- Performance Management
Performance Measurement: (DSPM) Chapter

- Implements an organized, comprehensive approach to performance improvement
- Collects and analyzes PI data
- Uses this data and information to improve or validate care, treatment, or services provided
- Analyzes the patient transfer process
Process: Clinical Practice Guidelines

- Clinical care based on guidelines/evidence-based practice

- Review validates:
  - Implementation of CPGs
  - Rationale for selection/modification
  - Monitoring & improving adherence
Process: Clinical Practice Guidelines


Outcome: Performance Measurement Criteria

- 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.
Performance Measurement: Process

- Define measures at time of application through use of Certification Measure Information Process
- Share 4 months worth of trended data at initial onsite visit
- Monitor data monthly
- Share 12 months worth of trended data one year after achieving certification
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
Performance Measure Ideas

- Appropriate fluid bolus (if BP < 90 systolic or lactic acid >4 mmol/L)
- Antibiotic timing (within 3 hours of identification of severe sepsis or septic shock)
- Repeat lactic acid level (within 6 hours if severe sepsis or initial level >2mmol/L)
- Overall bundle compliance
- Order set utilization
- Sepsis education (documentation within 24 hours, ongoing, and/or at discharge)
- Co-morbidity education documentation
Performance Measure Ideas

- Advanced directives
- Progressive mobility / Early ambulation
- ID rounds documented
- Order set utilization
- Initial Screening accuracy / Sepsis screen documentation is accurate
- Vent hours
- Decrease time to CVP goal
- Decrease time to SCVO2 goal
- Increased Sepsis alerts / Sepsis RRT
- Antimicrobial stewardship
Challenges of Certification

- Consistent implementation of Clinical Practice Guidelines
- Involvement of all physicians
- Data collection on performance measures
Best Practices for a Successful Review

- Follow the Review Process Guide (RPG) for an sample of the 1 Day Agenda. It will provide examples such as what occurs during the opening conference and times.

- Understand that the agenda is used as a guide, dependent on staff and patient availability adjustments will be made.
Best Practices for a Successful Review

- Assure you have all documents ready
- When asked for a policy, procedure, guideline, be timely
- Assure staff and providers in units are prepared to discuss delivery of care and PI activities
- If you use EMR, have someone who can navigate the record and have a mobile computer charged and ready to use
Why Get Certified?

- Structure clinical programs of excellence
- Improve processes of care
- Toot your horn to consumers
- Enhance your bottom line
  - Attract more patients
- Culture change: communication, loyalty, teamwork
Customer Perspective

Antoinette Pretto-Sparkuhl RN, BSN, MBA, MHA

Senior Director Clinical Excellence
Far West Division | HCA
Antoinette Pretto-Sparkuhl RN, BSN, MBA, MHA
Senior Director Clinical Excellence
Far West Division | HCA
Overview of Health System Hospital Corporation of America

“Above all else, we are committed to the care and improvement of human life. In recognition of this commitment, we strive to deliver high-quality, cost effective healthcare in the communities we serve.”

HCA Facts

- Founded in 1968
- 168 hospitals
- 116 free-standing surgery centers
- 20 states and the U.K.
- 233,000 employees/79,000 nurses
- Approx. 5% of all U.S. hospital services happen at an HCA facility
- 106 Hospitals included in the Joint Commissions list of Top Performers on Key Quality Measures


SEPSIS—July 28, 2016
The Pursuit to Sepsis Certification
Far West Division

- Sepsis is a key clinical initiative for HCA including FWD-commitment to certification important for program success

- Far West Division consists of 8 Hospitals in 3 markets:
  - Las Vegas Market:
    - Sunrise Hospital and Medical Center (9/24/15)
    - MountainView Hospital and Medical Center (9/25/15)
    - Southern Hills Hospital and Medical Center (1/12/16)
  - Northern California Market:
    - Good Samaritan Hospital (9/25/15)
    - Regional Medical Center (9/24/15)
  - Southern California Market:
    - West Hills Hospital and Medical Center (4/22/16)
    - Riverside Community Hospital (1/5/16)
    - Los Robles Regional Medical Center-(pending)
Required Elements for Success

- FWD/Facility Leadership support
- Sepsis Program essentials:
  - Sepsis Coordinator at facility
  - Multidisciplinary Sepsis Committee that meets monthly
  - Physician Champion who also serves as the Co-Chair for Sepsis Committee
  - Code Sepsis Process (Policy and Procedure)
  - Tracking of key metrics
  - Disease specific order sets
  - Program follows current evidence (CPG)
  - Intensivist program not mandatory, but preferred

Who is managing these patients in ICU?
Certification Strategy

- Development of a timeline:
  - Timeline
    - Plan to have all FWD facilities apply by end of November 2015
    - Plan to have all certified by mid-2016
    - Currently 7/8 facilities are certified

- Development of a strategy:
  - Toolkit
    - Standards Analysis Gap with selection of PI measures
    - Application Preparation
    - Review of Certification Review Process Guide
    - Disease Specific Care
    - Perform tracers-baseline data
Certification Focus Areas

- Nursing Care Plan - Clinical and patient goals
- Patient/Family Education with sepsis focus
- Sepsis Brochures - multiple languages to meet populations needs
- Processes for bundle/RRT/Code Sepsis/Shock Alert etc.
- Mobility of patients in ICU - following physician orders
- Handoff from one shift to another with sepsis focus
- Documentation of Multi-disciplinary rounds in EHR
- IRR - Inter-rater reliability of data
- EMS collaboration e.g. education? Pre-hosp. notification?
- Implementation of bundle - evaluate timeframes/appropriateness
- Role of Intensivist at facility
- Code Sepsis processes - Inpatient and ED
Certification Focus Areas

- Community Outreach-Education
- Care transitions-moving from one level of care to another-how do you handle?
- Staff education-include ancillary staff
- Patient Satisfaction-How do you measure and what do you do with data?
- Multi-disciplinary Education-documented in EHR
- Discharge Planning process
Challenges

- Sepsis population is much broader patient population than other disease specific programs making it more challenging to be compliant with standards.

- Sepsis certification is not just being compliant with bundle—that is the minimum. Program functions need to go above and beyond e.g.—Patient/Family Education, EMS collaboration, Physician engagement.
Challenges

- Focus of program should not only be on the sickest patients, severe sepsis and septic shock but also on the patient with simple sepsis

- Increased visibility of sepsis as urgent “Code” just as urgent as STEMI and Stroke
Application Process

Brian R. Johnson, Ph.D.
Associate Director
The Joint Commission
Certification Logistics

Pre
- Gap analysis to standards and guidelines; resolution of any gaps
- Apply 4-6 months before desired review date
- Data Collection

Visit
- 30 days advance notification of date
- One reviewer

Post
- Data collection and submission
- Intracycle conference call 12 months after visit
- Apply for recertification

Visit
- Recertification visit occurs 2 years after initial visit
- To be scheduled within 90 day window around anniversary date
- 7 days advance notice of date
Questions Regarding Our Standards

Standards Interpretations Group (SIG)
The best source for all inquiries regarding the Standards can be forwarded to SIG.

They can be reached at 630-792-5900. Alternatively, questions can be posted via email by going to https://www.jointcommission.org/standards_information/jcfaq.aspx

Please use the “complete the standards online question form” to submit your questions.
Application Process

INITIAL CERTIFICATION APPLICATION

ACCESSING THE APPLICATION

To access the Certification Application, first log into The Joint Commission Connect webpage for your hospital. You can find the link to the Connect webpage at www.jointcommission.org either at the top of the page “Log-in” or to the right-hand side of the page “Log in – Joint Commission Connect” link. If you do not have access to this webpage, you will need to contact the Joint Commission Liaison at your hospital who will grant you security clearance to this webpage. The security clearance will be your email address and a password. You will be taken to your organization’s Joint Commission Connect home page which contains all information and applications pertaining to your relationship with Joint Commission. If you have both Accreditation and Certification, to access Certification, you will need to select the “Certification” tab.

Next, select the “Launch” button next to Certification Application located on the “What’s Due” window.
Application Process
Application Process

The Certification Application is composed of Nine Tabs created to collect information specific to your organization.

For customers that have existing Accredited Program(s), Tabs 1 and 5 of the Certification Application will be pre-populated based on the information in the Accreditation Application.

- Tab 1 (Organization Demographics and Ownership Information)
- Tab 5 (All sites from the Accreditation Application will appear)

*Please note even though this information is pre-populated, you will still need to visit each tab to review and confirm the information is listed correctly. If you notice any discrepancies, please contact your Account Executive who will work with you to correct them.

To navigate the Application, use the buttons located near the top right hand corner. You may save at any point.
Application Process

TAB 9- SUBMISSION

For initial certification programs, the Certification Measure Information Process (CMIP) must first be completed prior to the submission of the application for that program. Once CMIP has been completed for the initial program you will then be able to include it in this submission. Tab 9 of the Certification Application will prompt you to “Go to CMIP”.

Due at this time

Below are the new certification program(s) which CMIP has not been completed and will not be included in this submission for review:

Depression

For initial certification programs CMIP must first be completed prior to the submission of the application for that program. Once CMIP has been completed for the initial program you will then be able to include it in this submission. Please return to Tab 9 to submit the application.
Application Process

Once the required information has been entered into the CMIP tool, you will need to return to the application and submit on the Signature page of Tab 9 of the application.

Submission

Agreement

Application for Certification
The undersigned makes request to the Joint Commission for a certification review of the Applicant Organization named below, on the Certification Contract set forth herein.

Prohibition on the Use of Reviewers as Consultants
The Applicant Organization agrees that among the Joint Commission policies that it will adhere to is the prohibition on the use of surveyors as consultants. The Applicant Organization specifically acknowledges that it is not permitted to use Joint Commission full-time, part-time, or intermittent reviewers to provide certification-related consulting services. Examples of such services include the following:
Helping an organization to meet Joint Commission standards or conducting mock surveys for an organization.
Application Process

If you do not complete the required fields in the CMIP tool, you will not be allowed to submit the application. Please reference the “Completing the Certification Measure Information Process (CMIP)” document for additional help.

Please contact your Account Executive for any questions or concerns while completing the Certification Application and CMIP tool. Your Account Executive’s contact information can be found on the Home Page of your organization’s Joint Commission Connect page.
Contact Information

Brian R. Johnson, Ph.D.
Associate Director, Business Development
The Joint Commission
Bjohnson@jointcommission.org
630-792-5144

Antoinette Pretto-Sparkuhl RN, BSN, MBA, MHA
Senior Director Clinical Excellence
Far West Division | HCA
Antoinette.Pretto-Sparkuhl@hcahealthcare.com
Submit your questions into our attendee control panel. We will answer as many questions as we can.
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