The Joint Commission
Community Based Palliative Care Certification: Lessons Learned

Presented by:

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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

- Fee for service (FFS)
- FFS for performance with pay
- Bundled payments or case rates
- ACOs
- 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
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 accredited 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)
HR.01.02.07, EP10 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.

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<tr>
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<td>HR.01.02.01</td>
<td>EP27-29</td>
<td>Staff with PC education/experience</td>
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<td>HR.01.02.07</td>
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<tr>
<td>RI.01.05.01</td>
<td>EP23</td>
<td>Advance care planning discussions</td>
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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
Center to Advance Palliative Care (CAPC) www.capc.org
Hospice and Palliative Nurses Association (HPNA) www.hpna.org
National Hospice and Palliative Care Organization (NHPCO) www.nhpco.org

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

Information about Joint Commission CBPC Certification for Home Care:
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/
CBPC Survey Preparation Tips

Deborah Ryan, MS, RN
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
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
DESTINY PALLIATIVE CARE SUPPORT (DPCS)

Joy Ekpo, RN, MSN, PHN
Executive Director
January 10, 2017
Organizational Set Up

DESTINY HOME HEALTH AGENCY
- Founded in 2004, Destiny Home Health Agency, Inc. offers Skilled Nursing, Physical Therapy, Occupational Therapy, Speech Therapy, Medical Social Work and Home Health Aide services in Riverside and San Bernardino counties. It is certified by the Center for Medicare Medical Services (CMS) and accredited by the Joint Commission.

DESTINY HOSPICE CARE
- Founded in 2011, Destiny Hospice Care, Inc. Provides end of life care to patients with terminal illness in Riverside and San Bernardino counties. It is certified by the Center for Medicare Medical Services (CMS) and accredited by the Joint Commission.

DESTINY PALLIATIVE CARE SUPPORT
- Founded in 2015, as a community based palliative care (CBPC). Destiny Palliative Care Support was created to bridge the gap between Home Health and Hospice services; to serve those who are chronically ill, and in need of symptom management but not yet qualified or ready for hospice. Certified as CBPC on October 2016.
Overview Of The Program

Destiny Palliative Care Support is offered between home health and hospice for the palliation of symptoms from terminal or chronic conditions.

It is appropriate for those patients who are chronically ill but not yet ready for hospice due to their own resistance, fear or eligibility.

It is delivered to meet the clinical needs of the Medicare population, health plans, medical groups, and other payers.
Our Palliative Program is affiliated with Hospice

Why?

- Hospice affiliation grants access to the Hospice Interdisciplinary Team. RN/LVNs, MSW, Chaplain, CHHA, and Medical Director.
- All hospice multidisciplinary team are trained on palliative care, and are very familiar with end of life care, symptom management, and treating family as a unit of care.
  - Our night team respond to calls related to short of breath, pain, and any changes in condition from our hospice or palliative patients to keep them comfortable and out of the Emergency Room or hospital.
- All Hospice staff are palliative employees.
Services Covered By Destiny Palliative Care

- Comprehensive assessment / Initial Plan of Care (POC) by RN, then recertification every 90 days if needed.
- Palliative care physician coordinate care with patient’s PCP
- Medication management, Reconciliation and Compliance
- Medical social services / Spiritual counseling
- Monthly Interdisciplinary Team Meetings
Destiny hospice piloted this program in partnership with a private health care provider in Southern California. Initially our program exclusively received referrals from this health plan.

 Patients characteristics were those with chronic or terminal illnesses and high services utilization, in terms of multiple ER visits and re-hospitalizations.

 In 2016 we contracted with Inland Healthcare Plan (IEHP), which extended our coverage area as well as referral sources.

 We have averaged daily census of 40-45 patients since winter of 2016
The palliative team mastering of our process, collaboration, training and application of evidence based practice for advanced care planning.

Following a referral, patient is contacted within 4 hours, initial home assessment within 24-48 hours, and a personalized care plan developed.

Weekly team meeting to discuss patient’s status, IDT monthly with the core palliative team; MD, MSW, Chaplain, and RN.

Weekly patients phone calls, and every two weeks nursing visits for symptom management.

Development of clinical and non-clinical quality measures.

Joint Commission “Lesson learned” webinar from MJHS on August 2016
Tips For Survey Preparation

- Weekly team training to review our palliative policy, optional self assessment guide from the Joint commission, data on clinical and non clinical quality measures.

- Review of the Joint Commission Proposed Standards for Community-Based Palliative Care Certification

- Agency contracted consultant performed a Mock Survey, joint home visits with nurses, and feedback that included plans for improvements.

- Our organization encouraged the team to maintain competency on our process, policy, clinical and non guidelines, and survey preparedness.
Lessons Learned During The Survey

- The joint Commission surveyor was very impressed with our data collection.

- Recommendation to utilize ESAS-r for data collection for better evaluation of outcome from our clinical guidelines (pain and shortness of breath management).

- Recommendation for the LVN supervision, and for RN to see patient at least monthly for proper case management, care plan updates and symptom control.

- Same Joint Commission Standards apply to all home care services, whether home health, hospice or palliative care.

- HIPAA information was missing in the home chart as required by regulation although the admitting staff were documenting that this information had been provided.
Cost Effective Resources Sharing and Reimbursement

- Utilize your team from hospice or home health, whichever you like to affiliate your program with (Chaplain and social workers).

- Utilize your supplies from the your hospice or home health.

- If you have hospice, ensure all your staff are cross-trained for palliative care.

- Our hospice medical director agreed to oversee both programs.

- Reimbursement from Health plans, with contracted rate, Medicare PPS patients were admitted to home health, and our palliative team consulted with them for symptom management.
By affiliating our Palliative program with Hospice, we had access to skilled nurses trained in symptom management 24/7.

Cost savings to our health plan partner was reported to be 1:4 in the first 6 months of the program. (For every $100,000.00 spent, there was $400,000.00 in savings)

Excellent patients’ satisfaction report (direct testimonies from patients and families).

Organizational employees demonstrated the highest level of motivation towards the new program.
Conclusion

Thank you!

Questions?
Home Care Team Contacts

Joint Commission Home Care Program
Help Desk: 630-792-5070 or homecare@jointcommission.org
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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