Joint Commission Certification

The Joint Commission’s Disease-Specific Care Certification for Sepsis

June 22, 2020
Today’s Agenda

- Benefits of Joint Commission certification
- Steps to achieve sepsis certification
- On-site review
- Resources for certification
Beyond Accreditation

Achieving Joint Commission accreditation is just the beginning, organizations have the opportunity to further improve outcomes for their patients through certification programs.
Accreditation vs. Certification

Accreditation Surveys
- Organization-wide evaluation of care processes and functions

Certification Reviews
- Product or service-specific evaluation of care and outcomes
Why Achieve the Gold Seal for Certification?

*For more than 60 years,* the name “Joint Commission” has been synonymous with unparalleled quality, safety and performance improvement. No other “seal of approval” is as widely recognized by peers, payers, insurers and the public as the **Joint Commission’s Gold Seal of Approval®.** Earning this accolade means that our accredited and certified health care organizations are among the top in their marketplaces.
Benefits of Certification

- Builds structure required for a systematic approach to clinical care
- Reduces variability and improves the quality of patient care
- Creates accountability
- Creates a loyal, cohesive clinical team
- Provides an objective assessment of clinical excellence
- Promotes achievement to your marketplace
- Provides leading practices to improve programs
- Helps improve your patient outcomes
Certification Statistics

- 96 organizations have achieved sepsis certification
- In 21 states
- Qualitycheck.org
The Steps to Successful Certification – Sepsis
Certification Eligibility

- Formal program structure
- Standardized method of clinical care delivery based on clinical guidelines/evidence-based practice
- Organized approach to performance measurement
- Awarded at a site level
  - May apply for multiple sites under the same HCO or only selected sites
  - Site must be able to independently meet all standards and requirements
Core Program Components

- Standards
- Clinical Practice Guidelines
- Performance Measures
Review the Standards

Certification Participation Requirements

Performance Measurement

Clinical Information Management

Supporting Self-Management

Program Management

Delivering or Facilitating Clinical Care
## Disease-Specific Care Core Standards

### DSPR.1

The program defines its leadership roles.

### Standard Introduction and Rationale

<table>
<thead>
<tr>
<th>Nbr</th>
<th>Elements of Performance (EPs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>The program identifies members of its leadership team.</td>
</tr>
<tr>
<td>2</td>
<td>The program defines the accountability of its leader(s).</td>
</tr>
<tr>
<td>3</td>
<td>The program leader(s) guides the program in meeting the mission, goals, and objectives.</td>
</tr>
<tr>
<td>4</td>
<td>The program leader(s) identifies, in writing, the composition of the interdisciplinary team.</td>
</tr>
<tr>
<td>5</td>
<td>The program leader(s) participates in designing, implementing, and evaluating care, treatment, and services.</td>
</tr>
</tbody>
</table>
Core Program Components

- Standards
- Clinical Practice Guidelines
- Performance Measures
Clinical Practice Guidelines

Patient care must be based on guidelines / evidence-based practice

Review your standards of care – do you have good evidence-based guidelines underpinning the steps you take with every patient?

• Published document that is use to develop the order sets/ care paths/ policies/ protocols

• Demonstrate discussion and adoption by team

Are you functioning as a program with the most recent clinical standards in your field?
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
Clinical Practice Guidelines Examples

https://guidelines.ecri.org/
Clinical Practice Guidelines Examples

https://aicpg.org/resources/
Core Program Components

- Standards
- Clinical Practice Guidelines
- Performance Measures
Performance Measurement
Optimize efficiencies and improve care

The certification process helps you identify and measure areas for performance improvement in your program.

Non-Standardized (Choose Your Own) Measures

These are used in all core programs and in some advanced programs.

- Four processes monitored and reported on an ongoing basis
- At least two of the measures must be clinical
- Up to two measures can be non-clinical: administrative, utilization or financial
Performance Measures

Define your measures at the time you apply for certification

Start collecting data ahead of time

**Four months** of data must be collected and available by the time of the on-site review

**No data** is required in the application step
Review the overall performance improvement goals and activities of your program.

Look for measurable characteristics of the performance improvement plans and projects.

Determine how to define the data you need and how to collect it consistently:

- Who, What, Where and When
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 Measures Examples...

- Transfers to Critical Care due to unrecognized sepsis or due to progression;
- Mortality (with and/or without shock);
- Implementation of sepsis care bundle;
- Antibiotics within 1 hour;
- Sepsis Education Documented;
- Use of the EV1000 monitor;
- Initial Sepsis Screening Accuracy;
- Patient Satisfaction
Preparation steps and readiness assessment
Conduct a Self-Assessment

Split up the standards chapters among your team and perform self-assessments, with the standards as the organizing tool.

- Remember, the self-assessment is more than “do we meet the standard,” but also “how can we demonstrate to an outside person that we meet the standard?”
Conduct a Self-Assessment

- Develop work plans for areas that are not in compliance with standards
- If possible, line up help from an organization that has achieved the same certification you plan to pursue
  - The Joint Commission can help you find someone
  - If it’s a nearby facility, or a sister hospital, ask for help to organize a mock review
- If your hospital has other certifications, talk to those team leaders, and look at how they organized the program information.
- Work with your team to develop a goal for when you expect you will be ready for certification – and focus your efforts on that shared timetable.
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

- 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.
Start the Application Process

Think ahead – when would you be ready to have The Joint Commission walk in the door?

- This is your Readiness Date

Contact Business Development to start the application about 5-6 months before that date.

- Actual date of review is negotiated with you.

- Application stays valid for 12 months.
Start the Application Process

Have the following information ready to go for the application

- Basic demographic data about your program
- The name(s) of the clinical guidelines you have adopted
- Seven questions about your program’s performance improvement activities (the “PI Plan”)
- Names and descriptions of the performance measures (for non-standardized measures)
- A preferred month you would like the on-site review to take place (“Readiness Date”)

- We have templates that can help you organize the guidelines, measures and PI Plan information
- No performance measurement data is required at this step
Start the Application Process
Schedule the Review

30-days’ notice of initial review for a program

Plan how you want to present your program in the opening conference
  • Does not need to be elaborate
  • Tell us your story

Decide who will accompany the reviewer for the day
  • Note-taker
  • Medical record expert

Assemble at least four months of data on your measures

1:1
The Day of the Review

Opening conference

Patient tracers

- Engaging all types of practitioners

Data discussion / Performance Improvement

Review of credentialing and competency

Preliminary report of findings
Use Resources from The Joint Commission

Loren Salter
lsalter@jointcommission.org
630-792-5143

David Eickemeyer
deickemeyer@jointcommission.org
630-792-5697

Zach George
zgeorge@jointcommission.org
630-792-5169

Lindsay Parker
lparker@jointcommission.org
630-792-5111
Contact the Standards Interpretation Group:

www.jointcommission.org “Ask a Standards Question”

Submit Performance Measure questions to http://manual.jointcommission.org
THANK YOU!
The Joint Commission Disclaimer

These slides are current as of 6/22/20. The Joint Commission reserves the right to change the content of the information, as appropriate.

These slides are only meant to be cue points, which were expounded upon verbally by the original presenter and are not meant to be comprehensive statements of standards interpretation or represent all the content of the presentation. Thus, care should be exercised in interpreting Joint Commission requirements based solely on the content of these slides.

These slides are copyrighted and may not be further used, shared or distributed without permission of the original presenter or The Joint Commission.