Joint Commission Certification

The Joint Commission’s Disease-Specific Care Certification for Spine Surgery

July 7 2020
Thank You

The Joint Commission values health care workers everyday but especially during this pandemic. We understand the work you are doing is of the utmost importance. We’ve tried to provide you with useful resources in response to COVID-19 which you can find on our website which is updated daily.

https://www.jointcommission.org/covid-19/
Today’s Agenda

- Benefits of Joint Commission certification
- Steps to achieve spine surgery certification
- Onsite 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
— Helps keep everyone accountable
— 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
Spine Surgery Certification Statistics

- 111 organizations have achieved spine surgery certification
- In 37 states
The Steps to Successful Certification
Certification Eligibility

- Formal program structure
- Standardized method of clinical care delivery based on clinical guidelines/evidence-based practice
- Organized approach to performance measurement
- Specific additional eligibility for spine surgery certification
  - Three procedures bundled into one certification award. Program must perform all three (no minimum volume or percentage of each.)
    - Discectomy
    - Laminectomy
    - Spinal Fusion
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

Clinical Information Management

Performance Measurement

Certification Participation Requirements

Supporting Self-Management

Program Management

Delivering or Facilitating Clinical Care
Review the Standards
Disease-Specific Care Core Standards

<table>
<thead>
<tr>
<th>Standard Label</th>
<th>Standard Text</th>
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<tbody>
<tr>
<td>DSPR.1</td>
<td>The program defines its leadership roles.</td>
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### Standard Introduction and Rationale

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

https://aicpg.org/resources/

ADDITIONAL RESOURCES

We want to highlight some of the other important organizations who came before us, and who are doing everything in their power to promote clinical guidelines and evidence-based medicine in general. We’ve also compiled a list of links for you to access the full-text guidelines of various medical specialty associations in the USA, and across the globe.
Clinical Practice Guidelines Sources

https://guidelines.ecri.org/

Welcome to the most reliable clinical practice guideline repository in the world.
Clinical Practice Guidelines Sources

American Academy of Orthopaedic Surgeons (AAOS)

Association of Perioperative Registered Nurses (AORN)

National Association of Orthopedic Nurses (NAON)

American Association of Neuroscience Nurses (AANN)

International Journal of Spine Surgery

North American Spine Society
Core Program Components

- Standards
- Clinical Practice Guidelines
- Performance Measures
Performance Measurement

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
Performance Measures & Performance Improvement

- 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 Measure Examples...

Early Mobilization
Pre-Admission Education
Patient Discharge Education
DVT/VTE Prophylaxis
Discharged to Home
Unplanned Return to OR
30-Day Readmission
Length of Stay
Patient Satisfaction
Pain Management
Catheter Usage
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

The Joint Commission Connect

Notification of Scheduled Events
As of Wednesday, February 14, 2018, no events were available for viewing. Please note that unannounced events are viewable by 7:30 AM on the day of the event.

This is the section of your secure extranet that displays information regarding Joint Commission activity at your organization. For more details, please see your Schedule Information.

Favorite Apps
No Favorite Applications Selected

The ICM/FSA application will be unavailable on Thursday, February 15th from 7:00 p.m. - 9:00 p.m. CST for system updates.

Accreditation

Certification

What's Due

<table>
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<tr>
<th>Application</th>
<th>Description</th>
<th>Due Date</th>
<th>Overdue</th>
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<tbody>
<tr>
<td>Launch</td>
<td>Office of Quality and Patient Safety Incident</td>
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Official Documents Posted in Last 30 days
No Documents Posted within the Last 30 Days

Important Updates
- Joint Commission For-Cause Surveys
- Suicide Prevention in Health Care Settings:
- Mid-year survey experience: Elimination of ...
- Revised Swing Bed Crosswalks
- Draftsinez: Our standards change for focused...
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
The Day of the Review

- One reviewer for one day
- 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

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Lindsay Parker
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Resources

- Contact the Standards Interpretation Group, “Ask a Standards Question”:
  www.jointcommission.org

- Submit Performance Measure questions to: http://manual.jointcommission.org
Advertise Your Achievement
Questions

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THANK YOU!
The Joint Commission Disclaimer

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