Clinical Practice Guidelines and Performance Measurement for Disease-Specific Care Certification

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Quick Poll

Which primary disease or condition area are you interested in certifying or currently certified in?
Objectives
The participants will be able to:

- Identify sources of CPG’s
- Implement CPG’s
- Describe performance measure requirements for DSC certification
- Discuss the development of PM’s
- Evaluate PM’s
Components of DSC Certification

Standards

Quality & Safety of Disease-Specific Care

Guidelines

Performance Measures
Selection

Selecting CPG’s
- Appropriateness
- What constitutes a good CPG

Also know as Standards of Care
Appropriateness

- Is the CPG evidenced-based?

- Does it meet inclusion criteria set forth by National Guideline Clearinghouse?

- Is the CPG inclusive of all areas of care?
Characteristics of a Good CPG

- Current, best practice [not older than five (5) years]
- Evidence that is determined current by clinical leaders
- Has an evidence-grading system
- Is comprehensive
CPG’s

Resources

- National Clearinghouse from AHRQ
  - www.guideline.gov
- Professional Organizations
Visit our Disease-Specific Care web pages and Scroll Down to Click on Review Clinical Practice Guidelines or visit www.guideline.gov.
Implementation: Expectations

- Program’s multidisciplinary/ interdisciplinary team selects, reviews and approves
- Process documented in team meeting notes
- Team members can discuss process
- Evidence that protocols, policies, ordersets, pathways, etc. are based in CPGs
Implementation: Expectations

- Have a copy available at time of onsite review
- Identify where copy is available for clinical staff
- Process to check for updated CPGs
- Process to update protocols/ policies/ pathways/ ordersets
Implementation: Modification of CPG

- Can be modified
- Supporting evidence-based documentation for modification
- Discussions about modifications by multidisciplinary team documented
- Process to modify ordersets/ policies/ protocols/ pathways
Implementation: Role of Reviewer

- Review the CPG during “planning session” of on-site review

- Discuss how the CPGs were selected, implemented and where they are maintained for clinical staff

- Ask staff to find and discuss CPGs during “patient tracers”

- Discuss process for updating CPGs and documents based on CPGs
Components of DSC Certification

Standards

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Performance Measures
Standards vs. Performance Measures

**Standard**: statement that defines performance expectations, structures, or processes that must be substantially in place to enhance quality of care

**Performance Measure**: provides an indication of the organization’s or service’s performance in relation to a specified process or outcome
Measuring Performance

- Performance measurement in health care represents what is done and how well it is done.

- A performance measure is a quantitative tool calculated from a group of data elements.
Domains of Performance Measures

- Clinical
  - Evaluate processes or outcomes of care

- Administrative/financial
  - Address organizational structure for coordinating and integrating services, functions & activities

- Perception of care/service
  - Patient/customer satisfaction

- Participants’ health status
Performance Measure Requirements for DSC Certification

Stage I
- Non-standardized measures selected by the DSC program
  - Most DSC programs

Stage II
- Standardized measures identified by The Joint Commission
  - Advanced Heart Failure
  - Advanced Stroke Programs
  - Advanced Perinatal Care
  - In development for Acute Stroke Ready Hospital, Advanced Total Hip and Total Knee Replacement and Advanced Palliative care
Stage I Measures

- DSC certification requires data collection and analysis on at least 4 performance measures for each program or service related to or identified in clinical practice guidelines.

- Measures must be:
  - Evidence-based
  - Relevant
  - Valid
  - Reliable
The Joint Commission is not prescriptive regarding *which* specific measures are to be implemented.

Emphasis is on *use* of measures for improving care.

At time of application, each program submits detailed descriptions of at least 4 performance measures (CMIP).
Stage I Measures (cont’d)

- 2 of the measures must address clinical areas
- Remaining measures may also be clinical or related to:
  - Health status
  - Administrative/financial areas
  - Participant perception of care
Stage I Measures (cont’d)

- Monthly data collection required on all four measures
- Measures submitted and approved for certification should not be replaced without prior approval by The Joint Commission
- Each certified program or service annually submits data reports & summaries of its performance improvement activities
What to look for in a good measure?

- Relates to current medical evidence (CPGs)
- Resides under program/service control or scope of responsibility
- Possesses defined measure specifications (MIFs)
  - Rationale
  - Numerator and denominator statements
  - Measure type (process or outcome measure)
  - Direction of improvement
- Data collection calculations are logical
  - Consistent with measure specifications and sampling protocols
    - Collection protocols and calculations can be replicated
    - Different reporting periods are collected the same way
    - Data collection is ongoing and consistent over time
- Results are used to continuously improve the measure
  - Retire when improvement sustained over time (e.g., ≥ 24 months)
AMI Example

Median Time to Primary PCI

- Continuous Variable / Clinical Process:
- Aggregate data measure (mathematical average)
  - Continuous Variable Statement: Time (in minutes) from hospital arrival to primary PCI in patients with ST-segment elevation or LBBB on the ECG performed closest to hospital arrival
Total Knee Replacement Example

TKR patients with recommended VTE prophylaxis ordered

- **Proportion / Clinical Process:**
- Numerator is a subset of the denominator
  - Numerator Statement: TKR patients with recommended venous thromboembolism (VTE) prophylaxis ordered anytime from hospital arrival to 24 hours after *Anesthesia End Time*.
- Denominator Statement: All TKR patients for the reporting month.
Stage II Measures

- Standardized sets of performance measures (service or program specific)
- Precisely defined specifications
- Uniformly embedded/adopted in certified programs
- Standardized data definitions
- Standardized data collection protocols
Implementation of Performance Measures

- How data is collected
- Data sources
- Data collection
- Types of data analysis being performed
- Data accuracy – interrater reliability
Evaluation of Performance Measures

- Meeting targets
- What do you do with the data?
- Using data to make changes in program
- Who do you share the data with?
Questions?
Contact us

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Register for our one-day Seminar:

**Stroke Certification**

- [www.jcrinc.com](http://www.jcrinc.com)
- June 9, 2016
- Select from one of four certification tracks
  - Acute Stroke Ready Hospital (ASRH)
  - Primary Stroke Centers (PSC),
  - Comprehensive Stroke Centers (CSC) or
  - Stroke Certification 101: An introduction to ASRH, PSC or CSC
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