



Starting the Journey and Achieving Disease-Specific Care Certification

February 15, 2018

What will you Learn with this webinar?

Benefits for preparing for and achieving Disease-Specific Care (DSC) Certification

Define the three core requirements for achieving DSC certification

Identify three tips for assessing readiness to apply for DSC certification

Identify two resources available through The Joint Commission for support with DSC certification

Identify two key points in a timeline for applying for DSC certification

What's Different about Certification?

Reviews are service-based, focused on quality, safety, and outcomes of improving clinical care

Eligibility criteria

Voluntary—not an add-on to accreditation

- Accreditation, in accreditation eligible organizations, is a prerequisite to certification
- Separate and distinct decision and award

2-year cycle

Required 12-month intracycle event

Separate cadre of reviewers

Resources to Assist in the Process of preparing and achieving certification

Associate Directors/ Business Development Specialist from The Joint Commission

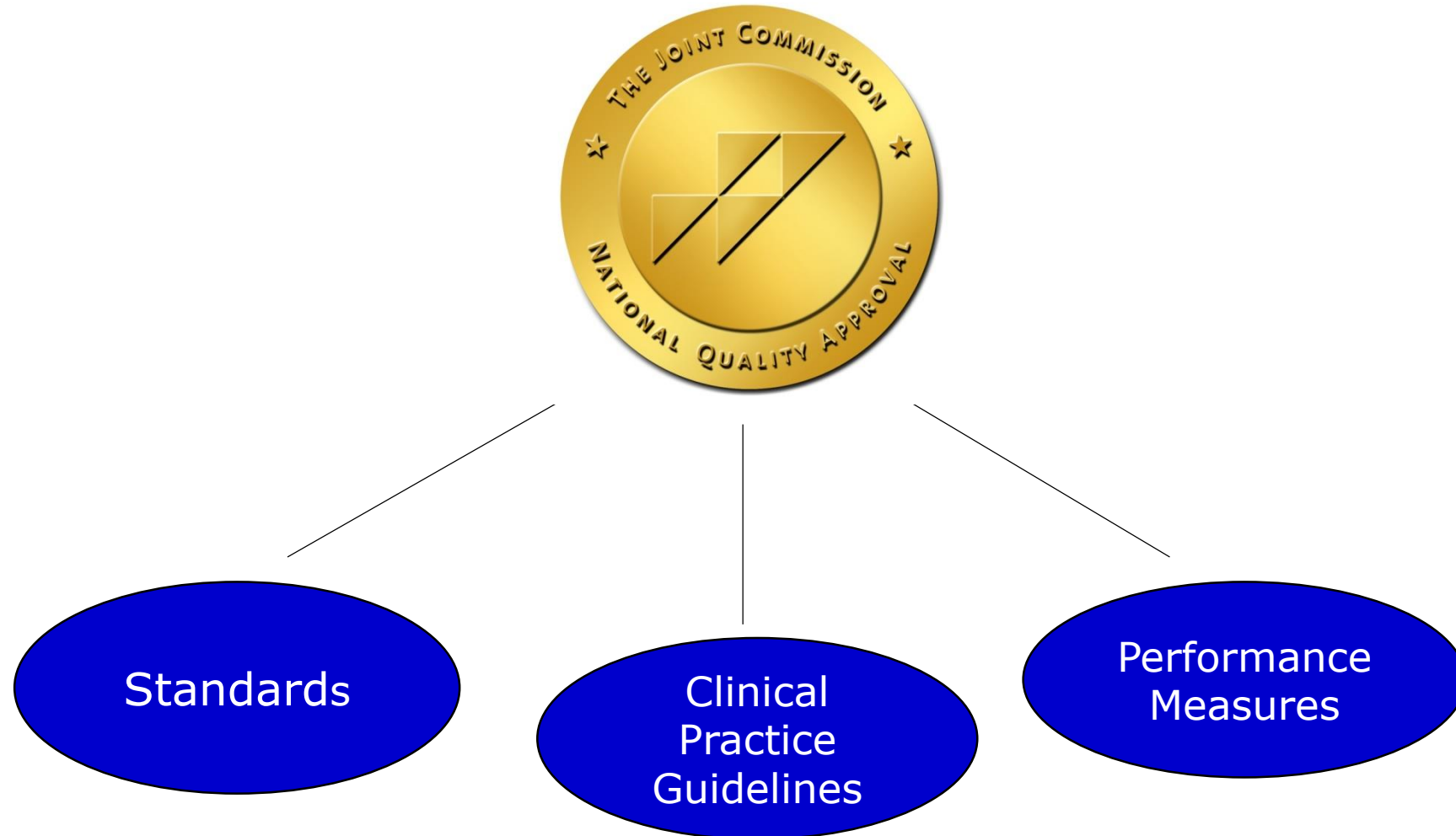
Joint Commission Liaison at the hospital

Coordinator(s) of other certified programs at the hospital

Coordinators/program directors of certified programs across the country

Joint Commission Resources consulting division

Key Requirements for Certification






Disease-Specific Care Standards



DSC Core Standards

		Print Chapter Related Links Expand All			
Standard Label	Standard Text				
DSPR.1	The program defines its leadership roles.				
Standard Introduction and Rationale					
Nbr	Elements of Performance (EPs)	CMS	New	FSA	DOC
1	The program identifies members of its leadership team.				
2	The program defines the accountability of its leader(s).				ⓓ
3	The program leader(s) guides the program in meeting the mission, goals, and objectives.				
4	The program leader(s) identifies, in writing, the composition of the interdisciplinary team.				ⓓ
5	The program leader(s) participates in designing, implementing, and evaluating care, treatment, and services.				

Adv. Primary Stroke Center Standard

		Print Chapter	Related Links	Expand All	Collapse All	
Standard Label	Standard Text	Actions				
DSPR.1	The program defines its leadership roles.	  				
Standard Introduction and Rationale						
Nbr	Elements of Performance (EPs)	CMS	New	FSA	DOC	ESP
1	<p>The program identifies members of its leadership team.</p> <p>Requirement Specific to Primary Stroke Center Certification</p> <p>a. The organization appoints a primary stroke center (PSC) medical director. Note: A PSC medical director does not have to be board certified in neurology or neurosurgery but must have sufficient knowledge of cerebrovascular disease to provide administrative leadership, clinical guidance, and input to the stroke program.</p>					
2	<p>The program defines the accountability of its leader(s).</p> <p>Requirement Specific to Primary Stroke Center Certification</p> <p>a. Written documentation shows support of the primary stroke center by hospital or health system administration.</p>				Ⓧ	
3	The program leader(s) guides the program in meeting the mission, goals, and objectives.					

How can I access DSC standards?

If hospital has DSC certified program:

- Ask Joint Commission liaison at hospital for access to standards on secure Joint Commission Extranet
- Ask Joint Commission liaison or coordinator of certified program to print copy of standards

If hospital not certified:

- 90-day free trial of E-dition of DSC standards
- Purchase hard copy of 2018 *Comprehensive Certification Manual for Disease-Specific Care*



Clinical Practice Guidelines

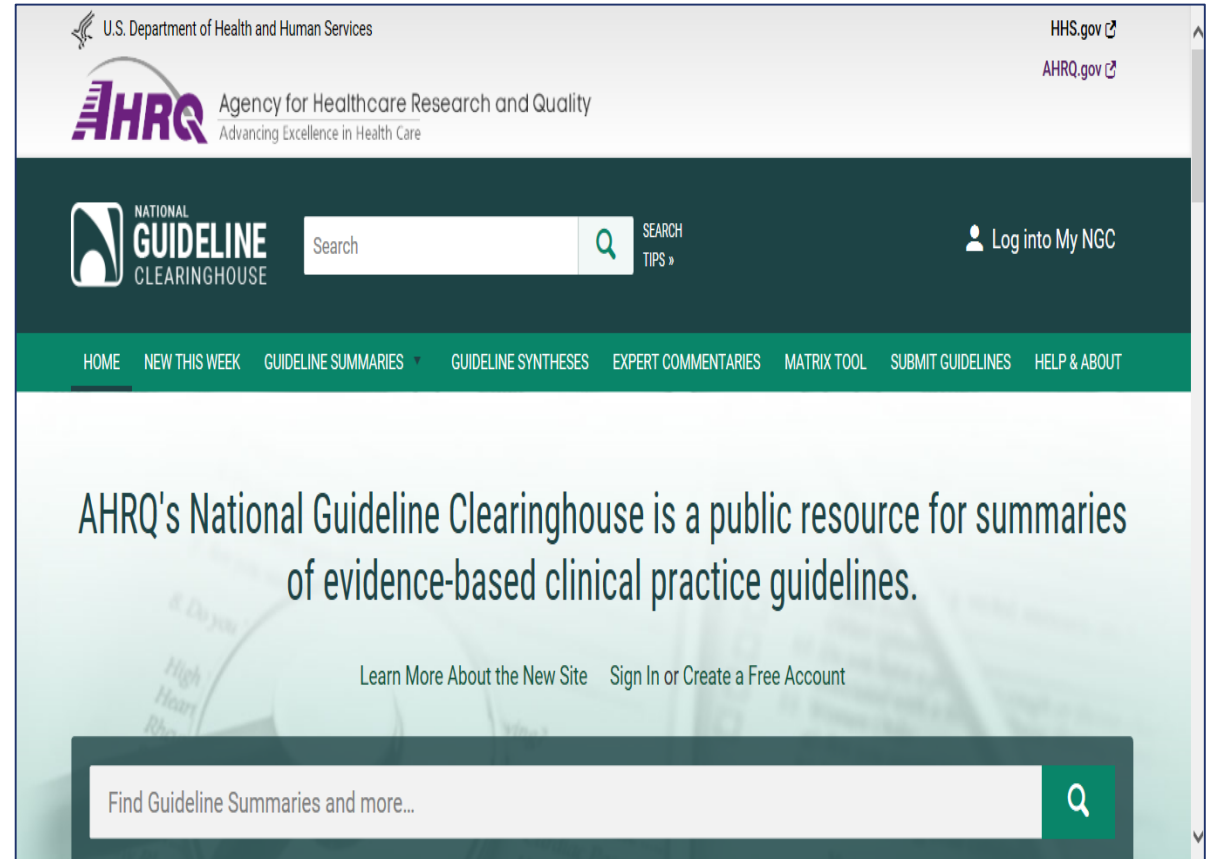
Published, current, and evidenced-based Standards of Care/ Guidelines for Care

- Published document that is use to develop the ordersets/ care paths/ policies/ protocols

Demonstrate discussion and adoption by team

Online resources:

- National Guidelines Clearinghouse at www.guideline.gov
- National organizations



Performance Measurement

Non-standardized or Standardized

Non-Standardized/self-defined: Stage I measures:

- For all core programs and the following Advanced Programs: CKD, COPD, IDC, LVRS, VAD
- Four measures with at least two clinical in nature (process or outcome). Other can be financial, utilization or patient satisfaction

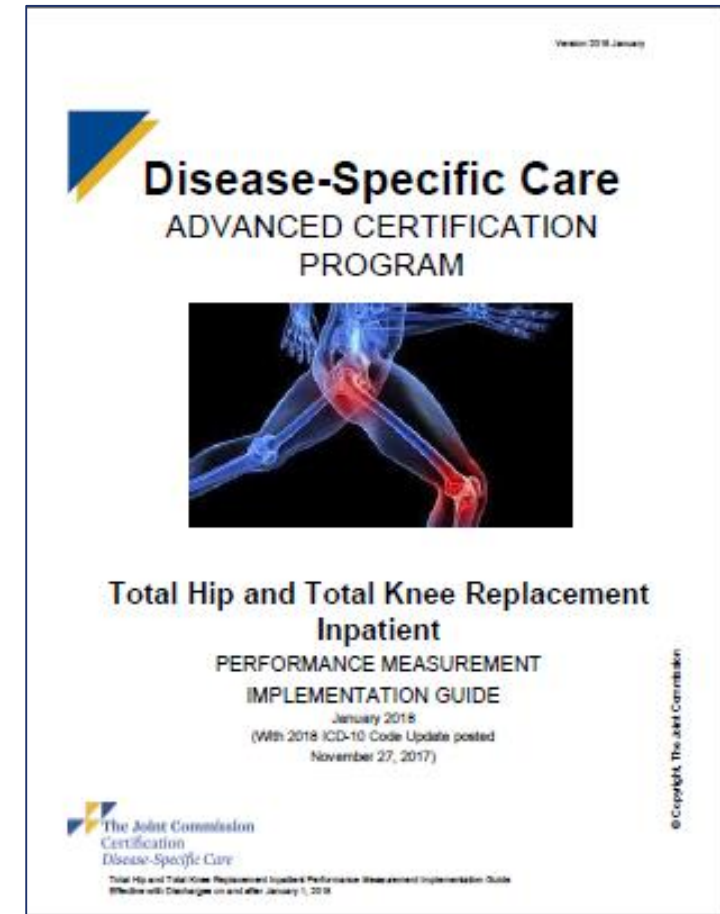
Performance Measurement (cont.)

Standardized: Stage II measures:

- Defined measures
- For the following programs: ASRH, CSC, HF, PSC, THKR, TSC.
- In *Specification Manual for Joint Commission National Quality Measure*

OR

- Have Implementation Guides



Performance Measurement (cont.)

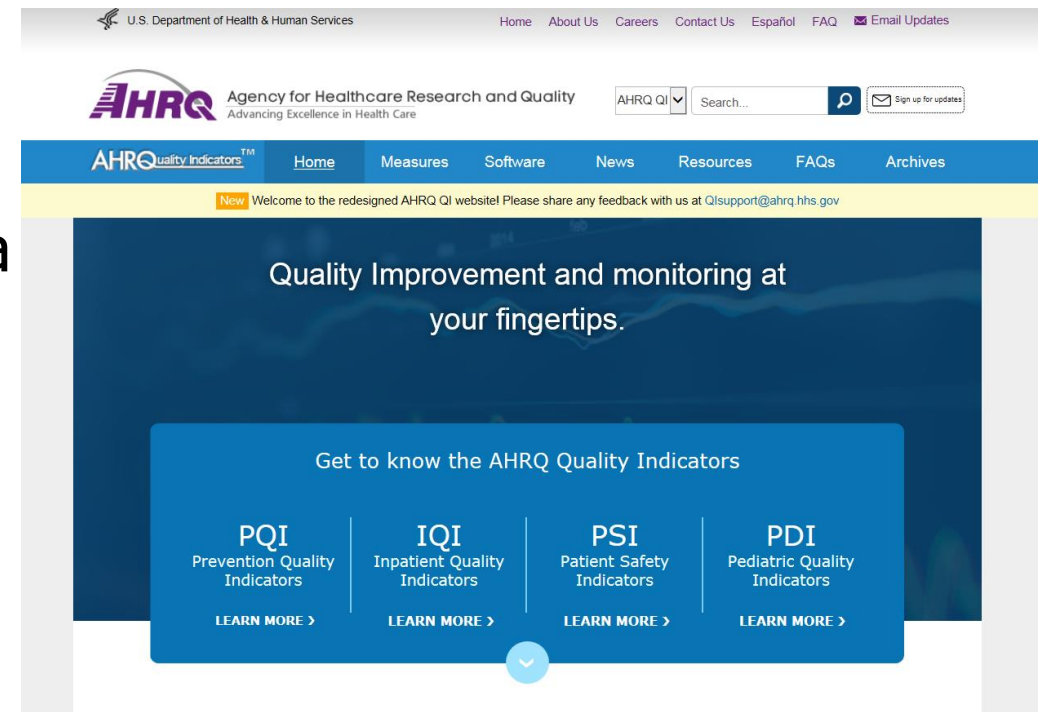
Resource: Quality indicators from AHRQ:
<https://qualitymeasures.ahrq.gov/>

Determine what Performance Improvement process to be used

Have a minimum of four months of data at the time of the initial onsite review

Be prepared to discuss trended data with reviewer

Submit monthly data points via The Joint Commission web portal – CMIP



Gap Analysis

Where are the gaps in the program?

Self-assessment against the standards and the CPGs

Was the CPG modified? What support is there for the modification?

Are the ordersets/ policies/ protocols/ care paths being followed as written?

Has education about the CPGs been done?

Results can be use to develop:

- Timeline for application submission
- Performance Measures

E-app Submission

Determine WHEN team wants onsite review to occur

Work backwards from date 4 – 6 months and submit eapp

Can submit eapp if still working on closing gaps

Contact Associate Director/ Business development specialist to walk through E-app completion

Ask your Associate Director/ Business Development specialist for the documents on completing the E-app and CMIP

E-app submission (cont.)

E-app – has two parts:

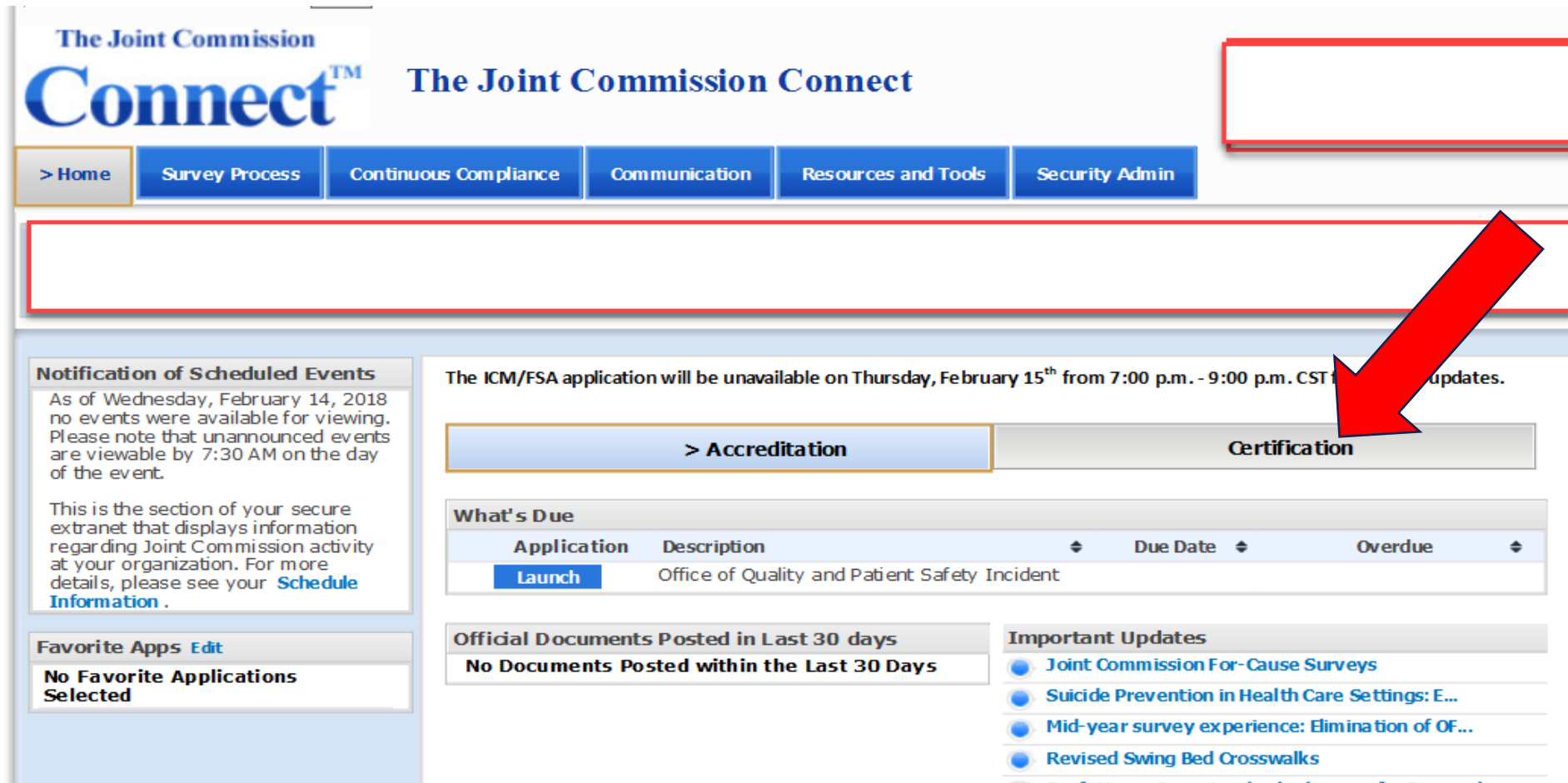
- Part 1: Application:
 - Submitted documents not required with E-app
 - Information needed: requested review date, volume of patients treated in last 12 months

E-app submission (cont.)

E-app – has two parts:

- Part 2: CMIP (Certification Measure Information Process)
 - Names of CPGs and when published
 - Performance Measures:
 - Standardized will be pre-loaded
 - Non-standardized will need to be entered
 - Can enter data a month before onsite review (need 4 months of data at time of onsite review)
 - Performance Improvement plan – answer several descriptive statements about the Performance Improvement process and plan

Extranet Secure Webpage for the Hospital



The Joint Commission
ConnectTM The Joint Commission Connect

> Home Survey Process Continuous Compliance Communication Resources and Tools Security Admin

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 [Edit](#)
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. Updates.

> Accreditation Certification

What's Due

Application	Description	Due Date	Overdue
Launch	Office of Quality and Patient Safety Incident		

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: E...
- Mid-year survey experience: Elimination of OF...
- Revised Swing Bed Crosswalks
- Swift Home Care standards changes for Deemed

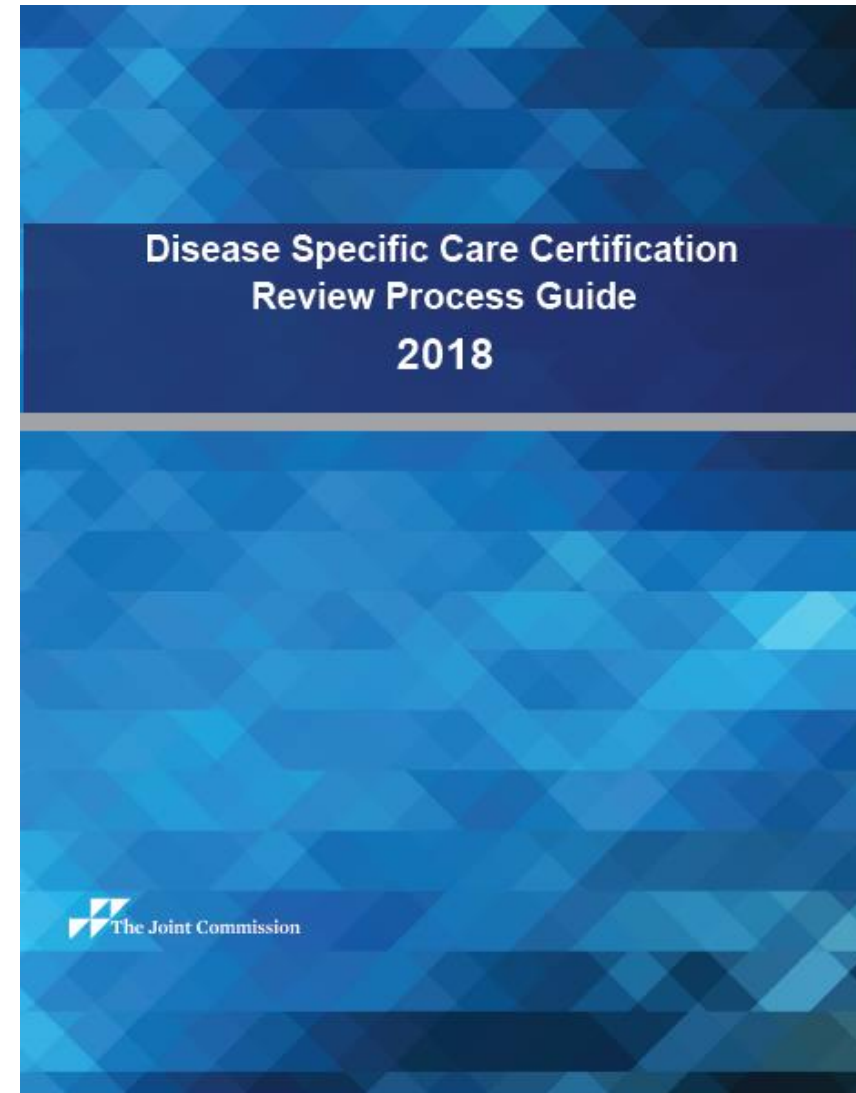
Preparing for Onsite Review

Review Process Guide

Mock review

Observe review at hospital or other hospital

Conference call with Associate Director/
Business Development Specialist/
Account Executive



The On-Site Review/ Evaluation

Activities:

- Program overview
- Patient tracers
- System tracer on data use
- Competency assessment and credentialing
- Closing conference

Engaging practitioners and patients

Educative

Benefits of Certification

Improves Quality of Care by reducing variation of care
Requires a systematic approach to clinical care
Creates and maintains a loyal, cohesive clinical team
Assists in being prepared for The Joint Commission
Can reduce/ prevent “not present on Admission” events
Facilitates Marketing

Resources

- Joint Commission Associate Director/ Business Development Specialist
- Account Executive for certification at The Joint Commission
- CSR representative from Joint Commission Resources
- Joint Commission Resources – consulting division
- AMP with Tracer tool
- DSC standards manual – edition or hard copy
- Review Process Guide
- Webpages for specific programs

Advertise Your Achievement



Questions?

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