Achieving Post-Acute Care Certification for Nursing Care Centers

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GoToWebinar Housekeeping

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- Submit questions and comments via the Questions panel.

Note: Today’s presentation is being recorded and will be posted on the Joint Commission website.
Today’s Objectives

- Review the benefits of achieving Post-Acute Care Certification for your organization

- Discuss how Post-Acute Care Certification can position you to achieve more Stars and better outcomes

- Learn the key requirements for Post-Acute Care Certification
Flexible Product Options To Meet Your Unique Quality Objectives

**Nursing Care Center Accreditation**

Provides a solid foundational platform upon which optional specialty distinctions may be built.

**VISION:**
Accreditation requirements relate to high-value quality and safety issues affecting all patients and residents in Nursing Home Settings and include contemporary focus on person-centered care and cultural transformation.*

**Optional Specialty Certifications**

Accredited organizations may elect optional specialty certifications to highlight areas of additional competence based on their unique service offerings and market needs.

- Post-Acute Care Certification
- Memory Care Certification
Post-Acute Care Certification

- Care and services are...
  - goal-directed
  - time-limited (short-stay)

- Care is provided to patients...
  - recently hospitalized (or require higher acuity care and services in lieu of hospitalization)
  - Requiring medically complex care/rehabilitative services

- The goal...
  - To help effectively transition the patient to a lower level of care setting or to their home
Benefits of Post-Acute Care Certification

- Validates the organization’s capabilities to care for high-acuity patients
- Provides an unmatched quality distinction by formally recognizing advanced care competencies
- Helps nursing homes build strategic partnerships within the care continuum and is an effective way to meet increasing demands for quality oversight
- Focuses on minimizing risk of readmissions from nursing homes to hospitals and other care providers
Eligibility for Post-Acute Care Certification

- Currently accredited or simultaneously seeking accreditation under the Nursing Care Center Accreditation Program

- A minimum of 5 patients have been served within the program with a minimum of 2 active patients at the time of survey
Increasing Your 5-Star Rating

- Data set from CMS Nursing Home Compare website, April 2015
- Accreditation status was identified by matching facilities in the Nursing Home Compare data set and facilities in The Joint Commission database by CMS Certification Number (CCN)
- CMS Nursing Home Compare data set included records for 15,637 facilities
- 711 (5%) of the facilities were identified as accredited by The Joint Commission
Study Results: 5-Star Ratings

Joint Commission accredited organizations had statistically higher ratings than non-accredited nursing homes on the overall five-star rating and all 4 component subscales (health inspections, quality ratings, staff ratings, and RN staff ratings).
Study Results: 5-Star Ratings

Overall 5-Star Rating:

Accredited with Post-Acute Care Certification
- Accredited: 3.63*
- Accredited: 3.33*
- Non TJC Accredited: 3.13

Comparison of Accreditation and Certification Status by Star-Rating Component

<table>
<thead>
<tr>
<th>Component</th>
<th>Accredited with PAC Certification</th>
<th>Accredited</th>
<th>Non TJC Accredited</th>
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<tbody>
<tr>
<td>Health Inspection</td>
<td>2.965 2.848 2.817</td>
<td>4.069*</td>
<td>3.469* 3.295</td>
</tr>
<tr>
<td>Quality Rating</td>
<td>3.469* 3.295</td>
<td>3.488 3.448*</td>
<td>3.205</td>
</tr>
<tr>
<td>Staff Rating</td>
<td>4.36*</td>
<td>3.88*</td>
<td>3.378</td>
</tr>
<tr>
<td>RN Staff Rating</td>
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* Statistical significance P<0.05

Comparison of accredited organizations versus non-TJC accredited organizations after adjusting for facility size and ownership type. As a general rule, smaller non-profit organizations also tended to do statistically better than larger for-profit or government owned facilities.
Joint Commission accredited facilities performed consistently better on **all five of the short term stay measures** (short term stay defined as ≤ 100 days)
Study Results: Quality Measures

Patients in accredited facilities:

- less likely to report severe to moderate pain
- less likely to acquire new or worsened pressure ulcers
- less likely to be prescribed antipsychotic medications
- more likely to receive pneumococcal and influenza vaccinations
Joint Commission Post-Acute Care Certification was associated with increasingly better performance on pain, pressure ulcer, and antipsychotic medication measures.
Post-Acute Care Certification
Post-Acute Care Certification

Leadership accountability

Staff knowledge and competency

Post-Acute Care Certification

Provision of care for the high acuity patient

Transitions of care
The Standards

- A registered nurse(s) is on duty 24 hours a day, 7 days a week
- Clinical staffing is planned based on patient acuity, complexity of clinical tasks, staff experience and expertise, and physical layout of the facility
- Staff identifies learning needs relevant to rehabilitation and advanced care services
- Staff participate in education and training that addresses how to identify early warning signs of a change in a patient’s condition and how to respond
- Staff competence is assessed and documented at least annually
The Standards

- The medical director oversees a process for determining whether admission, transfer, or discharge was justified.
- The nursing home uses clinical practice guidelines to guide the provision of rehabilitation and advanced care services (http://www.guideline.gov).
- There is written screening criteria developed by an interdisciplinary team that guides the process for accepting patients.
- Assessments and reassessments include information about patients’ abilities to perform self-managed tasks.
The Standards

- Interdisciplinary teams collaborate and share information during the assessment and reassessment processes

- Medical history and physical exam within 24 hours prior to or 48 hours after admission or readmission
  - Or if done within 30 days prior to admission, the attending physician or licensed independent practitioner reviews the medical history, re-examines the patient and updates any findings within 24 hours prior to or 48 hours after admission or readmission

- The patient is assessed within 1 hour of admission to determine immediate care needs
The Standards

- The patient is assessed within 8 hours of admission for pain, fall risk, skin condition, assistance needed in ADLs and risk for re-hospitalization.

- When assessing for pain, the organization documents:
  - Location, duration, type (sharp, dull, throbbing, etc.), intensity (pain scale), exacerbating and alleviating factors, previous treatments and response, and barriers that may prevent effective treatment.

- Input from the family/surrogates is solicited if the patient is unable to convey the presence of pain.

- Measures are taken to prevent or reduce discomfort and patient before a treatment or procedure.
The Standards

- The organization has procedures for managing critical results of tests and diagnostic procedures:
  - Definitions of critical results and procedures, by who and to whom critical results are reported, time for reporting of critical results of tests and procedures

- The plan for care identifies any advance directives of the patient

- An interim plan of care is updated in response to changes in the patient’s condition until the comprehensive plan of care is developed

- The patient and/or family/surrogate is involved in developing an individualized plan of care
The Standards

- An interdisciplinary team regularly reviews the patient’s progress.
- The interdisciplinary team discusses care with the patient and/or family/surrogate on an ongoing basis, including current status, outcomes, barriers to achieving goals, alternative interventions to facilitate achieving goals.
- An attending or on-call licensed independent practitioner (LIP) is available 24 hours a day, 7 days a week.
- There is a plan to access a licensed independent practitioner should the organization be unable to communicate with the attending or on-call LIP about a patient’s change in condition.
The Standards

- Resuscitation equipment and supplies are available based on the needs of the population served (for example, crash cart, oxygen, and AED, etc.)
- There is a process for recognizing and responding to changes in a patient’s condition
- Written criteria describe early warning signs of a change in condition or deterioration and when to seek further assistance
- The patient and family are informed on how to seek assistance when they are concerns about a patient’s condition
The Standards

- A designated, qualified individual coordinates the provision of rehabilitation and advanced care services
- The individual coordinates with the interdisciplinary team and the patient and/or family/surrogate
- Discharge plans are discussed with the patient’s family/surrogate and relevant practitioners across different care settings
- The name and contact information of the responsible health care provider(s) are included in the discharge instructions
The Standards

- Before discharge, the organization documents patient or family/surrogate understanding of:
  - Medications, diet and fluid intake, safety considerations, recommended exercises and other activities, lifestyle changes, access to resources in the community, follow-up appointments, indications of worsening condition and how to respond

- Prior to discharge, the nursing home facilities the transfer of information to other service providers

- The nursing home collects data about readmissions to the hospital, emergency department, or other post-acute care setting

- The nursing home collects data on opportunities for improvement after the patient has been discharged
Considerations for Budget Planning

- **Post-Acute Care Certification**
  - On-site survey is 1 additional survey day priced at $1,000/day in 2016

- **Annual Fees for Certification**
  - $500 for the 1st certification option elected and $250 for the 2nd certification option elected
  - Total $750 annual fees for both optional certifications (in addition to annual fees for basic accreditation)
## Getting There from Here…

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<thead>
<tr>
<th><strong>Action Step</strong></th>
<th><strong>Quick Tips</strong></th>
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| **Step 1:** Conduct a GAP analysis: Evaluate the difference between the situation of your current processes compared to standards compliance. | • Review the Post-Acute Care Certification Standards  
  • Use Self-Assessment Prompts  
  • Use Documentation Checklists |
| **Step 2:** Develop Action Plan | • Address GAP areas of weakness  
  • Address Budget issues  
    - Staffing and other required resources  
    - Changes to Joint Commission invoice |
| **Step 3:** Select desired certification in your General Application (E-App) | • Go to your organization’s Joint Commission Connect™ portal and navigate to the General Application (e-App)  
  • Under Tab 2, select Post-Acute Care in the Certification box |
| **Step 4:** Conduct Focused Mock Surveys for Post Acute Care Certifications | • Try to schedule at least 2 mock surveys  
  • Use ICM Tools in Extranet Site  
    - Go to your organization’s Joint Commission Connect™ portal and navigate to the Continuous Compliance Tab; then select Intracycle Monitoring (ICM) |
Contact Us!

Nursing Care Center Accreditation Program
For more information about how to get started with Accreditation and Certification, and to receive a customized roadmap to help your organization achieve certification:

Phone 630-792-5020
Email ncc@jointcommission.org
Website www.jointcommission.org/NCC

Standards Interpretation
For questions about standards compliance
630-792-5900, option 6
Coming Soon!

Webinar: Achieving Memory Care Certification for Your Nursing Care Center
June 22, 12:00-12:30 p.m. central time

For more information and to register, go to:
http://pages.jointcommission.org/NCC20160622Webinar_RegistrationLP.html
Thank You for Joining Us Today!

Questions?

Attendee Participation

- Please continue to submit your text questions and comments using the Questions Panel

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