The Basics: Getting Started on Disease-Specific Care Certification

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Beyond Accreditation

Upon achieving Joint Commission accreditation, organizations have the opportunity to further improve outcomes for their patients through certification programs

Why Achieve the Gold Seal for Certification?

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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.

Achieve Joint Commission Certification

Pathways to excellence in patient care for your organization

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Show your commitment to:

- Continuous performance improvement
- Providing high-quality patient care
- Reducing patients' risk of harm

General eligibility:

- A formal interdisciplinary program structure
- Utilization of evidence-based clinical practice guidelines
- A formal approach to collecting, analyzing and interpreting performance measures

92% of our customers tell us Joint Commission certification directly impacts the safety and quality of their patient outcomes. *

** Value of Certification Survey, February 2016*

Joint Commission Reviewers

Provide best-in-class expertise and create a collaborative experience for our certifying organizations

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Our reviewers are subject-matter experts in the program being reviewed and provide enormous value for your organization:

- Provide leading practices to improve/grow the programs they are reviewing
- Conduct educationally focused reviews
- Lead a collaborative engagement that helps to increase staff awareness and education
- Inspire staff to improve the quality of patient care

What's Different about Certification?

- Reviews are service-based, focused on quality, safety, and outcomes of improving clinical care
- A voluntary review to look at a specific clinical program
  - Separate and distinct decision and award
  - Separate reviewers
- Two-year cycle
- Required twelve-month intracycle event

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Core Program Components

- Standards
- Clinical Practice Guidelines
- Performance Measures

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1. Determine Your Eligibility

- A disease, condition or procedure-based program that:
  - Is provided by a Joint Commission accredited organization (any setting is eligible)
    - A couple of exceptions to the accreditation pre-requisite
  - Has a formal program structure
  - Has a standardized method of clinical care delivery based on clinical guidelines/ evidence-based practice
  - Has an organized approach to performance measurement

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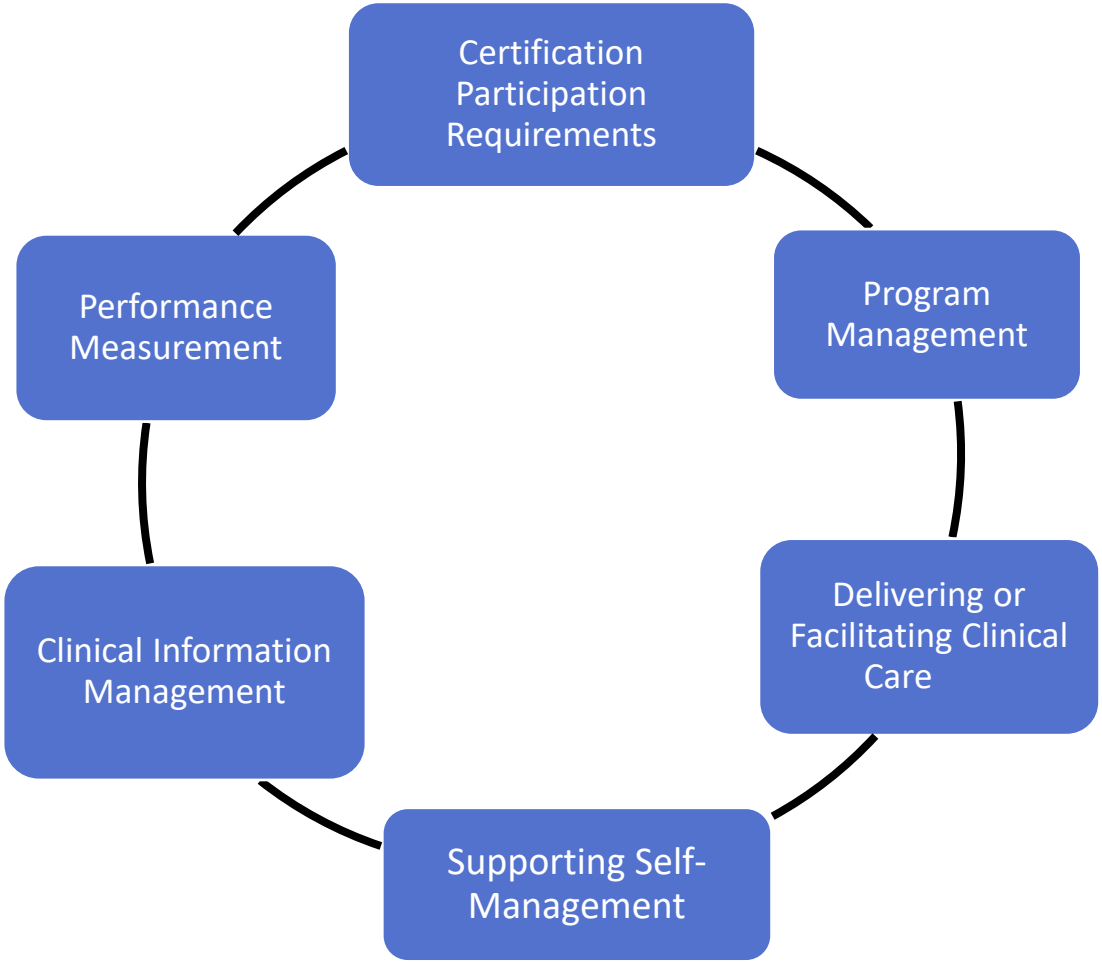
2. Review the Standards



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2. Review the Standards

- *Comprehensive Certification Manual for Disease-Specific Care*
- Most programs start from the same set of standards
  - Core standards cover oncology, rehabilitation, wound care and other categories
  - Advanced standards
- Palliative Care, Perinatal Care, and Comprehensive Cardiac Care have their own, unique standards manuals

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2. Review the Standards

- Appendices in the back for “advanced” programs:
  - All Stroke options (ASRH, PSC, TSC, CSC)
  - COPD (outpatient-based)
  - Advanced Certification in Heart Failure
  - Diabetes (Inpatient)
  - Total Hip and Total Knee Replacement
  - Ventricular Assist Device

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Disease-Specific Care Core Standards

Print Chapter | Related Links | Expand All

Standard Label	Standard Text	Ac
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).				D
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.				D
5	The program leader(s) participates in designing, implementing, and evaluating care, treatment, and services.				

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Advanced Certification 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	The program identifies members of its leadership team. **Requirement Specific to Primary Stroke Center Certification** 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.					
2	The program defines the accountability of its leader(s). **Requirement Specific to Primary Stroke Center Certification** a. Written documentation shows support of the primary stroke center by hospital or health system administration.				D	
3	The program leader(s) guides the program in meeting the mission, goals, and objectives.					

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3. Review Clinical Practice Guidelines

- 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
- Research with national associations and peer-reviewed publications.
- Are you functioning as a program with the most recent clinical standards in your field?

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4. 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?"

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4. Conduct a Self-Assessment

- Develop work plans for areas that are not in compliance with standards
- 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.

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4. Conduct a Self-Assessment

- 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.

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5. Determine Your Performance Measures

- Standardized measure sets are used for
  - All stroke programs
  - Advanced Certification in Heart Failure
  - Palliative Care
  - Perinatal Care
  - Advanced Total Hip and Knee Replacement
- Standardized measures have Specifications Manuals on the Joint Commission web site.

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5. Determine Your Performance Measures

- All other programs must choose measures to track over time
- Four process or outcome measures to monitor on an ongoing basis
- At least two of the measures must be clinical
- Up to two measures can be non-clinical, administrative, utilization, financial, patient satisfaction, etc.

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5. Determine Your Performance Measures

- 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

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5. Determine Your Performance Measures

- 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

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6. Use Resources from The Joint Commission

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6. Use Resources from The Joint Commission

- Standards Interpretation Group answers questions about how individual standards are applied
  - www.jointcommission.org "Ask a Standards Question"
- Joint Commission Resources (www.jcrinc.com)

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7. Start the Application Process

- Determine your Readiness Date
- Contact Business Development to open the application about 5-6 months before the date you would like the on-site review.
- Actual date of review is negotiated with you.
- Application stays valid for 12 months.

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7. Start the Application Process

The Joint Commission Connect™

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. CS stem 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

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7. 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")
- No actual performance measurement data is required at this step

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7. Start the Application Process

- Hit "Submit"
- Once received, an account executive will contact you to review the application and begin the scheduling process.

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8. 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 the four months of data on your measures

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9. The Day of the Review

- Opening conference
- Patient tracers
- Data discussion / Performance Improvement
- Review of credentialing and competency
- Preliminary report of findings

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10. Follow-Up Activities

- Any deficiencies will be discussed at the end of the review
- Findings displayed on the SAFER Matrix™
- Sixty days to submit evidence of standards compliance (ESC)

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The Joint Commission's Survey Analysis for Evaluating Risk (SAFER) Matrix™

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Immediate Threat to Life **(a threat that represents immediate risk or may potentially have serious adverse effects on the health of the patient, resident, or individual served)**

Likelihood to Harm a Patient/Staff/Visitor	LIMITED (unique occurrence that is not representative of routine/regular practice)	PATTERN (multiple occurrences with potential to impact few/some patients, visitors, staff and/or settings)	WIDESPREAD (multiple occurrences with potential to impact most/all patients, visitors, staff and/or settings)
HIGH (harm could happen at any time)			
MODERATE (harm could happen occasionally)			
LOW (harm could happen, but would be rare)			

Scope

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11. Advertise Your Achievement

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Upcoming "Basics" Webinars

PART 2: Understanding and Choosing Clinical Practice Guidelines and Performance Measures

February 28, 2019

PART 3: Most Frequently Cited Disease-Specific Standards

May 9, 2019

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Questions?

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