

Advanced Palliative Care Certification

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January 28th 2020

Beyond Accreditation

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



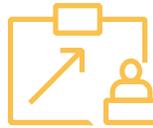
Why Achieve the Gold Seal for Certification?

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



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

Advanced Palliative Care Certification *Standards*

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Department of Standards and Survey Methods

February 5th 2019

Advanced Palliative Care Certification

(Health Care Services Certification (HCSC))

Program Emphasis

- Formalized Program with an Interdisciplinary Team
- Leadership Endorsement and Support
- Patient and Family Engagement
- Coordination of Care and Communication
- Pediatric Palliative Care
- Evidence-Based Practice

Standards for Advanced Palliative Care Certification

Standards chapters

- **PCPM**—Program Management
- **PCPC**—Provision of Care
- **PCIM**—Information Management
- **PCPI**—Performance Improvement

Most Frequently Scored Standards

(2019)

Elements of Performance (EPs)

- **PCPM.6 EP4** staff competence
- **PCPM.6 EP5** staff orientation

- **PCPC.3 EP2** plan of care
- **PCPC.4 EP2** initial assessment (symptoms)
- **PCPC.4 EP4** initial assessment (psychosocial)
- **PCPC.4 EP5** initial assessment (cultural, spiritual, and religious beliefs)
- **PCPC.4 EP6** initial assessment (psychological)

- **PCPI.2 EP6** patient satisfaction

Most Frequently Scored Standards/EPs (2019)

- **PCPM.6** Program leaders are responsible for selecting, orienting, educating, and retaining staff.
 - **EP4...**Program leaders assess each program staff member's competence to perform job responsibilities through observation within program-defined time frames. This assessment is documented.

Most Frequently Scored Standards/EPs (2019) (cont'd.)

- **PCPM.6**
 - **EP5...Orienting Staff**
 - The domains of palliative care
 - Assessment and management of pain and other physical symptoms
 - Assessment and management of psychological symptoms and psychiatric diagnoses
 - Communication skills
 - Cross-cultural knowledge and skills
 - Information on a specific population(s) served
 - Grief and bereavement
 - Ethical principles that guide provision of palliative care
 - Community resources for patients and families
 - Hospice care

Most Frequently Scored Standards/EPs (2019) (cont'd.)

- **PCPC.3** The program tailors care, treatment, and services to meet the patient's lifestyle, needs, and values.
 - **EP2** The documented plan of care is developed and updated by the interdisciplinary team in collaboration with the patient, his or her family, and health care providers involved in the care of the patient.

Most Frequently Scored

Standards/EPs (2019)

- **PCPC.4** The interdisciplinary team assesses and reassesses the patient's needs. (All EPs include documentation)
 - **EP2** ...Includes pain, dyspnea, constipation, symptoms
 - **EP4** Includes psychosocial assessment based on patient needs
 - **EP5** ...Includes cultural, spiritual, and religious beliefs
 - **EP6** ...Includes anxiety, stress, grief, coping, and other psychological symptoms

Most Frequently Scored Standards/EPs (2019) (cont'd.)

- **PCPI.2** The program collects data to monitor its performance.
- **EP6** The program collects patient satisfaction data that is specific to the care, treatment, and services it provides

What's New?

Palliative Care Clinical Practice Guidelines (CPGs)

The National Consensus Project 4th Edition

- Concepts
 - All People, All Settings
 - Clinicians Across Settings and Specialties
- Themes
 - Comprehensive Assessments
 - Family/Caregiver
 - Care Coordination and Transitions
 - Cultural Sensitivity/Competence
 - Communication

What's New Cont.?

- Advanced Palliative Care Program Standards
 - Referrals
 - Family/Caregivers

New and Revised Standards

- **PCPM.8** The program promotes collaboration among program staff and with the organization staff who are involved in the patient's care.
- **EP3** The program demonstrates teamwork among the interdisciplinary team members and other organization staff who are involved in the patient's care, including responding to and managing incoming referrals and offering consultations.

New and Revised Standards

- **PCPC.1** Patients and families know how to access and use the program's care, treatment, and services.
- **EP6** The program assesses the caregiver's willingness and ability to provide care.
- Note: This may include administering medication, accessing community resources, and assisting with activities of daily living.
- **EP7** The interdisciplinary team identifies family and caregiver burden and assists in identifying additional resources when needed.

Advanced Palliative Care Certification

Standardized Performance Measures

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Department of Quality Measurement

January 28, 2020

Advanced Certification for Palliative Care

Performance Measure Requirements effective 1/1/2017

- All hospitals certified in the Advanced Palliative Care program are required to implement data collection for five standardized measures effective with discharges on and after January 1, 2017



Palliative Care (PAL) Measures

PAL-01

Pain Screening

PAL-02

Pain Assessment

PAL-03

Dyspnea Screening

PAL-04

Treatment Preferences and Goals of Care

PAL-05

Treatment Preferences Discharge Document

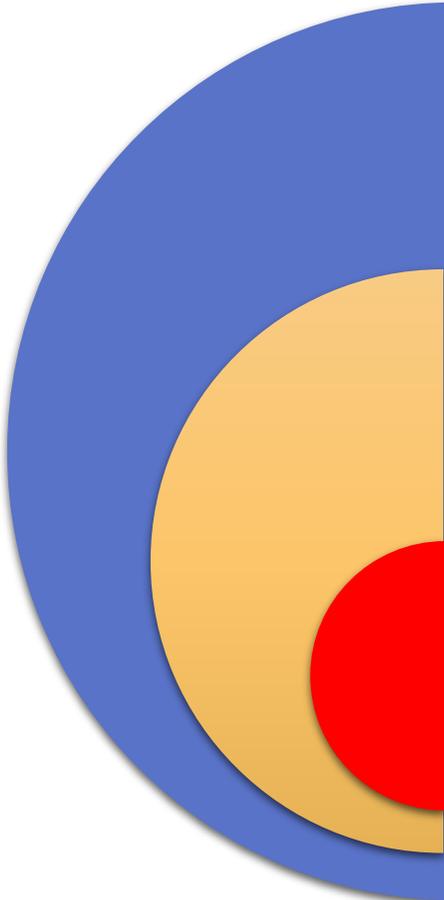
PAL – Initial Patient Population

All patients who have received a consultation with any member of the palliative care service team.

“Consultation” indicates that the patient received a face to face encounter visit with any member of the palliative care core interdisciplinary team.



PAL-01 Pain Screening

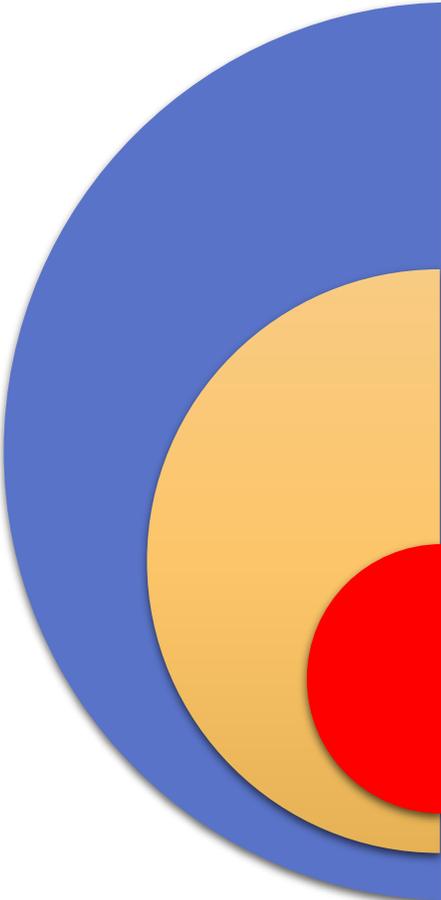


Description: Proportion of palliative care patients who were screened for pain during the palliative care initial encounter. (NQF # 1634: Hospice and Palliative Care - Pain Screening)

Denominator: Patients receiving specialty palliative care in an acute hospital setting for one (1) or more days

Numerator: Patients who are screened for the presence or absence of pain and its severity using a standardized quantitative tool during the initial encounter for palliative care.

PAL-02 Pain Assessment

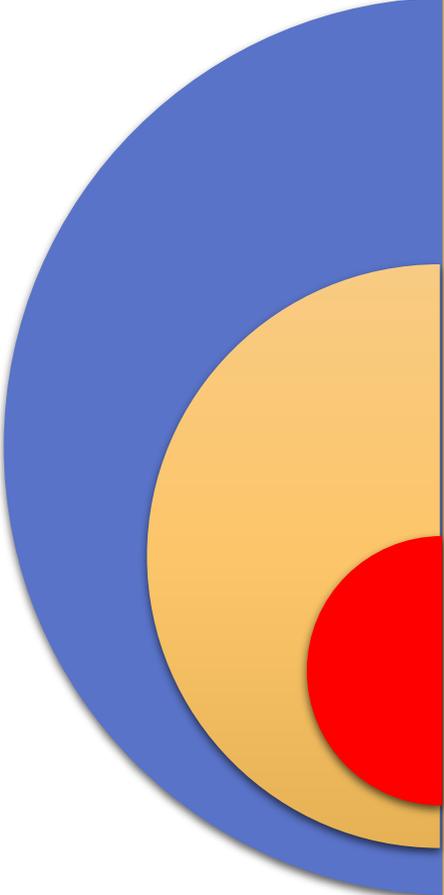


Description: Proportion of palliative care patients who screened positive for pain during the palliative care initial encounter and received a clinical assessment of pain, which included at least five of seven components, within one (1) day of screening. (NQF # 1637: Hospice and Palliative Care - Pain Assessment)

Denominator: Patients receiving specialty palliative care in an acute hospital setting who report pain when pain screening is done on the initial palliative care encounter.

Numerator: Patients who received a comprehensive clinical assessment, which included at least five of seven components, within one (1) day of screening positive for pain.

PAL-03 Dyspnea Screening

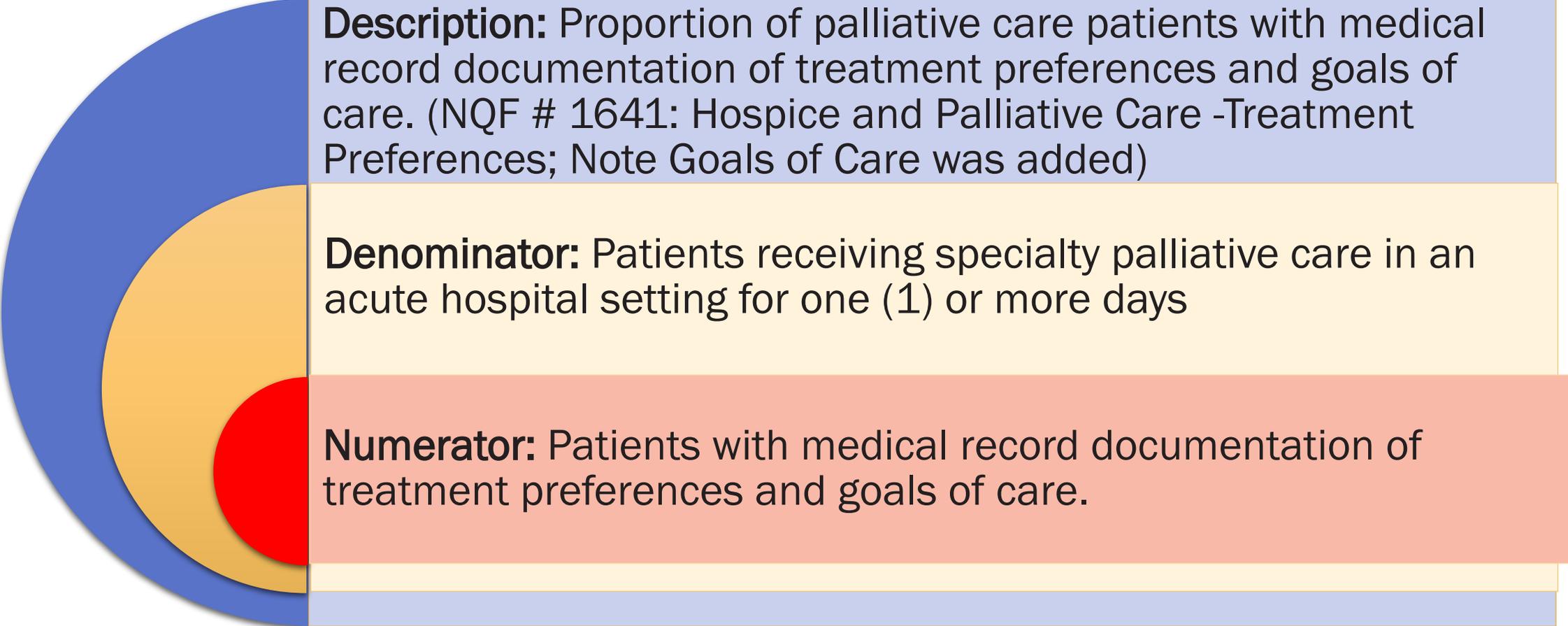


Description: Proportion of palliative care patients who were screened for dyspnea during the palliative care initial encounter. (NQF # 1639: Hospice and Palliative Care - Dyspnea Screening)

Denominator: Patients receiving specialty palliative care in an acute hospital setting for one (1) or more days

Numerator: Patients who are screened for the presence or absence of Dyspnea and its severity during the initial encounter for palliative care.

PAL-04 Treatment Preferences and Goals of Care



Description: Proportion of palliative care patients with medical record documentation of treatment preferences and goals of care. (NQF # 1641: Hospice and Palliative Care -Treatment Preferences; Note Goals of Care was added)

Denominator: Patients receiving specialty palliative care in an acute hospital setting for one (1) or more days

Numerator: Patients with medical record documentation of treatment preferences and goals of care.

PAL-05 Treatment Preferences

Discharge Document



Description: Proportion of patients for whom a transition of care document containing information regarding goals of care and treatment preferences is completed and accompanies the patient to next level of care at discharge. (NQF #: Not Applicable)

Denominator: Patients receiving specialty palliative care in an acute hospital setting for one (1) or more days

Numerator: Patients for whom a transition of care document containing information regarding treatment preferences and goals of care is completed and accompanies the patient to next level of care at discharge.

Data Submission

- Hospitals are required to **collect monthly** data points
 - Numerator value
 - Denominator value
- **Report data quarterly** to The Joint Commission
- Submit data via the extranet Certification Measure Information Process (**CMIP**)



CMIP Trend Reports

- Assist with analysis of performance measurement data
- Identify trends in performance
- Three types of trend reports for each of the standardized measures:
 1. Individual hospital trend reports
 2. National and state overall rate trend reports
 3. Multistate trend reports
- Rules to guide the interpretation are in the Users' Guide to CMIP Performance Measure Trend Reports found on the extranet site



Navigating the Performance Measures

Detailed PAL measure specifications:

- <http://manual.jointcommission.org>
- Performance measure Q & A:
 - <http://manual.jointcommission.org>



Application Process for Advanced Palliative Care Certification

**Francine Topps, Business Development Specialist
Hospital Business Development and Certification**

February 5th 2019

Gap Analysis

- Where are the gaps in the program?
- Self-assessment against the standards and the CPGs

E-app Submission

- Determine WHEN team wants onsite review to occur
- Work backwards from date 4 – 6 months and submit E-app
- Contact Business development specialist to walk through E-app completion
- Ask your Business Development specialist for the documents on completing the E-app and CMIP

E-app submission (cont.)

E-app – has two parts:

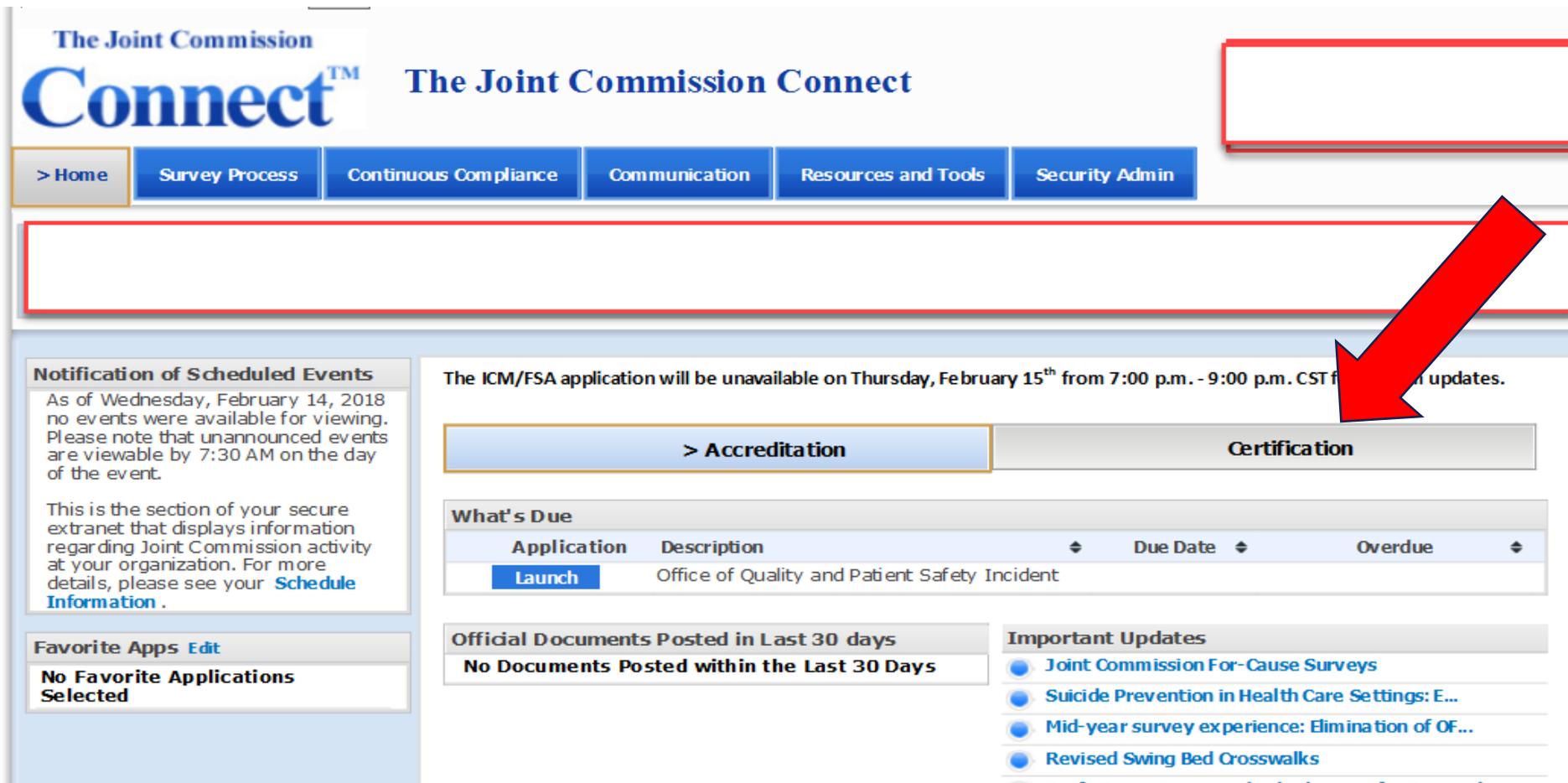
Part 1: Application:

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

Part 2: CMIP (Certification Measure Information Process)

- Names of CPGs and when published
- Performance Measures:
 - Standardized will be pre-loaded
 - 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 for 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

Joint Commission Reviewers

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

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

Preparing for Onsite Review

- Opening conference and orientation to your program
- Interdisciplinary team
- Individual Tracer activities
- Clinical practice guidelines/policies
- Data Use System Tracer/Performance measures
- Orientation and competency
- Credentialing
- Closing and report



Disease-Specific Care Certification
Review Process Guide

2019



Resources

- Joint Commission Business Development Specialist
- Account Executive for certification at The Joint Commission
- DSC standards manual – edition or hard copy
- Review Process Guide
- Webpages for specific programs

Resources

Direct Measure related questions to:

- <http://manual.jointcommission.org>

Detailed PAL measure specifications:

- <http://manual.jointcommission.org>

Measure training webinar replay available at:

- https://www.jointcommission.org/certification/palliative_care.aspx



Advertise Your Achievement



Questions?

Certification Questions:

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