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Note: Today's presentation is being recorded and will be provided on the Joint Commission Website.





Joint Commission Certification

Roadmap to Achieving Certification: Clinical Practice Guidelines and Certification on Performance Measures

February 11, 2020



Today's Agenda:

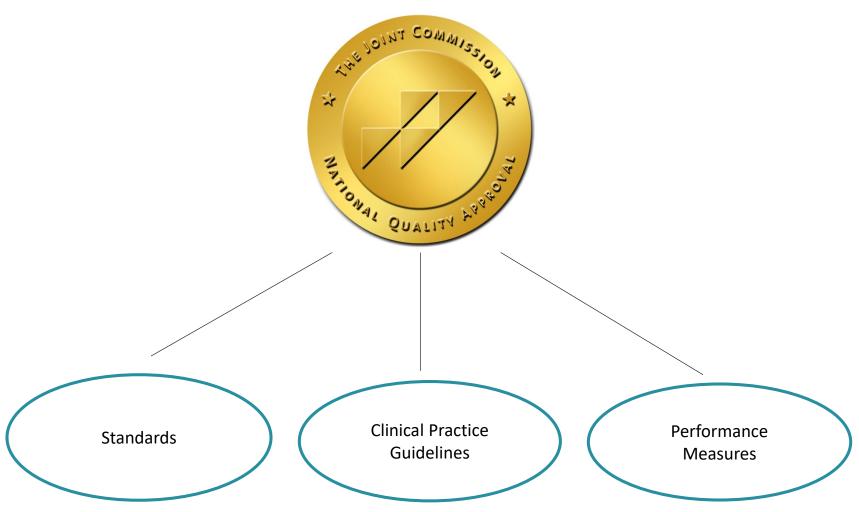
- 1. Define Clinical Practice Guideline
- 2. Identify sources of Guidelines
- 3. Implementing Guidelines
- 4. Define Performance Measures & Performance Improvement
- 5. Quick Tips About Performance Measurement
- 6. Requirements in the E-application
- 7. Q & A Session



Clinical Practice Guidelines

Core Program Components





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Also known as:

- Standards of Care
- Best Practice
- Guidelines for the management of
- They are <u>not</u>:
 - Care Plans
 - Care Paths
 - Order Sets/ pre-printed orders



Appropriateness

- Is the CPG evidenced-based?
- Does it meet inclusion criteria set forth by AiCPG?
 - https://AiCPG.org
- Is/ are the CPG(s) inclusive of all areas of care (primary diagnosis and co-morbid diagnoses)?



Characteristics of a Good CPG

- Current, best practice [not older than five years/ reviewed in last five years]
- Evidence that is determined current by clinical leaders
- Is comprehensive
- If not comprehensive what do we do?
- Find CPGs that are as comprehensive as possible for the care being provided

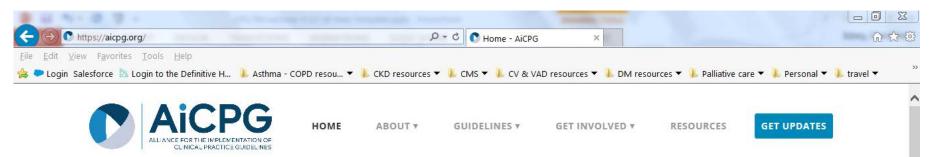


CPG Sources

- National Clearinghouse
 - https://AiCPG.org
- Professional Organizations:
 - Am. Heart/ Am. Stroke Association
 - Am. Diabetes Association
 - National Assoc. of Orthopedic Nurses
 - Am Academy of Physical Medicine and Rehab
 - Society of Hospital Medicine
 - Am. Academy of Orthopedic Surgeons



https://AiCPG.org





Free Access to Guideline Summaries in the New AiCPG Guideline Repository

The Alliance for the Implementation of Clinical Practice Guidelines (AiCPG) is a non-profit organization with a mission to systematically promote the transparency, validation, dissemination and implementation of clinical practice guidelines to improve patient outcomes.

CONTACT US



Adopting/Approving CPGs

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



Modification of CPG

- Can be modified
- Supporting evidence-based documentation for modification
- Discussions about modifications by multidisciplinary team documented
- Process to modify order sets/ policies/ protocols/ pathways

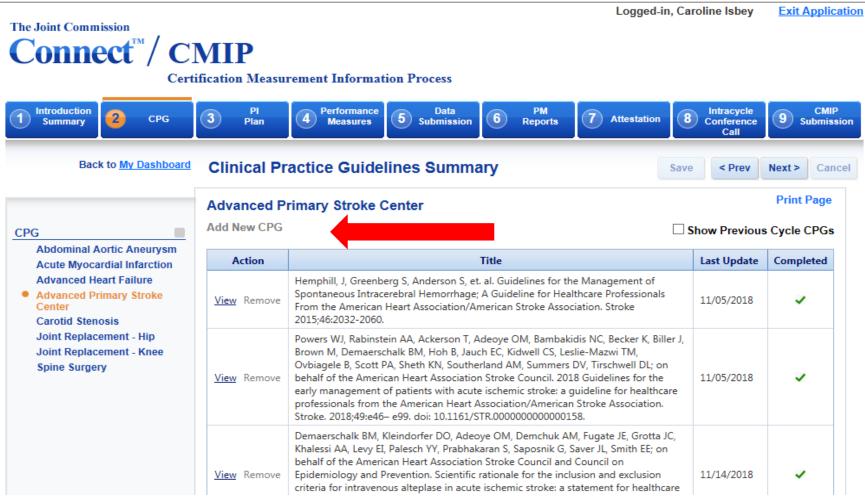


Application for Certification

- For CMIP application:
 - Need at least one comprehensive set
 - Can list up to six
- Some programs will need more than one
 - Start with most comprehensive
- Contact your Associate Director



CPG Screen from CMIP





CPG Screen from CMIP

The Joint Commission	L	Logged-in, Ca	roline Isbey	Exit Application		
Connect [™] / CI	TIP A fication Measurement Information Process					
1 Introduction Summary 2 CPG	3 Pl Affective Performance Data Data PM Measures 5 Submission 6 Reports 7 Af	ttestation 8	Intracycle Conference Call	9 Submission		
Back to My Dashboard	Clinical Practice Guidelines	Save	e < Prev	Next > Cancel		
	Advanced Primary Stroke Center			Print Page		
CPG Abdominal Aortic Aneurysm	Title of Clinical Practice Guidelines the program is following (include populati (5000 characters max)	tion reference	such as adul	t or pediatric)		
Acute Myocardial Infarction Advanced Heart Failure • Advanced Primary Stroke Center Carotid Stenosis Joint Replacement - Hip Joint Replacement - Knee Spine Surgery	(5000 characters max) For example: National Chronic Heart Failure Clinical Guideline for Diagnosis and Management [of Adults] in Primary and Secondary Care, AAOS Clinical Guideline on Osteoarthritis of the Knee, Guidelines for the Clinical Management of Pediatric Asthma, Guidelines for the Clinical Management of Adult Asthma Hemphill, J, Greenberg S, Anderson S, et. al. Guidelines for the Management of Spontaneous Intracerebral Hemorrhage; A Guideline for Healthcare Professionals From the American Heart Association/American Stroke Association. Stroke 2015;46:2032-2060. Are the Clinical Practice Guidelines evidence-based and peer reviewed?					
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On-Site Review

- Have a copy/ copies available at time of onsite review
- Identify where copy/ copies is/are available for clinical staff
- Process to check for updated CPGs
- Process to update protocols/ policies/ pathways/ order sets



On-Site: Reviewer's Role

- 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
- Discuss process and timelines for review and updating CPGs and documents based on CPGs
- Ask staff to find and discuss CPGs during patient tracers



On-Site: Challenges

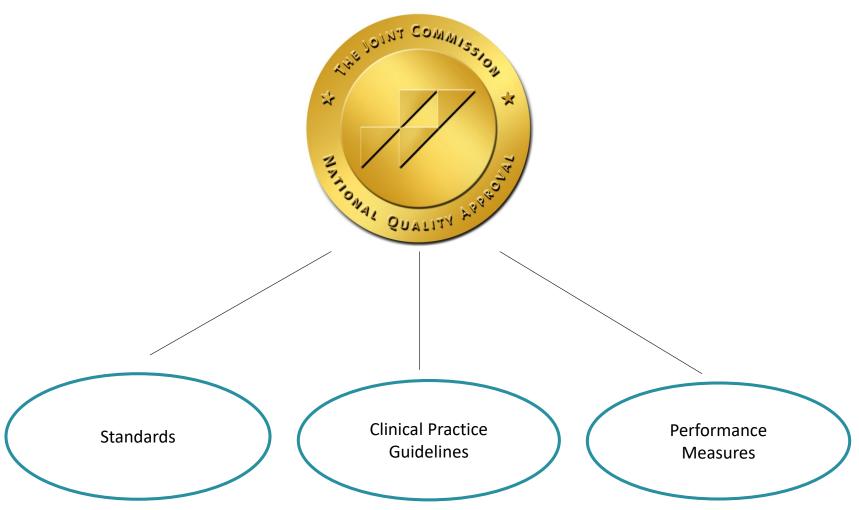
- One of the most frequently cited issues is programs not consistently following their own CPG's.
- Roadmap for Achieving Certification: Tackling the Most Frequently Cited Certification Standards - May 12, 2020



Performance Measures

Core Program Components





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Joint Commission Measurement Terminology

- Stage 1 Measures that are customer-defined, with no standardized measure requirement
- Stage 2 Measures that are defined by The Joint Commission and required from every certified organization in a specific category.



Non-Standardized Performance Measure

- Choose four measures to track over time
- Monitor continuously over the 2-years of the certification
- At least two of the four measures must be clinical, process and/or outcome
- One or two measures can be non-clinical, i.e., administrative, utilization, financial, patient satisfaction, etc.



Standardized Performance Measures

- Programs with Standardized Measures:
 - All stroke certifications
 - Advanced Certification in Heart Failure
 - Palliative Care
 - Perinatal Care
 - Advanced Total Hip and Total Knee Replacement
 - Acute Heart Attack and Primary Heart Attack Centers
 - Comprehensive Cardiac Center
- Standardized measures have Specification Manuals on the Joint Commission website.



Quick Tips About Performance Measures

- Related to current medical evidence (CPGs) and/or DSC standards
- Within program's scope of responsibility
- Related to your overall performance improvement plan



Quick Tips About Performance Measures

- Defined specifications
 - Limit the number of elements being measured in one measure.
 - Define scope of measure
- Data collection is consistent and logical
 - Who collects and analyzes the data?
 - Where is the data found?
 - Will multiple data collectors come up with same results? (reliability and validity of the data)



Getting the Right Definition Is Everything

- What are you doing?
- Received VTE prophylaxis medication
- To whom?
- Elective hip replacement patients
- When?
- Within 24 hours of admission
- The number of elective hip patients who received VTE prophylaxis medication within 24 hours of admission



Troubleshooting Tips for Performance Measures

Identify what's wrong

- Poorly defined specifications
- Multiple elements in one measure
- Impossible (?) to collect
- Very small volume



Do these need redefinition?

- Number of patients with evidence of teaching once during visit <u>and</u> at discharge.
- Number of knee replacement patients <u>ambulating</u> day of surgery.
- <u>Accurate</u> Nursing Documentation



Sampling Methodology

Sample Size for Nonstandardized Measure Data Collection				
Monthly Patient Volume (number of discharges)	Monthly Sample Size (number of medical records)			
1-9	100%			
10 – 49	10 cases			
50 – 99	20%			
≥ 100	20 cases			
Natas Canada size mentionenada (anthe shales (OTK) ACUE \$ and COTK				

Comprehensive Certification Manual for Disease-Specific Care

Note: Sample size requirements for the stroke (STK), ACHF,[‡] and CSTK[§] measure sets are detailed in the Specifications Manual for Joint Commission National Quality Measures. Please refer to the Performance Measurement Implementation Guides for ASR-IP,[#] ASR-OP,[#] and THKR^{**} for the sample size requirement for these measure sets.

From the *Comprehensive Certification Manual for Disease-Specific Care 2019* Performance Improvement chapter.



Questions You'll See on the Certification Application

Type Of Measure:	Process
	Outcome
	Process and Outcome
Measure Category:	Administrative/Financial
	Clinic al
	 Health
	Perception of Care/Services
Data Collection Interval:	Monthly
Data Collection Interval: Select options for entering data:	
	Monthly Proportion Continuous Variable
	Proportion
	 Proportion Continuous Variable



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Data reporting to The Joint Commission

- Data is entered into the certification data base CMIP (Certification Measure Information Process)
- You aggregate the data and submit monthly *summary* numbers
- Non-standardized measure data can be submitted at any time, but must have 4 months before the first review, and 12 months of data for the intracycle call.
- Standardized measure data
 - Submitted every quarter on a calendar quarter **OR**
 - Submitted through a certification vendor



On-Site Discussion of Performance Measures

- Short-term and long-term goals
- Trends in data
- Benchmarking
- Analyzing outliers
- Performance improvement projects and if / how you see an improvement in data



On-Site Discussion of Performance Measures

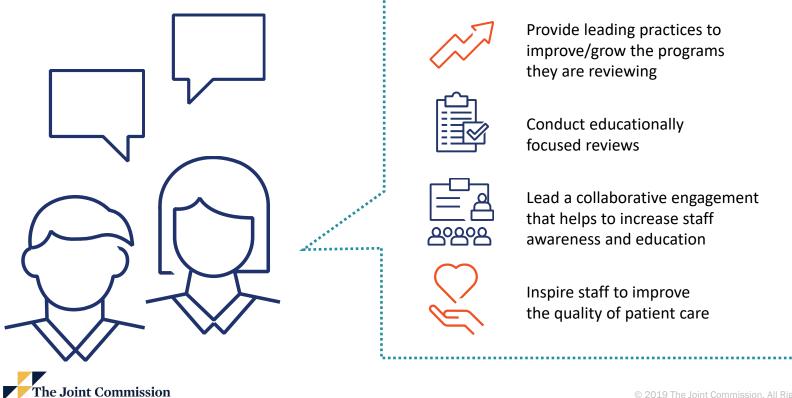
- Your reviewer(s) can help you
 - If your data design needs work
 - If you have trouble analyzing data
 - If you think it's time to choose new data measures
 - If your performance improvement efforts are stuck



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:



Achieve Joint Commission Certification

Pathways to excellence in patient care for your organization



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



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



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

* Value of Certification Survey, February 2016



Upcoming Webinars

Register Today						
Ins & Outs of Total Hip/Knee Replacement Mar 3	Cardiac Systems of Care: How does my organization fit in Mar 10	Why Rehabilitation Certification is a Differentiator Mar 19				
Which Stroke Certification is Right for My Thrombectomy-Capable Program Apr 1	Most Frequently Cited Certification Standards May 12	A System Approach to Certification May 26				
Learn from a Recently Certified Heart Attack Center Jun 9	Managing Sepsis Through Certification Jun 23	Why you Should Achieve Spine Surgery Certification Jul 16				
Comprehensive Cardiac Center Certification: Is my hospital qualified? Jul 23	Is Certification Right for Your Heart Failure Program? Aug 11	Key Information for Achieving Heart Attack Certification Sep 17				
Ins & Outs of Total Hip/Knee Replacement (replay with live Q&A) Oct 1	Which Stroke Certification is Right for My Thrombectomy-Capable Program (replay with live Q&A) Oct 15	Is Inpatient Diabetes Certification Right for my Hospital? Nov 2				
Why Rehabilitation Certification is a Differentiator (replay with live Q&A) Nov 17						







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