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Going for the Gold Seal

Joint Commission Rehabilitation Certifications

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Beyond Accreditation

Achieving Joint Commission accreditation is just the beginning, 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.

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Accreditation vs. Certification

- **Accreditation Surveys**
  - Organization-wide evaluation of care processes and functions
- **Certification Reviews**
  - Product or service-specific evaluation of care and outcomes

Collaborate with a Premier Certifying Body

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Trusted by over 21,000 organizations/programs nationwide

The Joint Commission is the oldest and largest accrediting and certifying body setting the standard for safe, high-quality health care nationally and internationally.

Certification for your organization:

- Provide standardization of patient care across an organization with multiple sites/locations
- Provide an objective assessment of clinical excellence
- Assist in growing specific clinical product lines
- Provide leading practices to improve programs
- Help improve your patient outcomes
- Create a loyal, cohesive clinical team
- Promote achievement to your marketplace

Today's Objectives

- Review Benefits of Achieving Certification
- Getting Started with Clinical Practice Guidelines (Where to find and How to implement)
- Coming up with Measurable Performance Measurements (Example of Performance Measurements for Initial Reviews and Recertifications)
- Knowing Your Central Office Resources
- Q & A Session

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Benefits of Certification

- Builds the structure required for a systematic approach to clinical care
- Reduces variability and improves the quality of patient care
- Pushes you to look at your program(s) more closely
- Creates a loyal, cohesive clinical team
- Provides an objective assessment of clinical excellence
- Differentiates clinical care program in the marketplace
- Promotes achievement to community

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Certification by the Numbers

3,987 certified programs

- In all 50 states, DC and Puerto Rico
- 1,400 organizations
- 110 disease programs

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Rehabilitation Certifications Programs

- 400+ Rehabilitation Certification Programs
- 200 Stroke Rehabilitation Certifications
- For a complete list: www.jointcommission.org/certified

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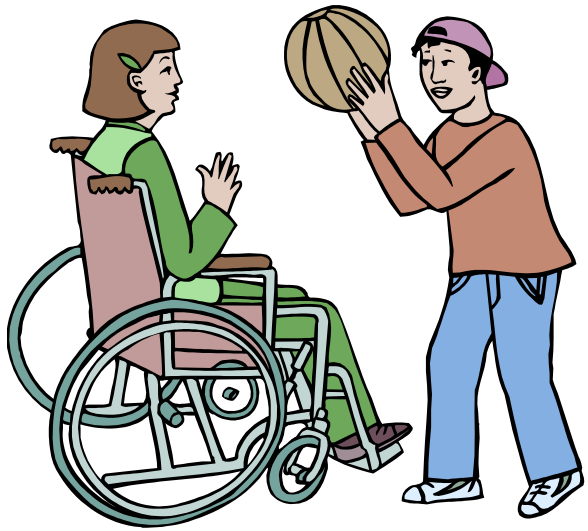
Examples of DSC Rehab Programs

- Orthopedic Rehab
- Pulmonary Rehab
- Cardiac Rehab
- Hip Fracture Rehab
- Amputee Rehab
- Brain Injury Rehab
- Spinal Cord Injury Rehab

- Parkinson's Disease
- Stroke Rehab
- Oncology Rehab
- Multiple Sclerosis



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Core Program Components

- Standards
- Clinical Practice Guidelines
- Performance Measures

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Core Program Components

Standards

Disease-Specific Care Standards

Program Management

7 standards

Delivering or Facilitating Clinical Care

6 standards

Supporting Self-Management

3 standards

Clinical Information Management

5 standards

Performance Improvement and Measurement

6 standards

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Core Program Components

Clinical Practice Guidelines

Clinical Practice Guidelines

Clinical care based on guidelines/evidence-based practice

Review validates:

Any disease-specific care program that has

- Rationale for selection/modification
- Implementation of CPGs
- Monitoring & improving adherence

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Clinical Practice Guidelines

Examples:

ECRI Guidelines Trust

American Heart Association (AHA)

- Stroke Rehabilitation & Recovery – May 2016
- Corresponding Press Release

Dept. of Veterans Administration/Dept. of Defense

- Clinical Practice Guideline for the Management of Stroke Rehabilitation

  July 2019, Version 4

Dept. of Veterans Administration / Dept. of Defense _

- Rehabilitation of Individuals with Lower Limb Amputation - September 2017, Version 2.0

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American Heart Association

AHA/ASA Guideline

Guidelines for Adult Stroke Rehabilitation and Recovery

A Guideline for Healthcare Professionals From the American Heart Association/American Stroke Association

Endorsed by the American Academy of Physical Medicine and Rehabilitation and the American Society of Neurorehabilitation

The American Academy of Neurology affirms the value of this guideline as an educational tool for neurologists and the American Congress of Rehabilitation Medicine also affirms the educational value of these guidelines for its members

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VA/DoD CLINICAL PRACTICE GUIDELINE FOR THE MANAGEMENT OF STROKE REHABILITATION

Department of Veterans Affairs
Department of Defense
Version 4.0 – 2019

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VA/DoD Amputee Rehab v.2.0

VA/DoD CLINICAL PRACTICE GUIDELINE FOR REHABILITATION OF INDIVIDUALS WITH LOWER LIMB AMPUTATION

Department of Veterans Affairs

Department of Defense

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Brain Injury Rehabilitation CPGs

- Scottish Intercollegiate Network Guidelines
- State of Colorado Workers Comp Guidelines
- Ontario Neurotrauma Foundation

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Other CPGs

- Hip Fracture – National Institute for Health and Care Excellence (NICE)
- Spinal Cord Injury – Paralyzed Veterans of American (PVA)
- Parkinson Disease – NICE 2017
- Oncology Rehab - Oncology Nurses Society Evidence Based Interventions for Fatigue & Anxiety
- Amputee - Veterans Administration/DoD

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Putting Clinical Practice Guidelines (CPGs) into Practice

Evidence / CPG	Your Program's Existing Policies/Procedures	Gaps	Person Overseeing Change / Due Date
Interventions are based on the type of post-stroke incontinence	Generic bladder protocol	Expand bladder protocol to include stress, functional and neurogenic bladder problems with interventions for each	Director of Nurses and Medical Director – June 2020
Depression screening done as early as possible upon rehabilitation	No real validated tool used consistently by program Done subjectively by nursing assessment upon admission	Explore and select validated screening tool to be completed during admission assessment Select the team member who will complete screening tool	Program Champion and Case manager - September 2020

Performance Measurement Criteria

Four process or outcome measures to monitor on an ongoing basis

- Select existing measures; or
- Create new measures

At least two of the measures must be clinical.

Up to two measures may be non-clinical: administrative, utilization, financial, patient satisfaction

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What Makes a Good Performance Measure?

- Results can be used for improvement
- Relates to current medical evidence
- Defined specifications
- Data collection is consistent and logical

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CMIP Examples

Proportion: numerator is subset of dominator.

Depression Screening:

- **Numerator**: Patients admitted to the stroke rehabilitation program that have depression screening completed within 3 day of admission.
- **Denominator**: Patients admitted to the stroke rehabilitation program.

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CMIP Examples

Continuous Variable:

- Length of Stay
- Functional Level Gain
- Acute Care Transfers

Ratio Rate:

- Falls

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Setting Realistic Goals

DSC Rehabilitation CMIP Indicators

- What can you learn from comparisons to programs that are larger, more diverse, or smaller?
- Where are opportunities or gaps?
- Where are the variances in data / performance?
- What are best practices learned from other DSC rehabilitation programs?

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Setting Realistic Goals

Use risk-adjusted benchmarks

- National benchmarks
- Regional benchmarks
- Corporate benchmarks
- Internal benchmarks
- Historical data / benchmarks

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Performance Measures:

Examples of Initial Certification

- Patient satisfaction
- Depression Screening completed
- DSC Education documented
- Functional Level Items / Functional Level Gain
- Behavior Management plan initiated
- Leisure / Lifestyle assessment completed

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Key Concepts to Remember

- Data reliability and validity
- Rule out scoring errors first
- Monitor for scoring “creep”
- Must have a sufficient *n*
- Look at clinical practice
- Risk adjusted data is a good place to start

If all other stroke rehab programs had YOUR unique case mix, the outcome(s) would be…….

Performance Measures:

Examples of Re-Certification

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- Effectiveness of Education documented
- Family Conference held within first XX days
- Multiple family training sessions held during course of rehabilitation
- Recommendations for depression implemented
- Behavior management recommendations implemented
- Patient preferences from Lifestyle Assessment incorporated into treatment plan

Challenges of Certification

- Consistent implementation of Clinical Practice Guidelines
- Most frequently cited issue is related to missing or inconsistent CPGs
- Medical Record initiated, maintained, accessible
- Practitioners are qualified and competent
- Patient education needs addressed
- Plan of care is individualized

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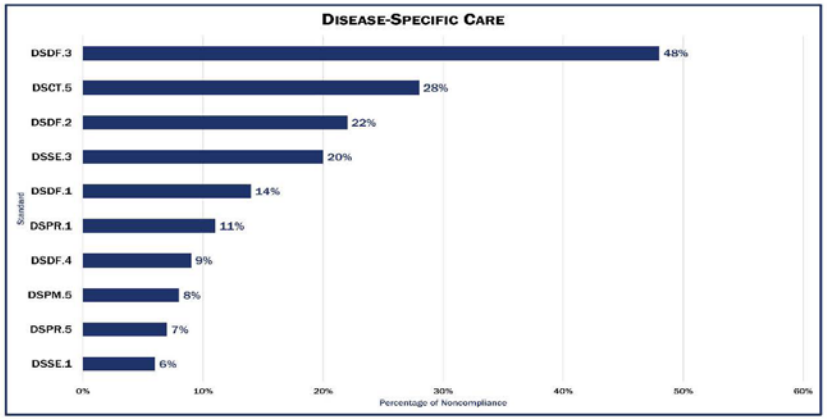
Top Noncompliance Data for Select Joint Commission Certification Programs from January 1, 2019, through June 30, 2019



Note: *The data included for the disease-specific care program were derived from 913 applicable reviews; these data do not include Advanced Certification for Lung Volume Reduction Surgery or Advanced Certification for Ventricular Assist Device Destination Therapy.*

Standard	Standard Topic
DSDF.3	Implement the program using clinical practice guidelines selected to meet the patient's needs.
DSCT.5	Initiate, maintain, and make accessible a medical record for every patient.
DSDF.2	Develop a standardized process originating in clinical practice guidelines (CPGs) or evidence-based practice to deliver or facilitate the delivery of clinical care.
DSSE.3	Address the patient's education needs.
DSDF.1	Determine that practitioners are qualified and competent.
DSPR.1	Define leadership roles.
DSDF.4	Develop a plan of care that is based on the patient's assessed needs.
DSPM.5	Evaluate patient satisfaction with the quality of care.
DSPR.5	Determine the care, treatment, and services provided.
DSSE.1	Involve patients in making decisions about managing their disease or condition.

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Resources for Outcome Measures

Shirley Ryan Ability Lab
https://www.sralab.org/rehabilitationmeasures/database

Stroke Engine
https://www.strokengine.ca/en/

Model Systems Knowledge Translation Center
https://msktc.org/

Timelines
Becoming Certified

-Preparing for Application

-Application

- Review 4-6 months after application

-Certification Awarded

-60 days after onsite review to resolve RFIs

-At close of onsite review if none

-Allow a minimum of 6-8 months between Application and Certification

Standards Interpretation Group (SIG)

- Able to submit questions online for follow up and clarification
- Can request a telephone or email response
- Responses are not tied in any way to your review or certification
- Strongly encourage you to use this group of experts

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Certification Logistics

Pre

- Gap analysis to standards and guidelines; resolution of any gaps
- Apply 4-6 months before desired review date
- Data Collection (four months at a minimum)

Visit

- 30 days advance notice of date
- One reviewer for one day

Post

- Data collection and submission
- Intracycle conference call 12 months after visit
- Apply for recertification

Visit

- Recertification visit occurs 2 years after initial visit
- To be scheduled within 90 day window around anniversary date
- 7 days advance notice of date

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Review Process Guide

The review process guide walks you through the entire process from preparation to onsite review to follow up.

Your account executive is your guide, do not hesitate to contact them!

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Advertise Your Achievement

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Resources

Standards Interpretation Group:
www.jointcommission.org/standards_information

Performance Measure Online Q&A Forum:
manual.jointcommission.org

Pricing Unit: (630) 792-5115

Initial applications:

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