

Going for the Gold Seal

Joint Commission Rehabilitation Certifications

Laurie Garner, PT, MBA – Physical Therapist Reviewer
The Joint Commission

Francine Topps Business Development Specialist Certification
The Joint Commission

March 27, 2019



*Helping
Health Care
Organizations
Help Patients*

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

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

Certification by the Numbers

3,987 certified programs

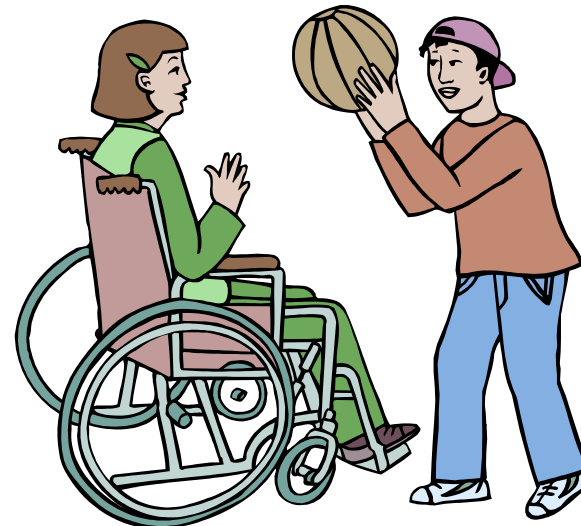
- In all 50 states, DC and Puerto Rico
- 1,400 organizations
- 110 disease programs

Rehabilitation Certifications Programs

- 350+ Rehabilitation Certification Programs**
- 186 Stroke Rehabilitation Certifications**
- For a complete list:
www.jointcommission.org/certified**

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



Certification Eligibility

Any disease-specific care program that has

- Formal program structure
- Standardized method of clinical care delivery based on clinical guidelines/ evidence-based practice
- Organized approach to performance measurement

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

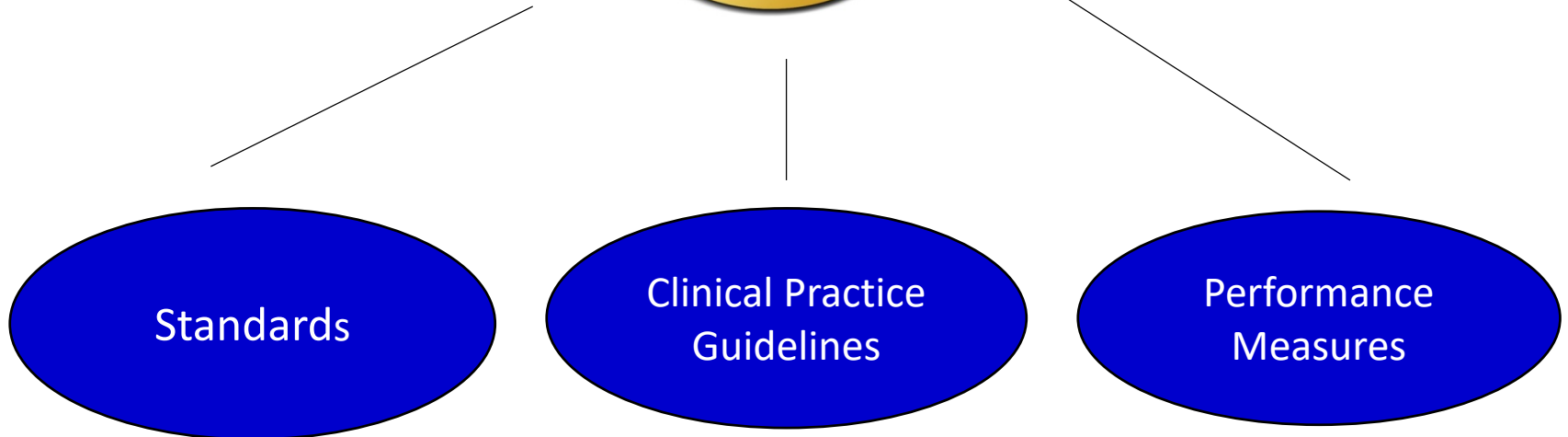
Post

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

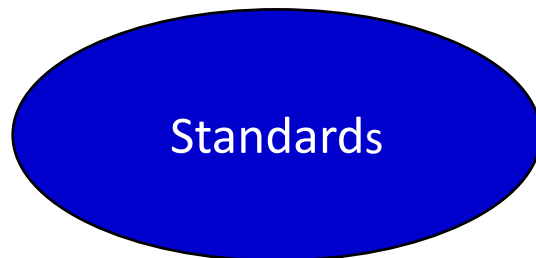
Visit

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

Core Program Components



Core Program Components



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

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

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

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

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*

Carolee J. Winstein, PhD, PT, Chair; Joel Stein, MD, Vice Chair;
Ross Arena, PhD, PT, FAHA; Barbara Bates, MD, MBA; Leora R. Cherney, PhD;
Steven C. Cramer, MD; Frank Deruyter, PhD; Janice J. Eng, PhD, BSc; Beth Fisher, PhD, PT;
Richard L. Harvey, MD; Catherine E. Lang, PhD, PT; Marilyn MacKay-Lyons, BSc, MScPT, PhD;
Kenneth J. Ottenbacher, PhD, OTR; Sue Pugh, MSN, RN, CNS-BC, CRRN, CNRN, FAHA;
Mathew J. Reeves, PhD, DVM, FAHA; Lorie G. Richards, PhD, OTR/L; William Stiers, PhD, ABPP (RP);
Richard D. Zorowitz, MD; on behalf of the American Heart Association Stroke Council, Council
on Cardiovascular and Stroke Nursing, Council on Clinical Cardiology, and Council on
Quality of Care and Outcomes Research

Evidence Based Review: Stroke

The screenshot displays the website for the Evidence-Based Review of Stroke Rehabilitation (EBRSR). The browser address bar shows the URL <http://www.ebrsr.com/>. The page features a red header with the Heart & Stroke Foundation logo and the text "Canadian Partnership for Stroke Recovery" and "EBRSR.COM". A search bar is located in the top right corner. Below the header is a navigation menu with links for Home, Evidence Reviews, Clinician's Handbook, Educational Modules, Appendices, and Contact Us. The main content area has a dark background with a glowing brain graphic on the left. The title "Evidence-Based Review of Stroke Rehabilitation" is prominently displayed in a blue box. Below the title are buttons for "Executive Summary" and "Foreword". The "Introduction" section is visible below, starting with "Welcome to the 17th edition of the EBRSR. The EBRSR now includes in-depth reviews of well over 4,500 studies including 1,699 randomized controlled trials. Parts of the EBRSR have been translated into a number of languages." The Windows taskbar at the bottom shows the time as 9:52 AM on 1/3/2018.

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

Brain Injury Rehabilitation CPGs

- **Scottish Intercollegiate Network Guidelines**
- **State of Colorado Workers Comp Guidelines**
- **The Society for Cognitive Rehabilitation Guidelines: Acquired Brain Injury**
- **Royal College of Physicians Guidelines**
- **New Zealand**

Other CPGs

- Hip Fracture – Scottish Intercollegiate Guidelines Network
- Spinal Cord Injury – Paralyzed Veterans of American (PVA)
- Parkinson Disease – Royal College of Physicians
- Oncology Rehab - Oncology Nurses Society Evidence Based Interventions for Fatigue & Anxiety
- Amputee - Veterans Administration

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 2019
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 2019

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

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

CMIP Examples

Continuous Variable:

- Discharge to community
- Functional Level Gain
- Acute Care Transfers

Ratio Rate:

- Falls

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.

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?

Setting Realistic Goals

Use risk-adjusted benchmarks

1. National benchmarks
2. Regional benchmarks
3. Corporate benchmarks
4. Internal benchmarks
5. Historical data / benchmarks

Key Concepts to Remember

1. Data reliability and validity
2. Rule out scoring errors first
3. Monitor for scoring “creep”
4. Must have a sufficient n
5. Look at clinical practice
6. 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 Initial Certification

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

Performance Measures:

Examples of Re-Certification

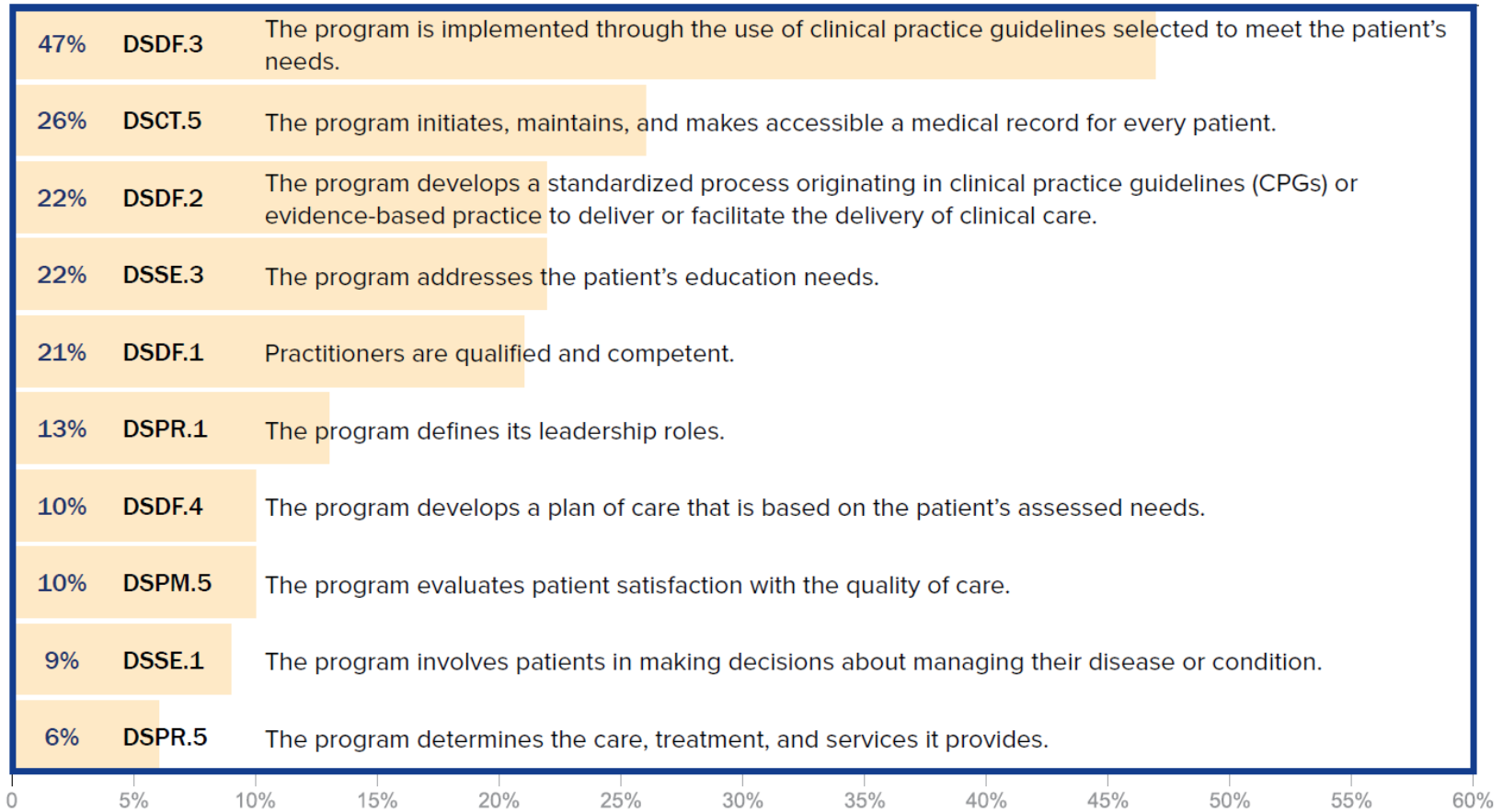
- Effectiveness of Education documented
- Family Conference held within first XX days
- Multiple family training sessions held during course of rehabilitation
- Recommendations for depression implemented
- Behavior management recommendations implemented
- Patient preferences from Lifestyle Assessment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

DISEASE-SPECIFIC CARE CERTIFICATION

TOP STANDARDS COMPLIANCE DATA FROM JANUARY 1 THROUGH JUNE 30, 2018



Note: The data determined for the disease-specific care program were derived from 872 applicable reviews; these data do not include Advanced Certification for Lung Volume Reduction Surgery or Advanced Certification for Ventricular Assist Device Destination Therapy.

Resources for Outcome Measures

- Shirley Ryan Ability Lab

<https://www.sralab.org/rehabilitation-measures/database>

- Stroke Engine

<https://www.strokingengine.ca/en/>

- Model Systems Knowledge Translation Center

<https://msketc.org/>

Timelines

Becoming Certified

- Preparing for Application
- Application
- Onsite 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

Steps to Application and Certification

Develop Project Plan

- With Francine Topps

Pre-Application

- Review Standards in E-dition® and analyze gaps
- Identify 4 Performance Measures
- Identify Clinical Practice Guidelines
- Complete Performance Improvement Plan
- Establish a Ready Date

Complete Application on Connect® portal

- No Performance Measure data required

Onsite Review

- Use the Review Process Guide on Connect® portal
- Upload most recent 4 months of measure data

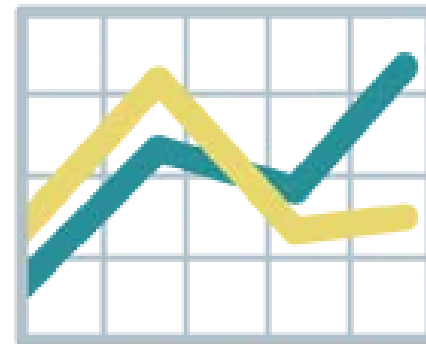
Standards Interpretation Group (SIG)

- 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

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!



Advertise Your Achievement



Resources

Standards Interpretation Group:

[www.jointcommission.org/standards information](http://www.jointcommission.org/standards_information)

Performance Measure Online Q&A Forum:

manual.jointcommission.org

Pricing Unit: (630) 792-5115

Initial applications:

Francine Topps, (630) 792-5058 ftopps@jointcommission.org



The Joint Commission Disclaimer

These slides are current as of 3/27/2019. The Joint Commission reserves the right to change the content of the information, as appropriate.

These slides are only meant to be cue points, which were expounded upon verbally by the original presenter and are not meant to be comprehensive statements of standards interpretation or represent all the content of the presentation. Thus, care should be exercised in interpreting Joint Commission requirements based solely on the content of these slides.

These slides are copyrighted and may not be further used, shared or distributed without permission of the original presenter or The Joint Commission.