


APPROVED: 2010 Certification Participation Requirements for DSC Programs

The Joint Commission approved two new requirements and changes to the “Certification Participation Requirements” (CPR) chapter for the forthcoming *2010 Disease-Specific Care Certification Manual*, effective **January 1, 2010**. Current requirements have been in place since 2006.

New requirement CPR 13 addresses how a disease-specific care (DSC) program describes information in its Quality Report. New requirement CPR 14 prevents any confusion from the public about whether a DSC-certified organization is part of a Joint Commission-accredited organization

(see the article on page 3 of this issue).

Other changes to the CPRs, shown in the box below and on page 19, are largely editorial. Modifications to two existing CPRs clarify and differentiate between requirements for data collection and reporting of Stage I non-standardized (optional) and Stage II standardized (required of all organizations) performance measures. Additions are underlined, while deletions are noted in ~~strike through~~ text. The full CPR chapter will appear in the *2010 Disease-Specific Care Certification Manual*. 



Official Publication of Joint Commission Requirements

Changes to Disease-Specific Care Certification Requirements

APPLICABLE TO DISEASE-SPECIFIC CARE

Effective January 1, 2010

CPR 4

The organization uses performance measures relevant to the services provided and populations served.

Rationale for CPR 4

Stage 1: Non-Standardized Measures

For disease-specific care programs without a standardized measure set defined by The Joint Commission, the program may select measures from the universe of measures. The program identifies clinical, perception of care, financial or functional performance measures that are relevant to the services provided and the populations served. The measures identified are to be submitted at the time of the Application for Certification.

Stage II: Standardized Measures

For certification programs with standardized measure sets defined by the Joint Commission, the program is required to collect and analyze data on all standardized measures.

Elements of Performance for CPR 4

1. For Stage I programs: A minimum of 4 performance measures must be identified by the disease-specific care program.
2. For Stage I ~~II~~ programs: A minimum of 2 of the 4 identified performance measures must be clinical in nature.
3. For Stage I programs: Organizations seeking disease-specific care certification are required to have collected

~~gathered~~ performance measure data for a minimum of 4 months prior to the initial on-site certification review.

4. For Stage I programs: The organization collects performance measure data and analyzes data internally and generates run charts, control charts, or other appropriate applicable performance improvement tools, showing monthly data points, for use in performance quality improvement activities. [Former CPR 5, EP 1]
5. For Stage II programs: Organizations seeking certification are required to have collected ~~gathered~~ data on standardized performance measures for a minimum of 4 months prior to the initial on-site certification review.
6. For Stage II programs: The organization collects ~~and~~ standardized performance measure data monthly; analyzes the data internally; and generates run charts, control charts, or other appropriate applicable performance improvement tools at least quarterly, showing monthly data points, for use in performance quality improvement activities. [Former CPR 5, EP 1]

CPR 5

The organization submits performance measurement data to The Joint Commission on a routine basis.

Rationale for CPR 5

Stage I Programs: The organization ~~collects~~ reports performance measure data on each performance measure to the Joint Commission. The data and reports must be made available for review by The Joint Commission during intra-cycle and subsequent on-site reviews, and produced upon

Changes to DSC Certification Requirements (Continued)

request by The Joint Commission. Stage I and Stage II performance measure data are to be submitted in a specified format and on the forms provided electronically as specified by The Joint Commission.

Stage II Programs: The organization collects reports performance measure data on each performance measure to The Joint Commission at least quarterly. The data and reports must be made available for review by The Joint Commission during intracycle and subsequent on-site reviews, and produced upon request by The Joint Commission. Stage I and II Standardized performance measure data are to be submitted in a specified format and on the forms provided electronically as specified by The Joint Commission.

Elements of Performance for CPR 5

- ~~1. The organization collects and analyzes data internally and generates run charts, control charts, or other appropriate applicable performance improvement tools, showing monthly data points, for use in quality improvement activities.~~
12. For Stage I Programs: The organization continues to use a measure if data suggest an unstable pattern of performance or identifies an opportunity for improvement.
23. For Stage I Programs: The organization changes to a new measure if the data reflect continuing stable and satisfactory performance.
3. For Stage I Programs: The organization submits data on performance measures to The Joint Commission upon request at the time of the intra-cycle and re-certification reviews.
4. For Stage I and Stage II Programs: The organization makes its performance measure data available during on-site certification reviews.
5. For Stage II Programs: The organization submits data on standardized performance measures to The Joint Commission at least quarterly.

CPR 6

The organization ~~provides notice to its~~ notifies the public that ~~when an individual has any~~ it serves about how to contact its organization management and The Joint Commission to report concerns about patient safety and quality of care and safety in the organization that the organization has not addressed, he or she is encouraged to contact the organization's management or the Joint Commission.

Rationale for CPR 6

~~If the concerns cannot be resolved through the organization, the individual is to be encouraged by the organization to contact the Joint Commission.~~

Note: *Methods of notice may include, but are not limited to, distribution of information about The Joint Commission, including contact information in published materials such as brochures and/or posting this information on the organization's Web site.*

Elements of Performance for CPR 6

- ~~1. The organization provides notices to its publics that when an individual has any concerns about patient care and safety in the organization that the organization has not addressed, he or she is encouraged to contact the organization's management or the Joint Commission.~~
1. The organization informs the public it serves about how to contact its management to report concerns about patient safety and quality of care.
2. The organization informs the public it serves about how to contact The Joint Commission to report concerns about patient safety and quality of care.

CPR 13

The organization is truthful and accurate when describing information in its Quality Report to the public.

Element of Performance for CPR 13

1. The organization adheres to The Joint Commission's published guidelines for how it describes information in its Quality Report.

CPR 14

The disease-specific care program is part of a currently Joint Commission-accredited organization.

Element of Performance for CPR 14

1. In order to be eligible for Joint Commission disease-specific care certification, the program must be part of a currently Joint Commission-accredited organization, if that organization is accreditation eligible.

Note: *Certified disease-specific care programs not meeting the requirement on January 1, 2010, will be "grandfathered" for a period of two years, but will no longer be eligible for certification if the organization does not become accredited during this period.*