

# **Eight Tips** for Preparing for a Joint Commission Disease-Specific Care Review



There are any number of reasons that a hospital decides to undergo Joint Commission disease-specific care certification, but the primary one is that clinical care teams, working together to standardize care based on evidence-based clinical practice guidelines, often reduce variation and risk and improve outcomes.

## Potential benefits of disease-specific care certification

- Provides the framework required for a systematic approach to care
- Reduces variability and improves the quality of patient care
- Closer organizational self-examination
- Creates a loyal, cohesive clinical team
- Builds an organization-wide culture of excellence
- Establishes an objective assessment of clinical excellence
- Promotes and elevates the organization's brand in the marketplace



## The process is rigorous, but worth it, and Joint Commission Resources' top eight "tips" for undertaking a successful disease-specific care review are:



It is the rare organization that does not find something that can be improved upon, and feedback received by Joint Commission Resources indicates that when an organization looks closely at its processes and practices, clinical excellence is improved. Oftentimes it confirms that some existing programs are already providing a real competitive edge.

### Leadership support

Buy-in from hospital leadership, including the board and medical staff, is crucial in carrying out this type of initiative. Disease-specific care certification cannot be done without leadership on board. Leadership support helps gain systemwide acceptance and resources. You'll want to communicate the value certification brings to the program to help gain leadership support.



## Review and obtain resources

The Joint Commission provides key resources on the website devoted to certification. Access to the standards are available to review free for 90 days, which can help the decision-making process around pursuing disease-specific certification. A Review Process Guide specifies direction, requirements and information about how to apply. After initial outreach to The Joint Commission, someone will be in touch to discuss the program in detail.



### Connect with The Joint Commission

<https://www.jointcommission.org/accreditation-and-certification/certification/apply-for-joint-commission-certification>



### Free Access to Standards for 90 Days

<https://www.jointcommission.org/accreditation-and-certification/certification/certifications-by-setting/hospital-certifications/90-day-certification-e-dition-trial>



### Certification Review Process Guide

<https://www.jointcommission.org/-/media/tjc/documents/accred-and-cert/survey-process-and-survey-activity-guide/2022/2022-disease-specific-care-organization-rpg.pdf>



### Certification Website

<https://www.jointcommission.org/accreditation-and-certification/certification/certifications-by-setting/>

## Assemble the team

A robust certification process requires an “owner” who may not necessarily be a clinician, but someone who is good at project management, and can keep the ball rolling. This is especially important as the process must include all the disciplines that are involved in caring for a particular type of patient. It should not be comprised of only clinicians, it should also include case management, social workers, dietitians, departmental leadership, and more.

A physician champion is crucial, too. Frontline clinicians, and physicians in the area of care are critical because they know the processes that are already in place, which ones are working and those that are not. Certification is about improving performance, so their input and suggestions are invaluable.

Meet at least monthly at first. Many organizations meet weekly as they move closer to their certification review. Take meticulous minutes and use them as the agenda for the next meeting, specifying what is to be done next, who will complete those tasks and when, and who will perform follow-ups.

## Self-assessment

The only way to become an expert in the standards is to do a self-assessment. It will provide early insights into areas that may already be performing at high levels and, more importantly, those that may not.

The team must be responsible for reviewing the standards, the elements of performance, and determining how the organization is currently meeting them. This exercise will help develop a work plan that includes goals and timelines, assigning responsibilities, and ensuring you are meeting the standards to which the organization will be held and judged.

## Performing a self-assessment



Divide chapters amongst clinicians



Document how the standards/elements of performance are being met



Document evidence of meeting the standards/elements of performance



Develop an action plan to guide the work to be done



Assign responsibility and determine timelines



## **Performance improvement**

There are core and advanced programs. A core program is a basic set of disease-specific care certification standards that can be applied to almost any type of clinical program, and the organization under review determines the measures for performance improvement. However, the advanced programs require standardized measures. Some advanced programs are developed in collaboration with other organizations, such as the American Heart Association/American Stroke Association, the American Academy of Orthopedic Surgeons, and others.

The value of standardized measures for advanced programs is an organization can benchmark itself against peers. If going for a core certification, select measures that offer the greatest opportunities for improvement and provide robust data for tracking and collection, all focused on the organization's desired outcomes for the disease-specific patients in question. The measures that are set will help determine what areas need improvement.

## **Mock review**

Oftentimes organizations need help identifying gaps in Joint Commission standards, and a mock review can help them spot those gaps, address them, and become more prepared for certification. Organizations that complete a self-assessment, develop an action plan, and establish some viable metrics lay the groundwork for understanding the questions they can ask during a mock review.

Joint Commission Resources has worked with organizations to perform mock reviews, and through this process, some organizations have realized they needed more time to prepare for their certification review. Delays may cause inconvenience, but a certification initiative represents a significant investment of time and money. So, it is imperative that the organization be fully ready, and a mock review can be crucial to making sure tasks are completed, metrics met, and team members ready and primed for success.

## **Application**

Once your organization is underway in preparation efforts, it is time to submit an application. When you submit the application, it is good for one year. You will state what month you will be ready for review, and The Joint Commission will make every effort to schedule within that timeframe.

## **Celebrate!**

It takes time, dedication, and hard work to achieve certification, so the team should promote its success with not only the staff that were involved in the process and the patient population, but the entire organization. The Joint Commission provides guidance on how to use certification as a marketing tool. That goes beyond simply advertising or issuing a press release. It includes promoting the clinicians and staff as proven experts who are there to serve not only patients, but the entire community, improving standards of care and elevating population health overall.

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