

The Joint Commission DSC Update

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Executive Director

Does your organization provide care to heart failure patients on an outpatient basis? If so, we need your help. The Joint Commission's Advanced Certification in Heart Failure recognizes exceptional efforts to foster better outcomes for heart failure patients in a hospital setting. We want to expand the certification, so we have teamed up with the American Heart Association to include care provided to heart failure patients in outpatient settings. There are a number of ways you can provide your expertise:

- **Host a learning visit** so Joint Commission staff can learn more about your organization's unique features, structure, operations, patient population, and how care is provided to patients, and to discuss the activities for conducting a thorough evaluation of standards compliance.
- **Participate in pilot testing** to determine if the proposed on-site evaluation activities adequately assess an organization's compliance with the standards.
- **Participate in focus group calls** to discuss the proposed standards and any issues or concerns related to implementation of the standards.
- **Review and comment** on the proposed standards.

If you are interested in participating, please complete the [form](#) by May 28, 2010.

Jean Range, R.N., M.S., CPHQ



2009 most challenging requirements

The Joint Commission collects data on a Disease-Specific Care program's compliance with standards and certification participation requirements to identify trends and focus education on challenging requirements. The table below identifies the top five Joint Commission requirements that were most frequently identified as "not compliant" from January 1, 2009 through December 31, 2009 for Disease-Specific Care Certification programs. For more information, see the Q&A on page 2 or the [Frequently Asked Questions](#).

% not compliant Standards with highest non-compliance rates	
36%	DSDF.2: The program develops a standardized process originating in clinical practice guidelines (CPGs) or evidence-based practice to deliver or facilitate the delivery of clinical care.
15%	DSSE.3: The program addresses participants' education needs.
10%	DSCT.5: The program initiates, maintains, and makes accessible a health or medical record for every participant.
10%	DSDF.1: Practitioners are qualified and competent.
10%	DSPM.6: The program evaluates participant perception of quality of care.

How to use the specifications manual

All certified primary stroke centers are required to use the *Specifications Manual for National Hospital Inpatient Quality Measures* for stroke data collection. It is important that certified primary stroke centers use the **current** version of the measure specifications, which is 3.1a. This version is effective for discharges April 1 through September 30, 2010. Go to the [Web site](#) and download the *Specifications Manual for National Hospital Inpatient Quality Measures version 3.1a*.

Old and new versions: The national specifications manual is updated twice yearly. If you want to see what will be required in the next six months, check out the **future** version of the manual, which is posted six months prior to the effective date. Future version 3.2b, effective for discharges October 1, 2010 through March 31, 2011, can be found by clicking on the "Future" tab at the bottom of the web page. If you want to know what was required in the **past**, archived versions can be found under the "Historical" tab.

Revisions: Addendums called "Release Notes" show all the changes made to a particular version of a manual. A set of Release Notes made from one version to the next is posted when the new manual is published. The title of the Release Notes corresponds with the version number. For example, because two sets (i.e., the initial version plus one addendum) of Release Notes have been published for version 3.1, the most current version of the manual is labeled 3.1a.

Standards feedback sought

The Joint Commission Web site now includes an [online form](#) for customers and other interested parties to comment on the standards. There are online feedback forms for all accreditation programs and the Disease-Specific Care Certification program. Forms for the DSC Advanced Certification programs will be available in June.

Standards Q&A

Donise Mosebach, R.N., B.S.N., M.S., CEN
Field Director, Disease-Specific Care



Mosebach

Q: How do I meet the requirements of Standard DSDF.2?

A: This standard can be challenging to implement. However, compliance is important because it gets to the core of Disease-Specific Care Certification: ensuring that every patient receives consistent, safe, high quality care based on the most recent scientific evidence.

Standard DSDF.2 — *The program develops a standardized process originating in clinical practice guidelines (CPGs) or evidence-based practice to deliver or facilitate the delivery of clinical care* — has nine elements of performance. The EPs address three areas: selection of the most recent and appropriate CPGs or evidence-based practice; using CPGs to deliver standardized care; and educating practitioners on the guidelines.

Clinical Practice Guideline selection

Many organizations select CPGs for the largest patient population in the program, but it is often the less frequently seen types of patients that benefit the most from standardized care guided by recent scientific evidence. For example, in primary stroke centers the majority of patients served are ischemic stroke patients. But it is important that CPGs for subarachnoid hemorrhage (SAH) patients be included in the program design and delivery of care. For inpatient diabetes programs, it is important to utilize CPGs for newly diagnosed patients, patients in hyperglycemic or hypoglycemic crisis, or juvenile diabetes patients.

Once selected, establish a systematic approach to evaluate the CPGs and their associated order sets, clinical pathways and protocols, instead of relying on clinicians to inform you when new guidelines are available. Periodically you should review each of the guidelines to determine if there are new versions, and if they are appropriate for your unique patient population.

Using Clinical Practice Guidelines to deliver standardized care



Your program will be most successful if you obtain input from various levels of providers when designing the tools to use the CPGs. Try to “hard wire” as much of the CPG use as possible. In other words, make it difficult not to follow the guidelines. For example, when treatments require frequent monitoring, the electronic medical record system can be programmed to automatically prompt the correct provider to complete those assessments.

There are times when a paper process is easier to implement, even in primarily electronic documentation systems. For most programs, acute resuscitation documentation is still a paper process due to the rapid pace and need for timely documentation. In this case, use paper forms your providers are already familiar with. For example, in many stroke programs it is easier to document frequent neurological assessment and vital sign monitoring through use of a grid system similar to the way that anesthesia monitoring is recorded. This type of documentation cues your staff to record the data required by the CPG.

Order sets are great tools as long as they are used by all practitioners who admit your patients. However, they need to be customized. Order sets for specialists might not meet the needs of hospitalists or the patient’s primary care physician.

Educating practitioners

Your program should determine how to educate your practitioners and how to demonstrate that they have received this information. Initial training is important, but on-going education is critical — as a refresher for staff and when changes occur.

Take note...

Misplaced diabetes requirements

Four bullets in the “Advanced Disease-Specific Care Certification Requirements for Inpatient Diabetes Care” (IDC) section of the printed 2010 *Disease-Specific Care Certification Manual* are misplaced. Bullets a, b, c and d located under Delivering or Facilitating Clinical Care Standard DSDF.1, EP4 on page IDC-9 should appear under DSDF.2, EP 4 on page IDC-10.

Upgrade your browser

This fall, The Joint Commission Web site will be upgraded and the Internet Explorer 6 browser will not support several of the new site’s features. You may want to switch to one of the following browsers, which are available for free on their

respective Web sites:

- [Internet Explorer 7 and above](#)
- [Firefox 2 and above](#)
- [Safari 3 and above](#)
- [Chrome 4 and above](#)

Publications

2010 Disease-Specific Care Certification Manual

Order code: DSCC10, \$125

Clinical Improvement Action Guide

Order code: AG200, \$75

To learn more about Joint Commission Resources products, go to <http://store.jcrinc.com> or call (877) 223-6866.

See you there!

In 2010, see us at:

- American Association of Heart Failure Nurses, Orlando, Fla., June 24-26
- American Association of Diabetes Educators, San Antonio, Texas, Aug. 4-6
- Heart Failure Society of America, San Diego, Calif., Sept. 12-15