# Advanced Palliative Care Certification

Francine Topps, Business Development Manager Hospital Business Development and Certification

Tammy Croney RN, DNP Surveyor Certified Yellow Belt

## Beyond Accreditation

Upon achieving Joint Commission accreditation, organizations have the opportunity to further improve outcomes for their patients through certification programs

#### Why Achieve the Gold Seal for Certification?



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.



#### **Achieve Joint Commission Certification**

Pathways to excellence in patient care for your organization





#### **Show your commitment to:**

- Continuous performance improvement
- Providing high-quality patient care
- Reducing patients' risk of harm



#### **General eligibility:**

- A formal interdisciplinary program structure
- Utilization of evidence-based clinical practice guidelines
- A formal approach to collecting, analyzing and interpreting performance measures



of our customers tell us Joint Commission certification directly impacts the safety and quality of their patient outcomes. \*

<sup>\*</sup> Value of Certification Survey, February 2016



## Advanced Palliative Care Certification

Tammy Croney DNP,RN



## **Advanced Certification for Palliative Care**

#### Performance Measure Requirements effective 1/1/2017

 All hospitals certified in the Advanced Palliative Care program are required to implement data collection for five standardized measures effective with discharges on and after January 1, 2017



## Orientation to the Program

This 45-50 minute activity is an exchange between the organization and reviewer about the This 45-50 minute activity is an exchange between the organization and reviewer about the

palliative care program(s) structure and scope of care, treatment, and services.

palliative care program(s) structure and scope of care, treatment, and services.



# Orientation to the Program Program mission, goals and objectives Process for referring patients to respite care and/or

- Program structure
- Program leadership and management
   Program design
- Process for referring patients to palliative care program
- Program team composition
   Developing, implementing and evaluating the program
- Target population for the program
   Identified needs of the program population
- Organizational support for the program

- hospice services
- The implementation of clinical practice guidelines
- Evaluation of evidence-based practice use and appropriateness to target population
- Performance improvement process, including evaluation of the palliative care program's efficacy
- Program integration and recognition within the organization
- Organizational support for the program

#### **Reviewer Planning Session:**



**Organization Participants** 

- Program representative(s) that will facilitate tracer activity
- Individual(s) responsible for obtaining clinical records

#### **Materials Needed for this Activity**

- Current list of patients receiving care, treatment, and services from the palliative care program (including pediatric patients; if program has not received pediatric referrals, have a copy of the process for accepting and caring for pediatric patients when referred)
- If the number of patients currently being seen by the palliative care program is limited, a list of patients who were seen by the program in the past 4 months
- Current list of palliative care program leadership, physicians, other licensed clinicians, and other professionals who are part of the interdisciplinary team with their credentials, job title and program-related job responsibilities
- Examples of order sets, pathways, etc. that reflect the evidence-based clinical practices currently being followed by the program



## Palliative Care (PAL) Measures

PAL-01

**Pain Screening** 

PAL-02

**Pain Assessment** 

PAL-03

**Dyspnea Screening** 

PAL-04

**Treatment Preferences and Goals of Care** 

PAL-05

**Treatment Preferences Discharge Document** 



## **PAL-01 Pain Screening**

**Description:** Proportion of palliative care patients who were screened for pain during the palliative care initial encounter. (NQF # 1634: Hospice and Palliative Care - Pain Screening)

**Denominator:** Patients receiving specialty palliative care in an acute hospital setting for one (1) or more days

**Numerator:** Patients who are screened for the presence or absence of pain and its severity using a standardized quantitative tool during the initial encounter for palliative care.



## PAL-02 Pain Assessment

**Description:** Proportion of palliative care patients who screened positive for pain during the palliative care initial encounter and received a clinical assessment of pain, which included at least five of seven components, within one (1) day of screening. (NQF # 1637: Hospice and Palliative Care - Pain Assessment)

**Denominator:** Patients receiving specialty palliative care in an acute hospital setting who report pain when pain screening is done on the initial palliative care encounter.

**Numerator:** Patients who received a comprehensive clinical assessment, which included at least five of seven components, within one (1) day of screening positive for pain.



## PAL-03 Dyspnea Screening

**Description:** Proportion of palliative care patients who were screened for dyspnea during the palliative care initial encounter. (NQF # 1639: Hospice and Palliative Care - Dyspnea Screening)

**Denominator:** Patients receiving specialty palliative care in an acute hospital setting for one (1) or more days

**Numerator:** Patients who are screened for the presence or absence of Dyspnea and its severity during the initial encounter for palliative care.



# PAL-04 Treatment Preferences and Goals of Care

**Description:** Proportion of palliative care patients with medical record documentation of treatment preferences and goals of care. (NQF # 1641: Hospice and Palliative Care -Treatment Preferences; Note Goals of Care was added)

**Denominator:** Patients receiving specialty palliative care in an acute hospital setting for one (1) or more days

**Numerator:** Patients with medical record documentation of treatment preferences and goals of care.

# PAL-05 Treatment Preferences Discharge Document



**Description:** Proportion of patients for whom a transition of care document containing information regarding goals of care and treatment preferences is completed and accompanies the patient to next level of care at discharge. (NQF #: Not Applicable)

**Denominator:** Patients receiving specialty palliative care in an acute hospital setting for one (1) or more days

**Numerator:** Patients for whom a transition of care document containing information regarding treatment preferences and goals of care is completed and accompanies the patient to next level of care at discharge.



## Advanced Palliative Care Certification

Francine Topps



## **Gap Analysis**

- Where are the gaps in the program?
- Self-assessment against the standards and the CPGs

## **E-app Submission**

- Determine WHEN team wants onsite review to occur
- Work backwards from date 4 6 months and submit E-app
- Contact Business development specialist to walk through E-app completion
- Ask your Business Development specialist for the documents on completing the E-app and CMIP



## E-app submission (cont.)

#### E-app – has two parts:

#### **Part 1: Application:**

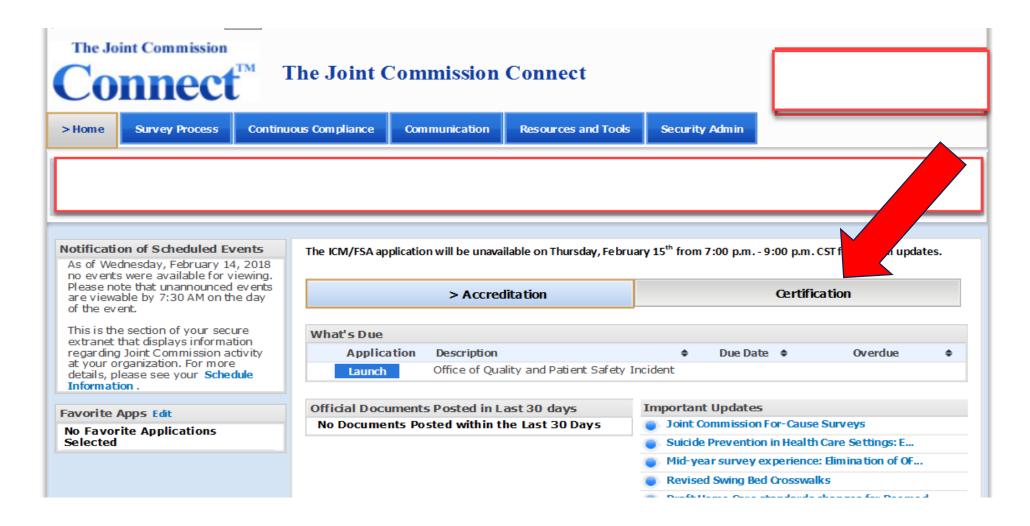
- Submitted documents not required with E-app
- Information needed: requested review date, volume of patients treated in last 12 months

#### Part 2: CMIP (Certification Measure Information Process)

- Names of CPGs and when published
- Performance Measures:
  - Standardized will be pre-loaded
  - Can enter data a month before onsite review (need 4 months of data at time of onsite review
- Performance Improvement plan answer several descriptive statements about the Performance Improvement process and plan



## **Extranet Secure Webpage for the Hospital**

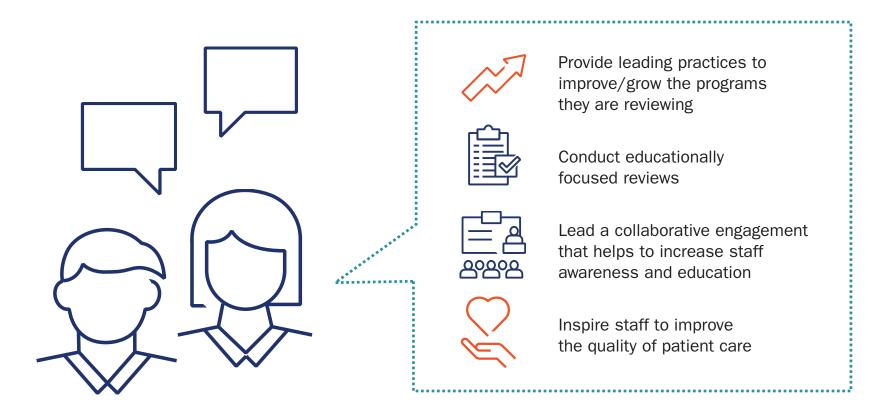


#### **Joint Commission Reviewers**



Provide best-in-class expertise and create a collaborative experience for our certifying organizations

### Our reviewers are subject-matter experts in the program being reviewed and provide enormous value for your organization:





## **Preparing for Onsite Review**

- Opening conference and orientation to your program
- Interdisciplinary team
- Individual Tracer activities
- Clinical practice guidelines/policies
- Data Use System Tracer/Performance measures
- Orientation and competency
- Credentialing
- Closing and report



#### Disease-Specific Care Certification Review Process Guide

2019





## Resources

- Joint Commission Business Development Specialist
- Account Executive for certification at The Joint Commission
- Palliative Care standards manual edition or hard copy
- Review Process Guide
- Webpages for specific programs



## Resources

#### Direct Measure related questions to:

http://manual.jointcommission.org

#### **Detailed PAL measure specifications:**

http://manual.jointcommission.org

### Measure training webinar replay available at:

https://www.jointcommission.org/certification/palliative\_care.aspx





## Advertise Your Achievement





## Questions?

Certification Questions: <u>certification@jointcommission.org</u> 630-792-5291

Francine Topps
Business Development Manager
Hospital Business Development
The Joint Commission
ftopps@jointcommission.org
630-792-5058





## The Joint Commission Disclaimer

- These slides are current as of 9/21/23. 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.