Advanced Certification in Perinatal Care

Review Process Guide

2025

Advanced Certification in Perinatal Care Review Process
What's New in 2025

New or revised content for 2025 is identified by underlined text in the activities noted below.

Changes effective January 1, 2025

No changes for January 2025.

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Organization Review Preparation

The purpose of this activity guide is to inform organizations about how to prepare for the Advanced Certification in Perinatal Care onsite certification review, including:

- Identifying ways in which the organization can facilitate the onsite review process
- Describing logistical needs for the onsite review

Important Reading

The Certification Review Process Guide describes each activity of a Joint Commission onsite certification review. Organizations should read through each of the following activity descriptions, which include:

- The purpose of the activity,
- Descriptions of what will happen during the activity
- Discussion topics, if applicable
- Recommended participants
- Any materials required for the session

These descriptions can be shared organization-wide as appropriate.

Pre-Review Phone Call

A Joint Commission account executive will contact your organization by phone shortly after receiving your application for certification. The purpose of this call is to:

- Confirm information reported in the application for certification, to verify travel planning information and directions to office(s) and facilities,
- Confirm your access to The *Joint Commission Connect* extranet site and the certification-related information available there (onsite visit agenda, Certification Review Process Guide, etc.), and
- Answer any organization questions and address any concerns.

Logistics

- While onsite, the reviewer(s) will need workspace for the duration of the visit. A desk or table, telephone, internet connection and access to an electrical outlet are desirable.

- Some review activities will require a room or area that will accommodate a group of participants. Group activity participants should be limited, if possible, to key individuals that can provide insight on the topic of discussion. Participant selection is left to the organization's discretion; however, this guide does offer suggestions.

- The reviewer will want to move throughout the facility or offices during Tracer Activity, talking with staff and observing the day-to-day operations of the organization along the way. The reviewer will rely on organization staff to find locations where discussions can take place that allow confidentiality and privacy to be maintained and that will minimize disruption to the area being visited.

- Your onsite review agenda template similar to the one presented later in this guide, will be posted to your *Joint Commission Connect* extranet site. The review agenda presents a suggested order of activities and timeframes for each. Discuss with the reviewer any changes to the agenda that may be needed at any time during the onsite visit.

Requested Documentation

Information Evaluated Prior to the Onsite Certification Review
The Joint Commission certification reviewer assigned to perform your organization's onsite visit will receive the following items presented with your organization's Request for Certification.

1. Demographic information
2. Available organization data on standardized perinatal care core performance measures, including performance rates submitted into eAPP.

Familiarizing a reviewer with your program before the onsite visit facilitates evaluation of your program's compliance with standards. Advance analysis makes the on-site review time more efficient, effective and focused.

Following is a list of items that reviewers **REQUEST** to be uploaded to your organization's Joint Commission *Connect* extranet site prior to review.

- Organizational chart for the program
- Names and titles of all members of the interdisciplinary team
- Program scope of services
- Program mission and vision
- Job descriptions for medical director/physician champion and program coordinator/director
- Documentation of the last annual reviews and approvals of the clinical practice guidelines applicable to the program
- List of topics for program-specific educational offerings provided to staff in the last year
- Policies for:
    - Assessment/re-assessment
    - Informed consent/emergency consent policies

Information Needed During Onsite Visit
Please note that it is not necessary to prepare documentation just for purposes of the certification review. The reviewer is interested in seeing the resources that staff reference in their day-to-day activity. These items need not be stand-alone documents; the items noted may represent sections contained within other documents. The majority of document review will occur during individual tracer activity and will focus on the medical record.

Perinatal Program Specific Requirements:

- Standardized order sets/pathways for moms and babies
- Standardized protocols/algorithms for the following:
    - PPH

    - Massive Transfusion Protocol
    - HTN
    - Neonatal Hypoglycemia
    - Hyperbilirubinemia
    - Newborn Abduction
- Program Specific education for staff
- Emergency Drills completed in the last year
- Data Session have available- PowerPoint with any additional measures being tracked in addition to the Perinatal Core Measures, patient satisfaction.
- The following policies specifically needed:
    - Oxytocin administration
    - Magnesium Sulfate administration
    - Informed Consent
    - Pain Management
    - Neonatal Abstinence
    - High Alert Medication Administration
    - Time Out processes
    - PP depression screening
    - Maternal/Neonatal drug testing/screening policy
    - Admission Assessment
    - Group B Strep management (mother and baby)
- Meeting minutes for last year for Interdisciplinary Team for Perinatal Services including sign in or attendance roster
- Patient Education
- Community Needs Assessment /Perinatal Implication of
- Collaborations- Does the hospital partner with any Perinatal Quality Collaboratives or Public Health entities
- Any Diversity, Equity, and Inclusion activities

Who to Call with Questions

If you have a question about a standard or element of performance, please consider reviewing the Standards Interpretation FAQs page: https://www.jointcommission.org/standards_information/jcfaq.aspx prior to submitting a question. To submit a question, Login to your organization's Joint Commission extranet site, *Connect*: https://customer.jointcommission.org/TJCPages/TJCHomeEmpty.aspx and click on Resources - Standards Interpretation, to submit your question. If you do not have access to *Connect*, please go to the Standards Interpretation Page: https://www.jointcommission.org/standards_information/jcfaq.aspx to submit a question.

Questions about onsite review process, agenda, scheduling, etc. – Call your Joint Commission Account Executive.

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Certification Review Notification and Postponement Policies

Notice of Initial Certification On-site Review

If this is your program's first time through the certification process you will receive a thirty (30) day advance notice of your on-site review date(s). Notice will be provided via e-mail to the individuals identified on your account as the Primary Certification Contact and CEO. Also thirty (30) days prior to your review, the Notification of Scheduled Events section on your organization's extranet site, The *Joint Commission Connect*, is populated with the event along with a link to the reviewer(s) name, biographical sketch and photograph.

Notice of Re-Certification On-site Review

Your organization will receive notice from The Joint Commission seven (7) business days prior to the first day of the scheduled review date(s) for Advanced Certification in Perinatal Care re-certification. The notice will be emailed to the individuals identified on your account as the Primary Certification Contact and CEO and will include the specific review date(s) and the program(s) being reviewed. Additionally, once the reviewer arrives onsite, the Notification of Scheduled Events section on your organization's extranet site, The *Joint Commission Connect*, is populated with the review event including a link to the reviewer(s) name, biographical sketch and photograph.

Review Postponement Policy

The Joint Commission may not certify a program if the organization does not allow The Joint Commission to conduct a review. In rare circumstances, it may be appropriate to request a review postponement. An organization should direct a request for postponement to its Account Executive. A request to postpone a review may be granted if a major, unforeseen event has occurred that has totally or substantially disrupted operations, such as the following:

- A natural disaster or major disruption of service due to a facility failure
- The organization's involvement in an employment strike
- The organization's cessation of admitting or treating patients
- The organization's inability to treat and care for patients and its transference of patients to other facilities

The Joint Commission may, at its discretion, approve a request to postpone a review for an organization not meeting any of the criteria listed above.

Your organization's Certification Account Executive can answer questions about these policies, or put you in contact with other Joint Commission staff that can assist you.

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Opening Conference

Organization Participants
Perinatal program review coordinator, program clinical and administrative leaders, perinatal program team members, individual or individuals that will provide the Safety Briefing to the reviewer(s), and others at the discretion of the program/organization

Opening Conference Description
Approximately15-30 minutes in duration and includes:

- Introduction of reviewers
- Introduction of organization review coordinator, leaders, and key perinatal interdisciplinary team members (Please note: Other staff can be introduced as the reviewer encounters them throughout the onsite visit)
- The organization is requested to provide the reviewer(s) with a Safety Briefing (informal, no more than five minutes) sometime during this activity. The purpose of this briefing is to inform the reviewer(s) of any current organization safety or security concerns and how Joint Commission staff should respond if your safety plans are implemented while they are on site. Situations to cover include:
  - Fire, smoke, or other emergencies
  - Workplace violence events (including active shooter scenarios)
  - Any contemporary issues the reviewer may experience during the time they are with you (for example, seasonal weather-related events, anticipated or current civil unrest, or labor action)
- Overview of Joint Commission Advanced Certification in Perinatal Care
- Agenda review with discussion of any needed changes
- Overview of the SAFER™ portion of the Summary of Certification Review Findings Report
- Explain the post-review process and required follow-up actions, as applicable
- Questions and answers about the on-site review process.

Planning Tips

- Consider holding this activity in a space that will accommodate the number of participants and allow for an interactive discussion in the Orientation to Program activity that immediately follows the Opening.

- Inform the reviewers of any scheduling issues that could affect activities for the day.

- Inform the reviewers of your organization and program expectations for the certification on-site review.

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Orientation to Program

Organization Participants
Program administrative and clinical leaders, perinatal program team members, others at the discretion of the program/organization

Materials Needed for Activities
- Organization chart, if available
- Perinatal Care Program organizational chart, if available
- Roster or sign-in sheet

Orientation to the Program Description
This 60 minute activity is an exchange between the organization and reviewer about the Perinatal Care program(s) structure and scope of care, treatment, and services. The reviewer will facilitate the discussion and use the information as a base to build on while continuing their program review in other activities.

Program representatives participating in this session should be able to discuss topics such as:
- Program philosophy (if aligned to organization's mission)
- Patient population and community demographics (e.g. age, ethnicity, primary languages spoken); program's diversity, equity, and inclusion efforts
- Program framework for the clinically uncomplicated patient
- Program framework for the clinically complicated patient
- Program scope of care, treatment, and services
- Program leadership
- Community resources-availability, utilization, integration into the program, and assistance provided to patients and community perinatal providers; program role in perinatal education programs at the community level
- Use of clinical practice guidelines, evidence-based national guidelines, or up-to-date systematic review of existing evidence
- Safety and security risks associated with the environment of care
- Program-specific medication management processes
- Program-specific prevention and control of infections (e.g. reducing hospital-acquired infections, standardized post cesarean wound care protocol)
- Interdisciplinary team composition and responsibilities
- Other personnel and support services available to the interdisciplinary program team
- Backup systems and plans (e.g. to perform an emergency cesarean delivery, perform pregnant or postpartum patient and newborn resuscitation, and provide continuous labor support)
- Process for evaluating the program performance (e.g. identify what is being evaluated, who receives the evaluation data, who is identifying the need for improvement, what improvements have been made and why, who determines and sets the priorities for improvement, how often is the evaluation done, and is the scope of the program consistently provided)
- Compliance with measure threshold criteria

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Reviewer Planning & Protocol Review Session

During this activity, the reviewer(s), in conjunction with Perinatal Care program representatives, will identify the patients that they would like to follow during tracer activity. Additionally, the reviewer will want to know about how much time will be needed to retrieve any personnel or credentials files. If necessary, reviewers will identify personnel and credentials files that they will need for review during the Competence Assessment and Credentialing Process activity at this time.

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 being managed through the perinatal care program (pregnant or postpartum patient and newborn populations)
- If there are a limited number of admissions, a list of discharged patients who received care, treatment and services from the perinatal care team in the past four months for initial reviews)

- Order sets, care plans, protocols, and critical pathways, as applicable if not uploaded into Share Point

Planning Guidelines – Selecting Patients to Trace

1. Reviewers will describe to the program representatives the types of patients that they want to trace and request assistance in identifying individuals who may fit the description. A list of active patients is needed for this activity, or the reviewer may proceed directly to a patient care area and ask the staff to help identify patients.

2. A minimum of five (5) patients will be selected

    - Patients selected should present the opportunity to trace care and services through as many of the potential departments, areas, sites, or services that support or participate directly in the Perinatal Care program or support the work of the program in any unique way. This also includes the ED, ICU, and the lab.

    - Patients should have different characteristics, such as demographics, psychosocial circumstances (including history of or current substance use), family/support situations and other factors that would influence the program response, or perinatal care team member involvement

    - The types of patients the reviewer would like to trace includes:
        a. An uncomplicated pregnancy, labor, or delivery, wherein the program has been involved from the prenatal to postpartum care (for the greatest exposure to the program)
        b. A normal newborn (include continuing care)
        c. A cesarean section patient

d. An unanticipated high risk labor and delivery
e. Unanticipated high-risk newborn
f. Care practices that support spontaneous labor and birth
g. Care practices that support a pregnant or postpartum patient with a history of or current mental health diagnosis (including substance use)
h. Care practices that support community resources involvement for a patient with health-related social needs
i. Patient transition, transfer to another level of care, or referral
j. Patient (pregnant, postpartum, or newborn) transition from prenatal outpatient to inpatient, or from inpatient to home/discharge

3. Reviewers will prioritize patients for tracer activity with the program team's assistance
4. Reviewers will inquire about the program's schedule for interdisciplinary team meetings and if it would be possible to observe. If there is not a team meeting scheduled, the reviewer will inquire about the program rounds on patients in the unit and when that might be occurring
5. Reviewers will inquire about the program's back-up schedule for perinatal services needed to meet the needs of the pregnant or postpartum patient and newborn

Planning Guidelines – Selecting Competence and Credentials Files for Review

1. A minimum of (5) files will be selected

2. At least one file per discipline (physician, nurse, social worker, dietitian, therapist, etc.) represented on the Perinatal Care program interdisciplinary team will be reviewed.

3. Ideally, reviewers would prefer to identify files for this review activity based on the individuals encountered during the patient tracers; however, they will only do so if the organization is able to accommodate a quick turn-around of personnel and credential files requests.

4. Reviewer will inquire about how much time is needed to obtain HR and credentials files. If necessary, the reviewer will identify the program representatives whose files they would like to see at this time to facilitate the organization's retrieval efforts.

Planning Guidelines – Contact with Discharged Patients

Reviewers will want to have some contact with the program's patients and family members, if they are available. If there are no active patients willing to speak with the reviewer, program representatives may be asked if a phone call might be possible with a recently discharged patient.

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Individual Tracer Activity

The individual tracer activity is a review method used to evaluate an organization's provision of care, treatment and services using the patient's experience as the guide. During an individual tracer the reviewer(s) will:

- Follow a patient's course of care, treatment or service through the program
- Assess the impact of interrelationships among the program disciplines on patient care
- Assess the use of and adherence and diversion from clinical guidelines in the patient's care, treatment or service
- Evaluate the integration and coordination of program and organization services in the patient's care

Organization Participants
Program representatives, organization staff and management who have been involved in an individual's care, treatment, or services

Materials Needed for this Activity
Clinical records of selected patients (paper, electronic, or hybrid)

Individual Tracer Description

1. A significant portion of the agenda is designated to patient tracer activity. The number of patients traced during this time will vary. **NOTE:** *Inpatients take priority for tracer activity; however, there may be instances when reviewers will select a discharged patient upon which to conduct a tracer. This will occur when reviewers need to trace the care provided to a patient meeting a given set of selection characteristics.*
2. Tracer activity begins on the inpatient unit where the patient is receiving care, treatment and services, or in the case of a discharged patient, the location from which they were discharged.
3. The organization/program staff and the Joint Commission certification reviewer will use the patient's record to discuss and map out the patient's course of care, treatment and services. The number of staff participating in this stage of the tracer should be limited.
4. Organization/program staff and the reviewer will follow the map, moving through the organization, as appropriate, visiting and speaking with staff in all the areas and services involved in the patient's encounter. There is no mandated order for visits to these other areas. Reviewers will speak with any staff available in the area. **NOTE:** *This activity will occur on inpatients as well as discharged patients.*
5. Throughout tracer activity, the reviewer will
    - Observe program staff and patient interaction,
    - Observe the care planning process,
    - Observe medication processes, if applicable
    - Consider the impact of the environment on individual safety and security, and staff roles in minimizing environmental risk

- Speak with organization staff about the care, treatment and services they provide and their knowledge of the Perinatal Care program
- Speak with interdisciplinary team members about their involvement in the patient's care, treatment and services; if timing allows, observe a portion of an interdisciplinary team meeting
- Speak with patients and families, if appropriate and permission is granted by the patient or family. Discussion will focus on the course of care and other aspects of the program(s) being evaluated for certification. **NOTE:** *If the patient being traced is already discharged, the reviewer may ask the program to see if a phone call with the patient/family is feasible and can be arranged.*
- Look at procedures or other documents, as needed to verify processes or to further answer questions that still exist after staff discussions.

The tracer can lead the reviewer back to the starting care and service area. Upon returning, the reviewer might follow-up on observations made either through additional record review or discussions with staff.

At the conclusion of the tracer, the reviewer communicates to the program leaders and care providers any:

- Specific observations made
- Issues that will continue to be explored in other tracer activity,
- Need for additional record review, and
- Issues that have the potential to result in requirements for improvement.

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System Tracer - Data Use

This session focused on the program's use of data in improving safety and quality of care for patients. The reviewer and program representatives will:

- Identify strengths in the use of data, areas for improvement, compliance with meeting measure thresholds and any actions taken or planned to improve performance of the Perinatal Care program
- Identify specific data use topics requiring further exploration as part of subsequent review activities

Organization Participants

- Program administrative and clinical leaders
- Program Interdisciplinary Team
- Others at the discretion of the organization

Materials Needed for this Activity

- Perinatal Care program's performance improvement plan
- Performance measure data reports
- Action plans demonstrating the program's use of and response to data

Data Use System Tracer Description

During this activity, the reviewer(s) and program will discuss:

- Perinatal program performance committee, and their responsibilities
- Program performance improvement plan
- Data gathering and preparation, including:
  - Selection of performance measures
  - Data collection, including validity and reliability
  - Data analysis and interpretation
  - Dissemination and communication to leaders and program staff
  - Data use and actions taken on opportunities for improvement
  - Monitoring performance, including compliance with measure thresholds, and evaluating improvements
- The perinatal care program-selected performance measures used to evaluate the processes and outcomes specific to the program, including the selection process and measure implementation
- How clinical and management data is used in decision-making and in improving the program's quality of care and patient safety
- Strengths and opportunities for improvement in the processes used to obtain data and meet internal and external information needs
- Techniques used to protect confidentiality and security of all types of patient data

Use of data for all aspects of the program, such as symptom management, meeting patient and family menthal health needs, meeting patient and family health-related social needs, medication management, etc. should be discussed during this activity.

The reviewer(s) will want to know about the program's priorities for performance improvement activities and how these fit into the organization's overall performance improvement processes. This discussion may include a review of:

- Selection and prioritization of performance improvement activities
- Data reporting – when it occurs and who receives the information
- Type of analyses being conducted – approach to trending data over time, comparing data to an expected level of performance, and looking at data in combination for potential cause and effect relationships.

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Education & Competence Assessment Process

The purpose of this activity is to discuss how the program meets the need for qualified and competent practitioners.

Organization Participants

- Staff responsible for:
  - Aspects of the organization's human resources processes, that support the program
  - Orientation and education of perinatal staff
  - Assessing perinatal staff competency
  - Assessing perinatal licensed practitioner and other credentialed practitioner competency, when applicable

- Individual(s) with authority to access information contained in personnel and, when applicable, credentials files

Materials Needed for this Activity

Personnel or credentials files for individuals identified by the reviewer

- A minimum of five (5) files will be selected
- At least one file per discipline (nurse, social work, dietician, therapist, etc.) represented on the Perinatal Care interdisciplinary team will be reviewed
- Perinatal program nursing director

Note: The reviewer will select these files based on the individuals encountered during tracer activity, that is, those caring for or who cared for the patient being traced. Please let the reviewer know if there could be a delay in getting files for review.

Education and Competence Assessment Process Activity Description

During the session, the reviewer and organization representatives will:

- Participate in a facilitated review of selected files for:
  - Relevant education, experience and training or certification
  - Current licensure
  - Orientation
  - Competence
  - Evidence reflecting completion of any required continuing education
  - Most recent performance evaluation

- Discuss the following competence assessment topics as the relate to the program seeking certification:
  - How the program fits into any organization-wide competence assessment processes, if applicable
  - Hiring criteria unique to the program
  - Selection of Perinatal Care team members
  - Program-specific competence requirements
  - Processes for obtaining team member credentials information
  - Program-specific credentials evaluation criteria

- Orientation content and training process for Perinatal Care program team
- Methods for assessing competence of program team members
- Unique orientation, on-going education, training and in-service requirements for the program

Individuals attending this session should be prepared to explain the program's approach to credentialing and competency assessment.

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Perinatal Care Medical Staff Credentialing and Privileging Process

The purpose of this activity is to learn how the program meets the needs for qualified and competent licensed practitioners. Focus will be on program processes for defining credentialing and privileging criteria and applying the criteria in appointment and reappointment decisions and granting privileges, as well as ongoing monitoring of practitioner performance.

Organization Participants
Individuals able to address issues related to credentials and competence requirements for Perinatal Care program licensed practitioners, for example:

- Medical director of the Perinatal Care program
- Medical director of the perinatal care units
- Medical staff coordinator
- Medical staff credentials committee representative
- Individual(s) with authority to access information contained in credentials files

Materials Needed for this Activity
Credentials files for licensed practitioners identified by the reviewer

- A minimum of five (5) files will be selected, and could include:
- Hospitalists
- Non-physician licensed practitioners
- Director of Perinatal Care program
- Director of Obstetrical services
- Director of Obstetrical Anesthesia services
- Director of Newborn Unit services
- Individuals authorized to administer general, regional and monitored anesthesia including deep sedation/analgesia

Note: The reviewer will select these files based on the individuals encountered during tracer activity, that is, those caring for or who cared for the patient being traced. Please let the reviewer know if there could be a delay in getting files for review.

Credentialing & Privileging Process for Perinatal Care Activity Description
During the session, the reviewer and organization representatives will:

- Participate in a facilitated review of selected files for:
  - Relevant education, experience and training or certification
  - Current licensure
  - Organization and program orientation
  - Evidence reflecting completion of any required continuing education
  - OPPE and if applicable FPPE

- Discuss the following topics:
  - How the program fits into any organization-wide credentialing and privileging processes
  - Appointment and privileging criteria unique to the program
  - Unique orientation content and training for Perinatal Care program team members

- On-going education, training and in-service requirements for the Perinatal Care program
- The program's process for monitoring the performance of all perinatal care licensed practitioners
- The program's process for evaluating performance of perinatal licensed practitioners who do not have current performance documentation at the organization
- The process for communicating practitioner privileges and ensuring that practice is within the scope of defined privileges
- Program's involvement with emergency services and anesthesia services

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Summary Discussion

This time will be utilized for a final discussion prior to the reviewer's report preparation and the exit conference.

Organization Participants
Will vary depending upon the issue

Materials Needed for this Activity
Will vary depending upon the issue

Preparation for Summary Discussion
May require documentation or staff interview based on open issues.

Summary Discussion Description
Topics that may be addressed include:

- Any issues not yet resolved
- The identified Requirements for Improvement (RFIs)
- Sharing best practices to inspire quality improvement and/or outcomes
- Determination if RFIs will be discussed in detail at closing

The reviewer will work with the organization's certification contact to organize and conduct the summary discussion.

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Team Meeting & Planning Session

Reviewers use this session to debrief on the day's observations and plan for upcoming review activities.

Before leaving the organization, reviewers will return organization documents to the program's review coordinator or liaison. If reviewers have not returned documentation, your organization is encouraged to ask reviewers for the documents prior to their leaving for the day.

Organization Participants
None

Logistical Needs
The suggested duration for this session is 30 minutes.

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Reviewer Report Preparation

The reviewer uses this time to compile, analyze and organize the data he or she has collected throughout the review into a preliminary report reflecting the program's compliance with standards.

Organization Participants
None required, unless specifically requested by the reviewer

Materials Needed for this Activity
Private work space with access to an electrical outlet and an internet connection

Reviewer Report Preparation Description
The reviewer uses this time to analyze their observations and determine if there are any findings that reflect standards compliance issues. If organization interruptions can be kept to a minimum during this time, it will help the reviewer remain on schedule and deliver a report at the appointed time. The reviewer will be using their laptop computer to prepare the preliminary report and plan for the Exit Conference.

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Program Exit Conference

The Program Exit Conference is the final onsite activity when the organization receives a preliminary report of findings from the reviewer. In addition, reviewers will

- Review the the Summary of Certification Review Findings report, including the new SAFER™ matrix feature
- Discuss any standards compliance issues that resulted in Requirements for Improvement (RFIs)
- Allow the organization a final onsite opportunity to question the review findings and provide additional material regarding standards' compliance
- Explain the post-review process and required follow-up actions, as applicable

Organization Participants

- Program leaders
- Other staff at the discretion of the organization

Materials Needed for this Activity

Copies of the certification report—if it is being distributed to staff

Preparation for the Program Exit Conference

None required

Program Exit Conference Description

This is a 30-minute activity that takes place at the completion of a program review. Administrative and clinical program leaders, and other organization staff, as invited, will hear a verbal report of review findings, requirements for improvement, and where these are appearing on the SAFER™ matrix. The preliminary certification review findings and printed report are shared with participants in the Exit Conference ONLY with the permission of the CEO. All reports left onsite are preliminary and subject to change upon review by Joint Commission central office staff.

Certification Review Template Agenda

The Joint Commission
Advanced Certification in Perinatal Care Agenda
One or Two Reviewers for Two Days
Day 1

Time	Activity & Topics	Suggested Organization Participants
8:00-8:30 a.m.	**Opening Conference** - Introductions - Brief review of agenda - Dialogue about what reviewer can do to make this a meaningful review for the program.	- Program's Joint Commission contact - Program clinical and administrative leadership - Others at program's discretion
8:30-9:30 a.m.	**Orientation to Program** Topics to be covered include: - Program scope of care, treatment, and services - Program philosophy - Patient population and community demographics - Diversity, equity, and inclusion efforts - Program leadership, responsibilities, and accountabilities - Interdisciplinary team composition and responsibilities - Other personnel and support services - Backup systems and plans in place - Program and organization integration, interaction and collaboration - Communication and collaboration within the program, and with patients and families - Communication and collaboration within the program, and with community perinatal providers - Communication and collaboration within the program, and with community resources - Program team member selection qualifications, orientation, training, ongoing education and support - Clinical practices (evidence-based national guidelines or up-to-date systematic review of existing evidence) being followed by the program - Perinatal care core performance measures; measure threshold compliance - Early risk identification and managing the risk corresponding to the program's capabilities Q & A Discussion	
9:30-10:00 a.m.	**Reviewer Planning & Protocol Review Session** Please have the following information available for the Reviewer Planning Session: • A current list of patients in the program, both pregnant or postpartum, and newborn • Order sets, care plans, as applicable • Program's schedule for interdisciplinary team meetings or program rounds on patients • Program's back-up schedule for perinatal services needed to meet the needs of the pregnant or postpartum patient and newborn	Program representative(s) who can facilitate patient selection and tracer activity

Time	Activity & Topics	Suggested Organization Participants
10:00 -12:00 p.m. (If two reviewers assigned, one reviewer traces the pregnant or postpartum population, the other reviewer traces the newborn population)	**Individual Tracer Activity** Tracer activity begins where the patient is currently receiving care, treatment and services • Begins with interactive review of patient record(s) with staff actively working with the patient—the patient's course of care, treatment and services from prenatal up to the present and anticipated for the future (postpartum and newborn care) will be mapped • Continues with tracing the patient's path, visiting different areas, speaking with program team members and other organization staff caring for or encountered by the patient. ▪ Defined perinatal continuum, areas/units/departments/ programs/services may include the labor and delivery unit, newborn nursery, operating room, PACU, emergency department, prenatal program, postpartum unit, ultrasound, radiology, laboratory, intensive care unit, and pharmacy services • Includes a patient and family interview, if they are willing to participate • At the conclusion of the tracer, the reviewer will communicate to the program leaders and care providers: ▪ Specific observations made ▪ Issues that will continue to be explored in other tracer activity ▪ Need for additional records to verify standards compliance, confirm procedures, and validate practice ▪ Closed record review that may be necessary	- Program team members and other staff who have been involved in the patient's care, treatment or services - Program team members who can facilitate tracer activity including escorting the reviewer(s) through the clinical setting following the course of care for the patient.
12:00-12:30 p.m.	**Reviewer Lunch**	
12:30-2:30 p.m.	**Individual Tracer Activity - continued**	
2:30-4:00 p.m.	**System Tracer – Data Use** Topics to be covered include: - Members and responsibilities of the perinatal performance committee - Performance improvement plan, including data analysis and priority setting - Program performance measurement and improvement activities - Measure threshold criteria - Use of The Joint Commission's perinatal care core performance measures - Data collection related topics, including data monitoring, analysis and interpretation, and dissemination and transmission - Other issues for discussion or follow up - Recently implemented program improvements	- Program leaders - Individual(s) responsible for performance improvement and processes within the program - Others at program's discretion
4:00-4:30 p.m.	**Team Meeting/Reviewer Planning Session**	Program's Joint Commission contact, as requested by the reviewer(s)

Day 2

Time	Activity & Topics		Suggested Organization Participants
8:00-8:30 a.m.	**Daily Briefing** A brief summary of the first day's observations will be provided		As determined by the program or organization
8:30-11:30 a.m.	**Individual Tracer Activity - continued**		
11:30-12:00 p.m.	**Reviewer Lunch**		
12:00-1:30 p.m.	**Individual Tracer Activity - continued**		
1:30-2:30 p.m. If one reviewer assigned, these two activities will be combined, and approximately 30 minutes each If two reviewers assigned, one will conduct the Education and Competence Assessment activity and the other, usually a physician reviewer, will conduct the Medical Staff Credentialing and Privileging Process activity; each activity will be 60 minutes each	**Education and Competence Assessment Process** Discussion will focus on: - Processes for obtaining team member credentials information - Orientation and training process - Methods for assessing team member competence - In-service and other ongoing education activities available to team members - Education and competence issues identified from patient tracers Note: The reviewer will request personnel records and credentials files to review based on team members and staff encountered or referred to throughout the day.	**Medical Staff Credentialing and Privileging Process** Discussion will focus on: - Credentialing and privileging **process specific to perinatal care, treatment, and services** - If privileges are appropriate to the qualifications and competencies - Monitoring & evaluating the performance of licensed practitioners on a continuous basis - Identified strengths and areas for improvement Note: The reviewer will request files of the following leaders: perinatal program, obstetric services, newborn unit services, and obstetric anesthesia services. Additional files may be requested based on tracer activity.	- Individual with authorized access to personnel and credentials files - Individual familiar with program-specific requirements for team members - Individuals able to address issues related to medical staff (for example program director, department medical director, medical staff coordinator, medical staff credentials committee representatives)
2:30-3:00 p.m.	**Summary Discussion** This time will be utilized for a final discussion prior to the reviewer's report preparation and the exit conference. Topics that may be discussed include: • Any issues not yet resolved (IOUs) • The identified Requirements For Improvement (RFIs) • Sharing best practices to inspire quality improvement and/or outcomes • Educative activities of value to the program (i.e., knowledge sharing related to CPGs or the latest scientific breakthroughs) • Were the goals of your team met during this review? • What made the review meaningful to the team?		Program's Joint Commission contact, as requested by the reviewer

Time	Activity & Topics	Suggested Organization Participants
3:00-4:00 p.m.	**Reviewer Report Preparation**	Reviewer(s)
4:00-4:30 p.m.	**Program Exit Conference**	- Program leaders and team members - Others at program's discretion

Note: This agenda is a guide and may be modified based on organizational need and reviewer discretion.

Advanced Certification in Perinatal Care

Intra-cycle Review Process

All organizations participating in the certification process are required to collect, report, and monitor their performance relative to standardized and non-standardized measures on an ongoing basis. The Certification Measure Information Process (CMIP) tool assists certified organizations with the data collection, reporting and monitoring requirements associated with performance measures. The CMIP tool is available on your organization's secure extranet site, The Joint Commission *Connect*. The Performance Measure (PM) Data Report portion of the CMIP tool is available to perform an annual analysis of their performance relative to each performance measure.

A mid-point (intra-cycle) evaluation of a program's performance measurement activities and standards compliance will be conducted via conference call with a Joint Commission reviewer.

Prior to the Intra-cycle Event
Your organization will receive an automated email to the primary certification contact and the CEO approximately 90 days in advance of the anniversary date of your last certification review. You will have 30 days to enter any missing monthly data points for any of the performance measures, complete the performance measure (PM) data report for each measure, and review your performance improvement plan for any updates. Once the required data has been entered or updated, please use the submission checklist section of the CMIP tool to formally submit the tool to The Joint Commission for the intra-cycle event. If the tool is not submitted on time, your organization will receive an email reminder to submit the tool or risk having your certification decision changed.

Intra-cycle Evaluation Logistics
This Zoom call will take place as close as possible to the one year mid-point of the current two year certification cycle. The call will be completed by a Joint Commission reviewer who will contact the person identified in the "Intra-cycle Conference Call Contact Information" section of the CMIP tool for a time that is convenient to both parties involved. Participation in the intra-cycle conference call is mandatory for all Disease Specific Care programs.

Organization Participants
- Staff involved in data collection and analysis
- Program leaders that implement performance improvement plans

Overview of the Intra-cycle Evaluation Process
During the conference call, the reviewer will discuss
- The results of your organization's performance against the performance measures (monthly data), and the measure threshold criteria
- Your analysis of your performance (PM Data Report),
- Your organization's ongoing approach to performance improvement (PI Plan), and
- Your questions regarding compliance with Joint Commission standards.

This call is your organization's opportunity to have an interactive discussion with the Joint Commission reviewer to assure you are on the right track relative to performance measurement and ongoing performance improvement and standards compliance.

There are no negative outcomes to the intra-cycle event, unless the reviewer identifies that your organization has not actively engaged in performance measurement and improvement activities since the time of the most recently completed initial or recertification review.