

Certification Review Process Guide

Advanced Certification for Palliative Care

2012



The Joint Commission

**Advanced Certification for
Palliative Care**

Review Process Guide

What's New in 2012

New or revised content for 2012 is identified by underlined text.

On-site review activities and process remain unchanged for 2012.

One additional piece of information is being requested for the on-site review in 2012, as follows:

- All programs are asked to have either a roster of Opening Conference and Program Orientation participants with their positions noted available at the beginning of this activity for the reviewer; or, have attendees not their name and position on a sign-in sheet as they arrive. This information is a reviewer aid for the duration of the visit and will be returned at the conclusion of the on-site review.

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Organization Review Preparation

The purpose of this activity guide is to inform organizations about how to prepare for the Palliative 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.

Notice of Initial Certification On-site Review

If this is your program's first time through the certification process you will receive at least a 30-day advance notice of your onsite review date(s). The Notification of Scheduled Events link on your organization's extranet site, The Joint Commission *Connect*, is populated with the review date, reviewer's name, biographical sketch and picture 30 days prior to the review date. The account executive can answer questions about the process or put you in contact with other Joint Commission staff that can assist you.

Notice of Re-Certification On-site Review

Your organization will receive notice from The Joint Commission five business days prior to the first day of the scheduled review date(s) for Palliative Care re-certification. The notice will be to the certification contact identified in your application and will include the specific review date(s) and the name of the reviewer. A follow-up communication with your organization will confirm the information previously provided. Additionally, the Notification of Scheduled Events link on your organization's extranet site, The Joint Commission *Connect*, is populated with the review

date, reviewer's name, biographical sketch and picture at 7:30 a.m. in your local time zone on the morning of the review.

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.

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. Four non-standardized performance measures, including at least (2) clinically-focused measures
 - On re-certification reviews, the reviewer will also receive measure-related data submitted by the program

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.

Information Needed During Onsite Review

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.

Following is a list of items that reviewers **MAY REQUEST** to see during any onsite review.

- List of interdisciplinary team members
- Policy/procedure on the identification of patients for the program
- Any packets/information given to patients about the palliative care program including scope of service
- Policy/procedure on patient assessments and reassessments (e.g. physical, functional, nutrition, psychological)
- Standardized scales used for physical and psychological symptom management, if applicable
- Policy/procedure for referral of patient to emergency/urgent care
- List of referral sources the program uses
- Examples of education given to patient/family
- Policy/procedure for ethics consultation
- Patient discharge or transfer procedures and procedures guiding communication of health information, *if different from hospital*
- Program-specific performance improvement plan and performance measures
- Program-specific patient and family satisfaction data
- Program-specific performance improvement data
- Policy on privacy and security of health information including retrieval and breach of health information, *if different from hospital*
- Policy/procedure for preventing and analyzing sentinel events with implemented changes based on results, *if different from hospital*
- Minutes of program leadership as well as team meetings, if applicable
- Proposed and/or actual program budgets
- Job descriptions for interdisciplinary team members
- Policy/procedure for handling and resolving patient/family complaints, *if different from hospital*
- Program-specific orientation and competency assessment documentation for team members

Who to Call with Questions

Questions about standards and elements of performance – Call the Standards Interpretation Group at 630/792-5900. For a response by email, complete the “Standards Online Question Submission Form” by visiting www.jointcommission.org and selecting “Standards FAQs” under “TOP SPOTS.”

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

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Opening Conference and Orientation to Program

This session combines two activities into one 60-minute block of time. The breakdown of activities and suggested length for each follows.

Organization Participants

- Opening Conference – Program(s) administrative and clinical leadership and others at the discretion of the organization
- Orientation to the Program – Program(s) administrative and clinical leadership and others at the discretion of the organization

Materials Needed for Activities

- Organization chart, if available
- Palliative Care Program organization chart, if available
- Roster or sign in sheet of the organization representatives attending this session (Note: This document is used as a reference by the reviewer throughout the visit and will be returned to the organization at the conclusion of the review.)

Opening Conference Description

Approximately 10-15 minutes in duration and includes:

- Reviewer introduction
- Introduction of organization review coordinator and leaders (Please note: Other staff can be introduced as the reviewer encounters them throughout the onsite visit);
- Overview of The Joint Commission Palliative Care Certification
- Agenda review with discussion of any needed changes
- Questions and answers about the on-site review process.

Orientation to the Program Description

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. 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 mission, goals and objectives
- Program structure
- Program leadership and management
- Program design
- Program team composition
- Developing, implementing and evaluating the program
- Target population for the program
- Identified needs of the program population
- The selection and 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

Advanced Certification for Palliative Care **Reviewer Planning Session**

During this activity, the reviewer(s), in conjunction with palliative 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 receiving care, treatment, and services from the palliative care program
- 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

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 their 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 play a key role in the palliative care program.
 - Patients should have different characteristics, such as demographics, age, sex and other factors that would influence the program response, or impact the application of evidence-based clinical practices.
3. Reviewers will prioritize patients for tracer activity with the program team's assistance.

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 palliative 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.

Planning Guidelines – Contact with Discharged Patients

Reviewers will want to have some contact with the program's patients. 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 staff and other organization staff who have been involved in the patient's care, treatment or services

Materials Needed for this Activity

Clinical records of selected patients

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:** *In-house patients 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, programs, 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 in-house 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 staff roles in minimizing environmental risk,
 - Speak with organization staff about the care, treatment and services they provide and their knowledge of the palliative 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 or 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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Competence Assessment & Credentialing Process

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

Organization Participants

- Program leaders
- Clinical leaders
- Organization representatives responsible for human resources processes
- Organization representatives responsible for credentialing processes, if different from above
- Individuals with authorized access to, and familiar with the format of files
- Others at the discretion of the organization

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 (physician, nurse, social work, dietician, therapist, etc.) represented on the palliative care interdisciplinary team will be reviewed

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.

Competence Assessment and Credentialing 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
 - Competence
 - Evidence reflecting completion of any required continuing education
- Discuss the following competence assessment and credentialing topics as they relate to the program seeking certification:
 - How the program fits into any organization-wide competence and credentialing processes, if applicable
 - Hiring criteria unique to the program
 - Selection of palliative care team members
 - Program-specific competence and credentials requirements
 - Processes for obtaining team member credentials information
 - Program-specific credentials evaluation criteria
 - Orientation and training process for palliative care program team
 - Methods for assessing competence of practitioners and team
 - 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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System Tracer- Data Use

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

- Identify strengths and weaknesses in the organization's use of data, areas for improvement, and any actions taken or planned to improve performance.
- Identify specific data use issues requiring further exploration as part of subsequent review activities.

Organization Participants

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

Materials Needed for this Activity

- Palliative 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 organization will discuss:

- The basics of data gathering and preparation, including:
 - Selection of performance measures
 - Data collection, including validity and reliability
 - Data analysis and interpretation
 - Dissemination /transmission
 - Data use and actions taken on opportunities for improvement
 - Monitoring performance and evaluating improvements
- The performance measures selected 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 quality of care and patient safety.
- Strengths and weaknesses 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 psychosocial 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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Issue Resolution

Issue resolution time is an opportunity for the reviewer to follow-up on potential findings that could not be resolved in other onsite activities.

Organization Participants

Will vary depending upon the issue

Materials Needed for this Activity

Will vary depending upon the issue

Preparation for Issue Resolution

None required

Issue Resolution Description

The reviewer may have identified issues during individual tracer activity or other sessions that require further exploration or follow-up with staff. This follow-up may include a variety of activities such as:

- Review of policies and procedures
- Review of human resources files
- Review of performance improvement data
- Discussions with selected staff

The reviewer will work with the program's certification review coordinator to organize and conduct all issue resolution activity.

Advanced Certification for Palliative Care **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.

Advanced Certification for Palliative Care **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

- Discuss any standards compliance issues
- Allow the organization a final onsite opportunity to question the review findings and provide additional material regarding standards' compliance
- Review 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 and any requirements for improvement. 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.

**The Joint Commission
Advanced Certification for Palliative Care
On-site Review Agenda Template**

Time	Activity & Topics	Suggested Organization Participants
8:00 – 8:30 a.m.	Opening Conference (10 minutes)	- Program's Joint Commission contact
8:30 – 9:00 a.m.	<ul style="list-style-type: none"> - Introductions - Brief review of agenda Orientation to Program (50 minutes) <ul style="list-style-type: none"> - Program scope - Program design, structure, team composition, mission, accountability - Program philosophy - Program goals, objectives - Program leadership responsibilities and accountabilities - Program and organization integration, interaction and collaboration—from strategic planning all the way to planning and implementing of day-to-day activity - Program clinical and administrative procedures such as those relating to communication, performance measurement and improvement, interaction with patients and families, managing program-related information - Program team composition and team member responsibilities - Program team member selection qualifications, orientation, training, ongoing education and support - Organization staff orientation, training and education relative to the program - Communication within the program - Communication between the program and organization - Communication between the program and other providers within the organization and externally - Clinical practice guidelines or evidence-based practices being followed by the program 	<ul style="list-style-type: none"> - Program leaders - Organization leadership representative(s) - Program team members - Others at program's discretion

Time	Activity & Topics	Suggested Organization Participants
9:00 – 9:30 a.m.	<p>Reviewer Planning Session</p> <ul style="list-style-type: none"> - Tracer patient selection <p>Note: This requires a list, census report or other summary of patients currently receiving care from the program. This should include patients currently in all inpatient areas where the program provides services and for all age groups.</p>	<ul style="list-style-type: none"> - Program's Joint Commission contact - Program leader or team member familiar with current patients
9:30 – 10:00 a.m.	<p>Individual Tracer Activity</p> <ul style="list-style-type: none"> - Tracer activity begins where the patient is currently receiving care, treatment and services - Begins with interactive review of patient record(s) with team member or organization staff actively working with the patient—map patient's course of care, treatment and services up to the present and anticipated for the future - 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 - Includes a patient and family interview, if they are willing to participate <p>Topics:</p> <ul style="list-style-type: none"> - Coordination, interaction and communication among program team members and between the team and organization staff - Program team interaction with patient and family - Program assessment and reassessment of patient and family needs - Interdisciplinary team planning w/ patient and family involvement - Implementation of the patient's care, treatment and service plan - Timing of referrals to the program; referral sources (e.g., physicians, nursing, social work) - Organization staff awareness of the program - Organization support of the program 	Program team members and other organization staff who have been involved in the patient's care, treatment or services
10:00 – 10:30 a.m.		
10:30 – 11:00 a.m.		
11:00 – 11:30 a.m.		
11:30 – 12:00 p.m.		
12:00 – 12:30 p.m.	Lunch	
12:30 – 1:00 p.m.	Individual Tracer Activity – continued	Program team members and other organization staff who have been involved in the patient's care, treatment or services
1:00 – 1:30 p.m.		

Time	Activity & Topics	Suggested Organization Participants
1:30 – 2:00 pm.	<p>Competence Assessment/Credentialing Processes</p> <p>Discussion during this session will focus on:</p> <ul style="list-style-type: none"> - Processes for obtaining team member credentials information - Orientation and training process for program team - Methods for assessing competence of practitioners and team members - In-service and other ongoing education activities available to program team members <p>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. Program staff should inform the reviewer of how much time is needed to retrieve personnel and credentials files.</p>	<ul style="list-style-type: none"> - Individual with authorized access to personnel and credentials files - Individual familiar with program-specific requirements for team members
2:00 – 2:30 p.m. 2:30 – 3:00 p.m.	<p>System Tracer – Data Use</p> <ul style="list-style-type: none"> - Program performance measurement and improvement activities <ul style="list-style-type: none"> ▪ Performance improvement plan review including priority setting ▪ Measure selection process ▪ Program leaders, organization leaders and program staff involved in selecting measures ▪ Data collection and data quality monitoring ▪ Data analysis and dissemination - Program data available for, and used in decision-making - Program evaluation by leaders and staff - Patient and family evaluation of program (satisfaction and complaints) - Recently implemented program improvements 	<ul style="list-style-type: none"> - Program leaders - Program team members - Organization quality improvement representative(s) - Others at program’s discretion
3:00 – 3:30 p.m. 3:30 – 4:00 p.m.	<p>Issue Resolution and Reviewer Report Preparation</p>	<ul style="list-style-type: none"> - Program's Joint Commission contact as requested by the reviewer
4:00 – 4:30 p.m.	<p>Program Exit Conference</p>	<ul style="list-style-type: none"> - Program leaders - Program team members - Organization leadership representative(s) - Others at program’s discretion