The Journey to Disease Specific Certification
The New Perinatal Care Certification
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Objectives
After attending this presentation/discussion the participant will:
1. Outline the requirements for meeting the JC Disease Specific Certification
2. Develop a timeline for applying for Disease Specific Certification
3. List the possible metrics associated with the Perinatal Disease Specific Certification

Disclosures
- I do not have any financial, professional or personal conflict of interest (self or family).
- I do not have a significant financial interest or other relationship with the manufacturers of any products or providers of services discussed in my presentation.
- My presentation does not include discussion of any investigational or off-label use(s) of a commercial product or device.
Why Disease Specific Certification

Improve quality of patient care

Framework for program structure

Provides an objective assessment of clinical excellence
Creates a loyal, cohesive clinical team

Promotes a culture of excellence across the organization

Facilitates marketing, contracting and reimbursement
Strengthens community confidence

Recognized by select insurers and other third parties

Can fulfill regulatory requirements in select states
Why Not?

- Expense
- Time

History of Disease Specific Certification

How it started

What is the focus

Expansion of certification

Disease Specific Certified Programs – 2118

Certification types – 93

Over 1000 facilities certified in something
### Current Perinatal Certifications

- Childbirth – 3
- Fetal Cardiac Monitoring – 1
- High Risk Obstetrics – 1
- Induction of Labor – 1
- Maternal Child – 1
- Normal Delivery – 2
- Pre-Term Labor – 5
- Prematurity – 8
- RDS in Pre-Term Infants – 2

### DSC vs Advanced Certification

- Chronic Kidney Disease
- Chronic Obstructive Pulmonary Disease
- Comprehensive Stroke Center
- Primary Stroke Center
- Heart Failure
- Inpatient Diabetes
- Lung Volume Reduction Surgery
- Ventricular Assisted Device
- Palliative Care
- DSC

### DSC Certification Standards

**CPR – Certification Participation Requirements**
PNIM – Information Management

PNPI – Performance Improvement
What TJC looks for

That Clinical Practice Guidelines are integrated into all aspects of care

The organizations leaders are committed to improvement

Clinical outcomes and performance measurements are used to drive change
How patients are educated on self-management activities that are specific to their condition

How to get started:

Facility leadership support
Designate a coordinator

Steering committee

Multidisciplinary clinical team
Researching and using CPG
Clinical Practice Guidelines

Selecting Performance Measurements
Meaningful
Patient safety
Improve outcomes
Clinical vs non clinical

Performance Measure Documentation
Documenting the PI Plan

• Briefly describe the scope of the Performance Improvement activities for your disease management program.

The Sepsis Disease Specific Certification (DSC) Team takes a holistic approach to care of the patient with severe sepsis and includes all adult patients with severe sepsis. The program has incorporated guidelines published through the Critical Care Medicine Journal published in February, 2013 and the National Guideline Clearinghouse (2014). The program's performance improvement activities focus on improving internal processes and practices, ultimately leading to improved outcomes for the patient with severe sepsis.
Identify the composition of the disease management team – by profession and organization title.

- MD - Director Perinatology
- MD - Obstetric Anesthesiology
- RN - Women's and Children's Services Administrator
- RN - Perinatal Clinical Nurse Specialist/Disease Management Program Team Leader
- RN - Director Labor and Delivery
- RN - Staff Education
- RN - Director Post Partum and Antepartum
- RN - Clinical Nurse specialist Perinatal Center
- RN - Perinatal Clinical Nurse Specialist
- RN - Nurse Manager Labor and Delivery,
- RN - Clinical Coordinator Antepartum

Describe the current year's Performance Improvement goals and objectives for the program.
1. Skin to Skin - increase number of parents providing Skin to Skin Care in NCCC

2. Safe Sleep - Model Safe Sleep behavior to parents before discharge from NCCC

3. Protecting Eyes - Protecting dilated pupils in infant receiving ROP eye exam. Infants' eyes are protected from light after dilation and for 4 hours after dilation.


* Describe the activities that are currently underway to achieve or meet the current year's Performance Improvement goals and objectives.

1. Skin to Skin - increase number of parents providing Skin to Skin Care in NCCC. Monitor number of parents practicing Skin to Skin activities which include; Kangaroo Care, Breastfeeding, and Infant Massage through education.

2. Safe Sleep - Model Safe Sleep behavior to parents before discharge from NCCC. Provide education to nursing staff and parents on the Safe Sleep initiative and monitor compliance to Safe Sleep Protocols - neonate sleeping supine as soon as they are transferred to open crib.

3. Protecting Eyes - Education to staff and parents on the need to protect the infants' eyes from light until pupils return to normal size.

4. Pain Management - Procedural pain is common in the NICU and should be managed with a combination of nonpharmacological and pharmacological interventions. Development and implementation of Pain Management Bundles.
• Describe the process by which, and with whom, program-specific data and the information derived from the analysis of those data are shared across the organization.

Data and analysis is reported by the Sepsis Coordinator to the following: Sepsis Core Team monthly, Quality Council bi-monthly, Critical Care Committee bi-monthly, Emergency Services Department bi-monthly, Patient Safety bi-monthly, Medical Executive Committee monthly and the Board of Trustees monthly.

• Describe where the program's Performance Improvement plan fits within the context of the larger organization-wide performance improvement plan.
The Sepsis DSC Team and Sepsis Core Team use the FOCUS-PDSA methodology for performance improvement which is in line with our organization's PI plan. The team works closely with the quality department to maintain all quality goals and patient safety goals. All performance improvement activities are reported to the Sepsis Core Team, Critical Care Committee, Patient Safety, Medical Executive Committee and the Board of Trustees. The Sepsis Coordinator participates in monthly sepsis conference calls with HCA Division to discuss goals and implementation of sepsis the initiative. HCA Division provides leadership, resources and support to move the initiative forward.

Identify, by organization title, who has authority and responsibility for organization-wide performance improvement.

The Board of Trustees has primary responsibility as well as the Medical Executive Committee, Chief Executive Officer (CEO), CMO, CNO, Vice-President of Quality Management, Division CMO and Division Director of Quality.
The On Site Review

Prepare just like an accreditation survey

Opening Presentation

- Show all the good stuff your hospital has done as a whole – the Hospital Administrations commitment to excellence
- Then the good stuff your program has produced so far

Short slide presentation
- Your hospital
- Your specific area
- Pictures – lots of pictures
- Overview of your plan
- Your team
- Graph of your data
- Changes to your plans
Tracer methodology

FYI things
- Just one surveyor
- Just one day for regular certification reviews
- You can receive Direct and Indirect Findings
- You get a report at the end of the day on your status, findings, and recommendations
- You can retire performance measures
- You can have new performance measures approved

References

http://www.jointcommission.org/