Streamlining Orthopedic Episodes of Care

Wellbe’s Smart Patient Navigation

Wellbe helps service line leaders to manage growing programs by leveraging digital patient navigation to increase the capacity of existing resources. The cloud-based platform combines vital tools for patient engagement and care coordination across the continuum to manage the performance of value-based reimbursement programs. This patient-centric approach using actionable feedback results in reduced risks, optimal costs and a better patient experience.

Wellbe’s solution includes:

**Guided Patient Journeys for Better Engagement and Experiences**

Easy-to-follow Guided CarePaths are designed around your facility’s existing content and aligned to your current program’s clinical pathways to help your patients on their journeys to better health.

**Coordinated Care with Connected Teams**

Each member of the care team can leverage CarePath Automation to help them complete their “to-do’s” while ensuring collaboration on patient progress.

**Real-time Insight from Patient Generated Data**

On-demand reports give administrators the quick data they need to report to the C-Suite on program performance.
The Joint Commission Disclaimer

- These slides are current as of 6/30/15. 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.

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The Joint Commission
Disease-Specific Care Certification
for Hip and Knee Replacement Programs

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June 30, 2015
Today’s Agenda

- What is Disease-Specific Care Certification?
- Preparation, Tips and Timeline
- The On-Site Review
Accreditation vs. Certification

Accreditation Surveys
- Organization-wide evaluation of care processes and functions

Certification Reviews
- Product or service-specific evaluation of care and outcomes
What Programs Can Be Certified

- Joint Replacement
  - Hip, Knee, Shoulder, Ankle
- Hip Fracture
- Spine
  - Injury
  - Surgery
- Osteoporosis
Certification Eligibility

- Any disease-specific care program that has
  - Formal program structure
  - Standardized method of clinical care delivery based on clinical guidelines/evidence-based practice
  - Organized approach to performance measurement

- Certification is not setting-specific
Benefits of Certification

- Builds the structure required for a systematic approach to clinical care
- Reduces variability and improves the quality of patient care
- Pushes you to look at yourself more closely
- Creates a loyal, cohesive clinical team
- Promotes a culture of excellence across the organization
- Provides an objective assessment of clinical excellence
- Promotes achievement to your marketplace
Certified Programs (as of 6/3/15)

- 3,144 certified programs
  - [www.jointcommission.org/certified](http://www.jointcommission.org/certified)
- 857 Joint replacement
  - 434 knee, 429 hip, 27 shoulder, 1 ankle
Core Program Components

- Standards
- Clinical Practice Guidelines
- Performance Measures
Disease-Specific Care Standards

- Program Management
  7 standards
- Delivering or Facilitating Clinical Care
  6 standards
- Supporting Self-Management
  3 standards
- Clinical Information Management
  5 standards
- Performance Improvement and Measurement
  6 standards
Clinical Practice Guidelines

- Patient care must be based on guidelines / evidence-based practice
- Program identifies the guidelines it will use
- On-site review validates:
  - Implementation of CPGs
  - Rationale for selection / modification
  - Monitoring & improving adherence
Clinical Practice Guidelines

- NAON
- AAOS
- AORN
CPG Examples

- Antibiotic selection
- VTE prophylaxis
- Mobility/range of motion
- Pain Management protocol
- Blood product utilization
- Prevention of hospital acquired pneumonia
- Hand hygiene protocol
- Catheter associated urinary tract infection prevention
Performance Measurement: Criteria

- Four process or outcome measures to monitor on an ongoing basis
- Two of the measures must be clinical
- Other two measures can be clinical, administrative, utilization, or satisfaction
Performance Measurement: Process

- Define measures at time of application
- Share 4 months worth of trended data at initial onsite visit
- Monitor data monthly
- Share 12 months worth of trended data one year after achieving certification
What Makes a Good Performance Measure?

- Results can be used for improvement
- Relates to current medical evidence
- Defined specifications
- Data collection is consistent and logical
Choose Metrics Carefully

- Have significant impact to Patient Outcomes
- SCIP may work the first time but maybe not after
  - Challenge your program
- If it is all green – you need different measures
Performance Measures: Joint Replacement Examples

- Surgical Care Improvement Project (SCIP) metrics compliance:
  - Antibiotics administered 1 hour prior to surgery
  - Antibiotics meets guidelines
  - Antibiotics discontinued within 24 hours post-operatively
  - Venous thromboembolism (VTE) prophylaxis assess/ordered
  - Venous thromboembolism (VTE) prophylaxis within 24 hours
  - Occurrence rate of pressure ulcers
  - Occurrence rate of DVT/PE
  - Occurrence rate of urinary complications
  - Occurrence rate of pneumonia
  - Compliance of sleep apnea assessments pre-operatively
  - Effective glucose management in defined patient population during peri-operative period
  - Success rate of discharge destination of “home”
  - Pain management effectiveness
  - Length of Stay above the Medicare Geometric Mean
  - Compliance rate for pre-admission class attendance
  - Functional outcomes success (95% of patients will report pain with walking on level as “mild or none” in 6 months post op survey)
  - Patient perception of effectiveness of pre-admission education in preparing patient for surgery/hospital stay (question taken at time of discharge)
  - Likelihood to recommend services to family member or friend (acute care unit)
Preparation Tips

- Review the standards in the *Disease-Specific Care Certification Manual* and perform a gap analysis.

- Contact the Standards Interpretation Group: 630-792-5900, [www.jointcommission.org](http://www.jointcommission.org) “Ask a Standards Question”

- Submit Performance Measure questions to [http://manual.jointcommission.org](http://manual.jointcommission.org)
Preparation Tips

- Conduct a gap analysis of current state versus the expectations of the standards.
- Conduct a mock certification review. Document areas of potential compliance or noncompliance.
- Develop preparation action plans from the results of the gap analysis and mock review and determine your certification timeline.
Preparation Challenges

- Consistent implementation and documentation of Clinical Practice Guidelines
- Involvement of all physicians
- Data collection on performance measures
Application Timetable

- Think ahead – by what date do you want certification achieved?
- Submit application 5-6 months before your desired date.
  - Tell The Joint Commission what month you want review done
The On-Site Evaluation

Activities:
– Program overview
– Patient tracers
– System tracer on data use
– Competency assessment and credentialing

Engaging practitioners and patients

Educational Opportunities

One day per certification, except joint replacement hip/knee (2 in 1 day)
Advertise Your Achievement
Advanced Certification

- Coming in 2016
  - Additional, unique standards
  - Applicable to inpatient, outpatient (same-day surgery) and ambulatory surgery centers

- In 2017 will add standardized performance measures

- Currently compiling public comments (from April-May) to revise draft standards

- Technical Advisory Panel
Questions

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Upcoming Live Event

Musculoskeletal Leadership Summit
Sept 10-11, 2015 – Las Vegas, NV

http://www.orthoserviceline.com/summit

Speakers include:

• Jane Keller, CEO of OrthoIndy
• Bill Munley, VP of Professional Services and Orthopedics at Bon Secours St. Francis Health System
• Maureen Geary, Program Director for the Connecticut Joint Replacement Institute
• Dr. Corey Lieber, Orthopedic Surgeon at Newport Orthopedic Institute/Hoag Hospital
• Kimberly Meyers, Executive Director of Neurosciences and Spine at University of Colorado Hospital
• Kevin Cullinan, Executive Director, Orthopedics at Catholic Healthcare Initiatives St. Vincent’s – Little Rock
• …and more!

Early Bird Pricing Ends Today – June 30th!