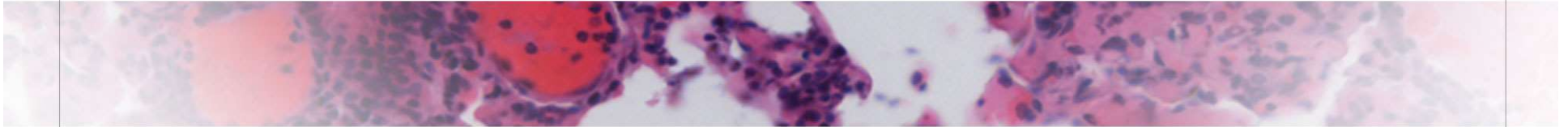




American Society of Hematology
Helping hematologists conquer blood diseases worldwide



Joint Commission Certification— Center of Excellence

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Background



- Once the effort is put together, any program can apply
- Specialty Certification for any program
- Combination of clinical coordinated care
- Consistent quality work



Why Joint Commission?

- Nationally recognized
- Institutional buy-in
- Level of continued support as an institution to maintain standards
- Potential long-term reimbursement ramifications?



Application Process

- We met every other week for 6 months prior to application
- Worked through the list to see if we had enough components to start the application
- Started the application process—from the application process to the site visit takes time (our timeline was ~6 months)
- Worked through the list as a team



Who to have at the table?

- Program Manager
- Quality Expert
- Hospital Joint Commission Team
- Administrative Clinic Team/Nursing managers inpatient and outpatient
- Who helps develop guidelines/protocol?
- Is there a mock Joint Commission Team?
- Who does chart audits for nursing?
- Who makes sure people meet standards for appointment and CME?
- What are these standards for SCD?



Developing Metrics

- Is it quantifiable?
 - How will you impact change?
 - Who works on it?
 - At least one nursing-based metric
- Data Review
- Any definable standards in sickle cell? Other disease states?
- Leadership for each goal



FY21 SCD Quality Priorities

Time to Opioid

30-Day Readmissions

Average Length of Stay

Telehealth Eye Exams

**Psychosocial
Supports**

Health Literacy



Measures of Success

Topic	Measure/Metric
Quality of Treatment	<ul style="list-style-type: none">• Time to first dose• Improvement in pain• Proportion admitted• Readmission/return to ED
Access to Acute Treatment	<ul style="list-style-type: none">• Day hospital/Infusion/Observation visits
Continuity of Care	<ul style="list-style-type: none">• Immunizations• Disease modifying therapy• Rate of hospitalization



Measuring Success/Feedback

- Developing strategies for each goal
- Who will help with implementation?
- Documentation of meetings, minutes, and strategies
- Key is working towards success
- Continued engagement with the goals



Program Evaluation of CPG Use and Quality Improvement Program

- Annual Review Process for guidelines
- Presentation to the review committee with data/metrics
- Order Sets with reviewed annually
- Quality Program
- How will you evaluate the program?
- Patient and Family Advisory Group
- Surveys—other faculty? Patients? Townhalls?



The Visit

- Number of days
- Opening Ceremony
- Metrics that don't require documentation
- Follow a patient or two through clinic
 - Follow inpatient through their journey—anyone that was admitted during this time is fair game—they can pull any chart
- They want to talk to a patient or two about their individual experience



Lessons Learned

- Less about perfection—more about plans and strategies that are reasonable to overcome barriers



- Sometimes difficult/unexpected questions—“How do you know you have established trust in your patient population?”



Re-certification

- Certification is the 1st step
- Maintaining data integrity
- Maintaining momentum
- How will you continue to improve?
- Do your goals work?



Now is the time to ...

IMPROVE HEALTH FOR MORE PEOPLE
MOVE BEYOND BORDERS
PARTNER WITH OTHERS
MAKE A GREATER IMPACT