The Joint Commission

Community Based Palliative Care Certification Presented by:

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Objectives

- Define Community Based Palliative Care Services
- Outline milestones in the development this unique certification program.
- List critical Community Based Palliative Care Certification Standards
- Explore important lessons learned during the Community Based Palliative Care Certification pilot surveys
- Highlight the key elements of the Community Based Palliative Care Certification survey process

Background

- Growth of Palliative Care Services
- TJC Advanced Palliative Care Certification Program
- Inception of Community Based Palliative Care Certification Program

Development Process

Call to action

Work with experts in community based palliative care

Standards development and approval

Eligibility Requirements

Home Health and/or Hospice organizations that elect to apply for CBPC Certification must meet the following:

- All General Eligibility Requirements currently in the Home Care manual (ACC chapter)
- All new CBPC Eligibility Requirements
- For more on eligibility:

 http://www.jointcommission.org/community-
 based palliative care certification option july 1 2016/



Eligibility Requirements (cont'd.)

New: A Home Health or Hospice Agency qualifies for Home Care Community Based Palliative Care Certification under the following conditions:

- Org is TJC Home Care accredited (HH and/or Hospice)
- Able to provide CBPC services 24/7 as needed
- Had 5 CBPC patients/last 12 months; 3 active on survey
- CBPC services provided in patient's residence
- Org utilizes clinical practice guidelines to provide CBPC services

CBPC Certification Standards

Chapters in the Home Care manual with CBPC Certification standards:

Accreditation Participation Requirements (APR)

Human Resources (HR)

Information Management (IM)

Leadership (LD)

Provision of Care (PC)

Performance Improvement (PI)

Record of Care (RC)

Rights and Responsibilities (RI)



Human Resources - IDT



HR.01.02.07, EP10 For organizations that elect The Joint Commission Community-Based Palliative Care Certification option: The program's core interdisciplinary team is comprised of the following:

- Physician(s) (doctor of medicine or osteopathy) who has specialized training in palliative care and/or hospice care; clinical experience in palliative medicine and/or hospice care; or is board-certified or board-eligible for certification in Hospice and Palliative Medicine
- Registered nurse(s) or advanced practice nurse(s) who has training in palliative care and/or hospice care; clinical experience in hospice or palliative care; or one who has, or is eligible for, palliative care certification
- Chaplain(s) who has training in palliative care and/or hospice care; experience in hospice or palliative care; or one who has or is eligible for board certification; or, a spiritual care professional(s)* who has training in palliative care and/or hospice care or experience in hospice or palliative care

 Note: The program may choose to have a full- or part-time chaplain or spiritual care provider on staff; they may utilize a chaplain from another program within the organization, such as the hospital or hospice; or, they may utilize chaplains and/or spiritual care providers from other organizations in the local community, including parish nurses. The patient also has the right to involve his or her personal spiritual care provider (such as a pastor, priest, rabbi, or religious leader) rather than the program's chaplain.

Human Resources - IDT (cont'd)



HR.01.02.07, EP10 (cont'd)

- Social worker(s) who has training in palliative care and/or hospice care; experience in hospice or palliative care; or one who has, or is eligible for, palliative care certification Note: The program may choose to have a full- or part-time social worker on staff; they may utilize a social worker from another program within the organization, such as the hospital or hospice; or, they may utilize social workers from other organizations in the community if they are available.

Footnote *: Spiritual care professionals are recognized as specialists who provide spiritual counseling. Source: Dahlin, C., editor, The National Consensus Project for Quality Palliative Care Clinical Practice Guidelines for Quality Palliative Care, 3rd edition, 2013, p. 26.

Critical Standards/EPs for CBPC



HR.01.02.01, EP27-29 Staff with PC education/experience

HR.01.02.07, EP12 IDT responsibilities in writing

HR.01.02.07, EP24 Staff orientation - content for PC

HR.01.06.01, EP27 Competency in providing PC

LD.04.03.03, EP34 Process to refer patients to hospice

LD.04.04.01, EP27 Written PI plan

LD.04.04.09, EP7 Use of CPGs

PC.01.01.01, EP49 Process to identify CBPC patients

PC.01.02.01, EPs46-52 Initial assessments by IDT members

RI.01.05.01, EP23 Advance care planning discussions

Learning Visits and Pilot Surveys: Lessons Learned

- Learning visits: One large independent hospice and palliative care organization and one hospital-based home health organization that provided CBPC services
- Pilot tested CBPC standards at 2 organizations (one independent hospice organization and one independent HH and Hospice organization, both of which provide CBPC services)
- Main lesson learned?

Preparing for Certification

Organizations that decide to pursue CBPC Certification can do so in one of two ways:

- Complete the e-App to add CBPC at the time of your next on-site survey (one day will be added to the on-site survey)
- Complete the e-App for a one-day extension survey to be done between accreditation surveys

Home Care surveyors with experience/education in palliative care will be assigned to these surveys

Survey Process: What Will it Look Like?

On-site survey for a HH and/or Hospice organization that choose the CBPC Certification option:

- Agenda will be similar to current agenda, and surveyor(s) will evaluate all services throughout the survey (no specific day for surveying CBPC, unless this is done as an extension survey)
- Orientation to the organization will include time for the organization to explain their CBPC program/services
- <u>All</u> services (including CBPC) will be addressed in specific sessions, including Leadership, Emergency Management, Environment of Care, Infection Control, Medication Management; the Data System Tracer will allow time for the organization to present Performance Improvement data and information for each service (including CBPC)
- Session re: Credentialing of LIPs will be added to the Competency session
- Time will be allotted to meet with the IDT members
- Time will be allotted for CBPC patient tracers



Pricing

- Adding it on to an existing accreditation typically adds 1 day to your onsite event and an incremental cost to your annual fees.
- Alternatively, an extension survey is priced to incorporate both the onsite evaluation, post certification work and additional annual fees.

Resources

Clinical Practice Guidelines:

Dahlin, C., editor, The National Consensus Project for Quality Palliative Care Clinical Prctice Guidelines for Quality Palliative Care, 3rd edition, 2013

National Hospice and Palliative Care Organization (NHPCO), Standards of Practice for Pediatric Palliative Care and Hospice, 2010

Article:

Leff, B., Carlson, C., Saliba, D., Ritchie, C. The invisible homebound: Setting quality of care standards for home-based primary and palliative care. Health Affairs 2015, 34 (1), p. 21-29.

Professional Organizations:

American Academy of Hospice and Palliative Medicine (AAHPM) www.aahpm.org

Center to Advance Palliative Care (CAPC) www.capc.org

Hospice and Palliative Nurses Association (HPNA) www.hpna.org

National Hospice and Palliative Care Organization (NHPCO) www.nhpco.org



Home Care Team Contacts

Joint Commission Home Care Program

Help Desk: 630-792-5070 or homecare@jointcommission.org www.jointcommission.org/accreditation/home_care.aspx



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Time for Your Questions!



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