Certification clues

DSC process requires dedication, focus

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The Joint Commission's Disease-Specific Care (DSC) Certification Program, launched in 2002, is a voluntary, structured evaluation of a clinical program that delivers care to a defined patient population across their continuum of care. The goal is to improve performance and maintain improved outcomes over time.

Organizations accredited by the Joint Commission may seek certification for virtually any chronic disease or condition. The certification requirements address three key areas: compliance with consensus-based national standards, effective use of evidence-based clinical practice guidelines to manage and optimize care, and creating an organized approach to performance measurement and improvement activities.

Disease-specific programs that successfully demonstrate compliance in all three areas are awarded certification for a two-year period. At the end of the first year, the organization is required to attest to its continued compliance with standards and provide evidence of performance improvement activities. To maintain certification, there is an on-site review conducted every two years.

At Carolinas HealthCare System, dedicated quality-improvement resources help facilitate and develop the foundation for continued improvement to meet the certification requirements. There are several key roles or processes that can increase the likelihood of achieving successful certification.

A project champion. We have found this role to be critical in the DSC process. This usually is a senior level administrator or chief medical officer—someone who can effectively define the vision and is directly accountable for clinical care within the organization.

Programmatic identification. Select a priority clinical area that has a high level of clinician success and engagement for growth and differentiation. Make sure the program has strong buy-in administratively and
adds clinical value.

Multidisciplinary team. Identify operational leaders, services and key stakeholders that are pertinent to the clinical program. Keep them engaged in every activity within the process. Common examples include nursing, pharmacy, lab, dietary, pastoral care, respiratory therapy, imaging, information services, physical and occupational therapies and case management.

Strong physician engagement. Identify at least one physician champion, preferably an individual with significant influence within that specialty. Obtain a commitment from the physician champion and establish a meeting schedule to facilitate his or her high level programmatic involvement. Recruit additional supporting medical staff to further enhance the evidence-based care approach.

Operational focus. Develop a representative team of staff leaders and members who provide care to this population daily. Identify a clinical operations leader such as a nursing director to oversee process-improvement milestones.

Dedicated facilitation. With each project, it is important to have a facilitator to assist the team by keeping the work “on task.” The facilitator is typically an individual familiar with quality-improvement methodology, as well as data management interpretation and analysis. Having a close link to the accreditation and patient-safety resources is helpful.

A tool kit. Another key to success includes the development of a tool kit that provides templates of supporting documents compiled directly from the DSC certification manual. The information is translated to a Management Action Plan that includes review dates, milestones and an accountable leader for each item to be achieved. It contains the supporting documents and checklists to keep the team moving forward in preparation for review day. This is particularly helpful for obtaining certifications at multiple locations.

Carolinas HealthCare System has 19 DSC certifications, with more in the works. We have found that the DSC certification program underpins that work across defined patient populations and can be a valuable tool for hospitals to formalize their quality-improvement efforts.

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