Developing and Building upon the Disease-Specific Care Certification Experience

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Objectives

- To identify steps in developing disease-specific certification programming
- To identify key benefits of promoting disease-specific care in the acute rehabilitation setting
- To provide review of outcomes associated with the disease-specific certification process
- To provide insight into ongoing promotion of disease-specific care programming and sustaining and building future disease-specific care activities

Background

- 44-bed freestanding inpatient acute rehabilitation hospital with adjoining outpatient facility
- Located in suburban setting outside of the greater metropolitan area
- First introduction to disease-specific certification (DSC) programming in 2008
- First Joint Commission Gold Seal Program in 2009
Current Experience

- 5 Disease-Specific Care Certification Programs with The Joint Commission:
  - Stroke
  - Acquired Brain injury
  - Amputee
  - Parkinson’s Disease
  - Hip Fracture

What is Disease-Specific Care (DSC) Certification?

- Through the Joint Commission, established in 2002
- A measure of achievement that recognizes programs who incorporate a systematic approach to delivery of care through performance improvement and ongoing review of services
- Some 2000 programs throughout the United States
- Also available with other accrediting organizations (e.g., DNV)

Why DSC Certification?

- Accountability for striving for best clinical practices and care
- Responsibility in promoting continuous quality improvement
- Distinction among other healthcare providers
Key Benefits of DSC Certification

- Promotes continuity of patient care practices to reduce variations in processes
- Provides structure for performance improvement
- Promotes a culture of clinical excellence
- Provides for a multidisciplinary framework
- Provides for objectivity in evaluating organizations against one another and marketing of services
- Provides for confidence in patient care

Our Initial Steps…

- Recognizing an opportunity:
  - for improving consistency of services
  - for delivering the best model of care
  - for developing staff competency
  - for maintaining an edge in healthcare

Developing a Team

- A multidisciplinary team was recruited:
  - Medical (Medical Director, Psychiatry, Neuropsychology)
  - Administrative Support
  - Quality
  - Nursing and Nursing Education
  - Physical Therapy
  - Occupational Therapy
  - Speech Therapy
  - Pharmacy
  - Consulting Services (Dietary, Respiratory)
  - Other (as needed Facilities Management and Human Resources)
  - Local Experts (e.g., O&P)
Our Starting Mission

Initial goals agreed upon...
- Improve the quality of patient care services
- Improve the consistency and efficiency of patient care services
- Improve use of evidence-based guidelines
- Increase staff expertise and development
- Strengthen community relationships
- Increase information sharing across the continuum of care

Our Initial Step...
“Complying to and understanding the standards”

Program Management:
- Designing and implementing a program
- Defining leadership roles
- Creating a access to care
- Reviewing the program for potential conflicts in ethics
- Establishing references and materials for staff development

Our Initial Step...
“Complying to and understanding the standards”

Delivering/ Facilitating Clinical Care:
- Focus on staff competence and training
- Using evidence-based standards to guide practice
- Emphasis on individualized patient care
- Improvement of services through the use of performance measurement
Our Initial Steps…
“Complying to and understanding the standards”

Supporting Self-Management:
- Assessing the patient’s abilities
- Supporting the patient’s ability to perform self-management
- Integrating patient participation in the plan of care
- Educating patient’s on the skills necessary to manage their condition
- Recognizing self-management efforts

Clinical Information Management:
- Sharing information across the continuum to coordinate care throughout the care spectrum
- Providing access to patient information
- Preserving patient confidentiality
- Integrating data

Performance Measurement:
- Having an organized approach to performance improvement
- Comparing and evaluating processes and outcomes
- Using data to validate and improve clinical practices
- Using participant-specific data
- Evaluating the patient’s perception of the program and care
- Maintaining data integrity and quality
The Next Milestone:
“Choosing applicable and effective clinical practice guidelines (CPGs)”

CPG Selection:
- Consultation with existing certification programs
- Selection of CPGs based on integration of current practices and desire to implement

Laying Foundations…
“Providing for sound clinical education”

- Staff Education:
  - Promoting clinical techniques and team concepts at each staff level
  - Explaining the benefit of DSC programs throughout the organization
  - Encouraging individual excellence and specialty certifications
  - Recruiting “champions” inside and outside the organization for relevant and advanced knowledge

Laying Foundations… (continued)

- Staff Education:
  - Building orientation programs
  - Defining competence requirements
  - Sustaining ongoing program education and specialty in-services
  - Building better avenues of communication
Laying Foundations…
“Education beyond the basics”

- Exposing the guidelines
- Defining the program in patient-centered terms
- Assessing the patient’s ability to receive information throughout the program
- Introducing the program at every opportunity to involve the patient in making decisions about their care/disease process

Patient/Caregiver Education:

Laying Foundations…
(continued)

- Inclusion of education for health promotion, not just the current signs and symptoms of the disease
- Assessing the patient’s willingness to accept lifestyle changes where appropriate
- Considering the patient’s readiness and ability to understand current treatment

Taking a Broader Look…

- Collecting and analyzing performance outcomes…
  - Establishing uniform methodology and consistency of collecting data
  - Relating to current clinical practice guidelines
  - Using the data to make informed decisions regarding improving patient care and safety
  - Recognizing and integrating additional program outcomes (e.g., patient satisfaction) to guide program enhancement with clinical outcomes
  - Maintaining confidentiality and integrity of data (i.e., not just “numbers,” but patients)
Offering More:
"Our acceptance of current technologies…"
- Offering more tools to improve patient outcomes
- Relating disease-specific care to current evidence-based practice and best practice
- Recognizing patient participants as having unique needs across the continuum
- Providing high-value care using high-touch philosophy
- Enhancing patient safety
- Recognizing the value in staff investment and developing a culture of excellence

Sustainability:
• Maintaining team enthusiasm...
  - Sharing the results of disease-specific certification process with staff; giving credit for the “positives”
  - Identifying opportunities to recognize the program and promote disease management in the community
  - Recognizing and celebrating “disease-specific months” with emphasis on “champions/past patients
  - Allowing staff brainstorming and accepting new ideas

Sustainability:
• Maintaining team competency...
  - Developing monthly educational opportunities
  - Identifying “general education” opportunities and discipline specific opportunities
  - Keeping the CPGs in focus
  - Adding technologies that build value to the program and developing staff “specialists” to promote those technologies to enhance buy-in to other staff members
  - Promotion of certifications and staff advancement (e.g., NDT, CBIS, CRRN)
Sustainability:

Promoting staff education:
- Emphasizing continued opportunities for staff education in disease-specific areas (e.g., hosting courses, holding lunch-and-learns)
- Developing forums to provide regular updates (e.g., internal newsletters, e-mail blasts)
- Revising annual competency plans and promoting annual DSC staff competency training and testing
- Allowing staff to share ideas and seek information

Sustainability:

Integrating DSC Performance Improvement into the “Big Picture”:
- Communicating DSC outcomes in interdepartmental and departmental meetings consistently
- Allowing for staff participation in idea sharing
- Continuing to look for growth opportunities
- Staying connected to trends in the healthcare environment
- Working together with marketing resources for information sharing and data collection

Sustainability:

Strengthening community confidence in the quality of care:
- Communicating DSC program beyond “these 4 walls” (e.g., educating the community on the requirements for disease-specific care certification, marketing to alternative levels of care, MD offices, referral sources, etc.)
- Promotion of patient choice and greater accessibility of “specialty care” in more suburban/rural settings
Our Story Continues:

“Just a short 5 years ago…”

2008 Program Outcomes:
Functional Change (FIM® Change)

- Stroke: 27.5 points
- Acquired Brain Injury: 27.4 points
- Amputee: 29.1 points
- Hip Fracture: 36.4 points
- Parkinson’s: 21.6 points

2012 Program Outcomes:
Functional Change (FIM® Change)
Lessons Learned

- Disease-specific care program development never stops after "development"
- Change takes time
- Never take your eyes off the "dashboard"
- Establish achievable goals (and do not be afraid to change them)
- Education is an ever constant activity
- Communication is key at all levels of the program
- Competency needs change
- Share ideas
- Celebrate everyday victories to keep enthusiasm!

Resources

- UDSMR
- www.jointcommission.com
Thank You!

Questions?