The Benefits of Joint Commission Accreditation

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The Joint Commission, founded in 1951, serves as the preeminent entity that accredits more than 17,000 healthcare organizations and programs throughout the United States. It is the largest and oldest accrediting body in health care. Through its mission to "continuously improve the safety and quality of care to the public through the provision of healthcare accreditation and related services that support performance improvement in healthcare organizations," the Joint Commission inspires healthcare organizations to achieve excellence in providing services and care to the public. The Joint Commission is governed by a 29-member Board of Commissioners that includes representatives from professional associations and members of the general public.

The Joint Commission currently provides accreditation services for a variety of organizations; beginning in 2002, disease-specific care (DSC) certification was made available to organizations as well. Both accreditation and certification require an on-site review by the Joint Commission. Certification is designed to evaluate hospitals, disease management service companies, and other healthcare settings that provide disease management and chronic care services. These programs may be based within or associated with a healthcare organization. Certification encompasses three main components:

- compliance with disease-specific care standards
- clinical practice guidelines (CPGs)
- performance measures.

To be awarded certification, the program must be in compliance with all standards at the time of review and throughout the 2-year certification period. General DSC certification is offered for a variety of programs with CPGs and performance measures that comply with core standards throughout the certification period. General certification is available for programs such as
• asthma
• depression
• acute myocardial infarction
• joint replacement (hip/knee)
• pneumonia
• stroke rehabilitation.

In addition, advanced DSC certification is available for programs, including
• primary stroke center
• heart failure
• chronic obstructive pulmonary disease
• inpatient diabetes.

There are a number of benefits for organizations seeking DSC certification. These include
• increased confidence within the community of the care being provided
• provision of expert advice, education, and consultation by the Joint Commission
• greater accountability for quality services based on stringent standards
• a mechanism for periodic, objective review and evaluation by the Joint Commission
• a competitive edge within the healthcare marketplace
• enhanced recruitment and staff retention.

Within organizations, the demand for DSC certification has dramatically increased. According to Donise Mosebach, MS RN CEN, field director of accreditation and certification operations at the Joint Commission, this increase is due to many factors. She explains that DSC certification "allows programs to stand out in a competitive market.” Other factors that have influenced the growing demand for certification include
• the need for organizations to decrease readmission rates and improve patient outcomes
• county and state mandates that stipulate emergency providers must bring patients to certified organizations
• the general overall positive experience of existing customers.

The purpose of accreditation and certification is for programs to meet the standards each and every day. Standards are merely one "cornerstone" of the components of DSC certification; others include CPGs and performance measures. Programs are expected to select and implement CPGs that best meet the patient populations served. Although the Joint Commission does not mandate specific CPGs for a particular program, some questions to consider when selecting CPGs might include: Who endorses the guidelines? Which guidelines best fit the patient population being served? Which guidelines will help the program improve? Are the guidelines current with the state of medical and scientific evidence?

In addition to the CPGs, programs must identify and select four performance measures for ongoing monitoring and evaluation for each program or service. Although the Joint Commission does not stipulate the specific measures programs should monitor, certain advanced certifications (i.e., primary stroke and advanced heart disease) do have specified performance measures. At a minimum, measures should be
• evidence based
• relevant
• valid
• reliable.

Good measures should relate to CPGs, reside within the program's scope or responsibility, and be used to continuously improve program performance. Performance measures can be either stage 1 or 2. Stage 1 measures are nonstandardized and are selected by the DSC program. Stage 2 measures are standardized and are selected by the Joint Commission. For stage 1 measures, at least two of the measures must address clinical issues. For rehabilitation programs, common measures include falls, Function Independence Measure gain, and discharge disposition and patient satisfaction. Although it is essential for programs to collect data, it is as important to analyze and use the data to
make program improvements.

Although preparing for and attaining certification is truly a team effort, rehabilitation nurses have a vital role in the process—especially in programs seeking stroke rehabilitation certification. Next month, we will highlight the experience of rehabilitation nurses who played an integral role in their respective rehabilitation programs seeking and achieving DSC certification. For more information on how to become DSC certified, please visit the Joint Commission website at www.jointcommission.org.

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