One Facility's Firsthand Experience with Disease-Specific Care Certification

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There is a growing trend of rehabilitation units and facilities pursuing Disease-Specific Care (DSC) certification through The Joint Commission (JC). This two-part series is intended to provide an overview of the DSC certification that rehabilitation facilities and units are seeking. This article is a follow-up to the initial one that appeared in the February/March issue of ARN Network. Maureen Hanifin, MHA BSN RN CRRN, director of rehabilitation services, and Mary Williams, CTRS stroke work group champion, from the San Diego Rehabilitation Institute at Alvarado Hospital shared their thoughts about their facility's experience with DCS certification.

Why did your organization decide to pursue DSC Stroke Rehabilitation Certification with JC?
Our hospital achieved JC DSC as a primary stroke center in 2007. At that time, we determined that a stroke rehabilitation certification would complement the primary stroke center and provide continuity of care from the acute care setting through inpatient and outpatient rehabilitation. The rehabilitation team felt that the stroke rehabilitation certification would validate the stroke care being provided within our organization.

Who was involved in the preparation and what process was used to prepare for the onsite review?
From the primary stroke work group a rehabilitation subcommittee was formed that included all disciplines: speech, physical, occupational and therapeutic recreation therapies; case management; rehabilitation nursing; quality; admission liaisons; rehabilitation physicians; medical stroke director; education; rehabilitation program director; and executive management oversight. The team met weekly up until the survey and monthly thereafter. The team identified a stroke champion as the liaison between the organization and JC. The stroke champion maintained an ongoing relationship during this process and helped guide the team. The subcommittee used JC DSC manual to guide the preparation for survey. The team reviewed each standard at the subcommittee meetings to identify areas of improvement. The team developed policy and procedures, new forms, and stroke education. We monitored and evaluated new processes using the tracer methodology.

What role did rehabilitation nurses have in the certification preparation and

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process?
Rehabilitation nurses attended the subcommittee meetings and participated in developing the education of the nursing staff related to clinical practice guidelines. Rehabilitation nursing was instrumental in the development of the stroke order sets, deep vein thrombosis/venous thromboembolism risk assessment, bowel and bladder, fall prevention, secondary stroke prevention, National Institutes of Health Stroke Scale (NIHSS), and dysphagia screening. In our program, nursing coordinates physician communication for stroke care. Rehabilitation nursing participated in the development of patient stroke education and weekly stroke education classes. Rehabilitation nursing facilitates interdisciplinary collaboration on the plan of care for all stroke patients. All nursing staff attended a mandatory 4-hour educational presentation by staff development on stroke care across the continuum. Education consisted of the DSC process, the rehabilitation stroke performance measures, clinical practice guidelines (CPGs), current data, dysphagia screens, NIHSS, FIM scores, patient education, and nursing care for the stroke patient. Education was provided by individual disciplines such as speech, occupational, and physical therapy; quality; and nursing.

What were some benefits of attaining DSC certification for your facility?
Stroke rehabilitation certification improved our stroke care as a result of evidence-based practice. It helped us monitor the care provided to our stroke patients. Our business development team (liaisons) promoted stroke certification to all of our referral services, both internal and external. Specifically, the emergency medical system now brings stroke patients to our emergency room, increasing the stroke patient population in our own organization. The physicians now refer to our rehabilitation unit—especially the neurologists. According to our Unified Data Systems data, the nation and region for stroke population has been flat for the last 4 years at 22% and 25% compared to San Diego Rehabilitation Institute at 36% (Figure 1).

Figure 1. Stroke Census

How long did it take between the decision to pursue certification and successfully completing the review?
Alvarado Hospital received its designation as a primary stroke center in November 2007. Shortly after, the rehabilitation leadership proposed that acute rehabilitation
attain DSC stroke rehabilitation certification. In August 2008 the rehabilitation subcommittee was formed. The application for DSC stroke rehabilitation certification was submitted in June 2009, and we achieved certification in December 2009.

**What were some of the challenges your program encountered in preparing for DSC certification?**
The initial challenges included getting the team (clinicians) to understand the DSC philosophy, selecting CPGs for stroke care, and identifying the performance measures. When we were participating in the process, stroke rehabilitation certification was still relatively new in the country—there were fewer than 20 certified programs when we first started. We felt like pioneers. We had to take an in-depth look at all components of our stroke care. For example, the primary stroke center has standardized performance measures set by JC. In rehabilitation, we had to develop our own four performance measures. Having the team articulate the CPG as their practice was also a challenge.

**How did you engage your staff in the preparation process and during the review itself (specifically with CPGs and program data and outcomes)?**
We had been preparing for months by doing tracers and reviewing all stroke patients to make sure we followed the standards and CPGs. Each day we identified the stroke patients admitted to acute rehabilitation to keep the staff aware of the stroke census. We had survey tips, tracers, and chart reviews daily with staff identifying the CPG embedded in the documentation. The rehabilitation team was very excited to achieve this prestigious designation. They understood that it differentiated our rehabilitation program from others.

**Has attaining DSC certification affected your program within the community? If so, how?**
Yes, marketing dual certification—primary stroke center and stroke rehabilitation—provided the community with an understanding that our organization is the center of excellence for stroke care across the continuum of care. We provide stroke education to patients and their families and caregivers in the acute care setting, acute rehabilitation, outpatient, and the community. We have become a referral source for community agencies (e.g., American Heart Association/American Stroke Association [AHA/ASA] and other organizations). For example with May being stroke awareness month, the team presented stroke awareness programs in the community to high schools, within our hospital, and at wellness fairs.

**What did you and your staff learn as a result of pursuing DSC certification?**
It provided a comprehensive approach to stroke care. The rehabilitation team examined current practices and researched the evidence to develop a formalized stroke rehabilitation program based on JC DSC process. At first, secondary stroke prevention was an underdeveloped concept and now is a focus in our rehabilitation program.
stroke care.

What advice would you give to other rehabilitation facilities considering DSC certification?

- Obtain organizational support for administration to pursue DSC certification.
- Use the JC DSC website for tips and benefits of certification.
- Contact JC DSC under certification programs for contact information.
- Research other facilities with DSC stroke rehabilitation certification for assistance and networking on the journey to certification.
- Identify stroke champions for the committee membership.
- Understand that it is not a quick process for an organization to achieve DSC certification; it takes time, planning, and resources.
- Allow for additional education hours from in-house education to external conferences/workshops.
- Assist the organization by obtaining resources such as the AHA and ASA's "Get with the Guidelines," educational information for patients, webinars, etc.
- Enjoy the benefits of joining the stroke network, including educational opportunities and new information.

Currently, there are more than 1,600 certified programs encompassing 86 different diseases in the 50 states, Washington, DC, and Puerto Rico. Many organizations have multiple certified programs through JC. Organizations interested in seeking DSC certification from JC can contact organizations that are already certified through the "network referral" program. Special thanks to ARN member Maureen Hanifin and her "stroke work group champion" Mary Williams for agreeing to share their experience with DSC certification.

For more information, please visit The Joint Commission's main website at www.jointcommission.org or the DSC certification site at www.jointcommission.org/certification/diseasespecific_care.aspx.