The Joint Commission

Palliative Care Certification Review Process Guide

2024

Advanced Certification for Palliative Care

Review Process Guide

2024

Advanced Certification for Palliative Care Review Process
What's New in 2024

Updates effective in 2024 are identified by underlined text in the activities noted below.

Changes effective January 1, 2024

Minor edits only.

Table of Contents

Organization Review Preparation 5
Certification Review Notification and Postponement Policies 8
Opening Conference and Orientation to Program 9
Reviewer Planning Session 11
Individual Tracer Activity 13
Competence Assessment & Credentialing Process 15
System Tracer- Data Use 17
Summary Discussion 18
Reviewer Report Preparation 19
Program Exit Conference 20
Agenda Template 21
Intra-cycle Review Process 25

Advanced Certification for Palliative Care

Organization Review Preparation

The purpose of this activity guide is to inform organizations about how to prepare for the Palliative Care onsite certification review, including:

- Identifying ways in which the organization can facilitate the onsite review process
- Describing logistical needs for the onsite review

Important Reading

The Certification Review Process Guide describes each activity of a Joint Commission onsite certification review. Organizations should read through each of the following activity descriptions, which include:

- The purpose of the activity,
- Descriptions of what will happen during the activity
- Discussion topics, if applicable
- Recommended participants
- Any materials required for the session

These descriptions can be shared organization-wide as appropriate.

Pre-Review Phone Call

A Joint Commission account executive will contact your organization by phone shortly after receiving your application for certification. The purpose of this call is to:

- Confirm information reported in the application for certification, to verify travel planning information and directions to office(s) and facilities,
- Confirm your access to The *Joint Commission Connect* extranet site and the certification-related information available there (onsite visit agenda, Certification Review Process Guide, etc.), and
- Answer any organization questions and address any concerns.

Logistics

- While onsite, the reviewer(s) will need workspace for the duration of the visit. A desk or table, telephone, internet connection and access to an electrical outlet are desirable.

- Some review activities will require a room or area that will accommodate a group of participants. Group activity participants should be limited, if possible, to key individuals that can provide insight on the topic of discussion. Participant selection is left to the organization's discretion; however, this guide does offer suggestions.

- The reviewer will want to move throughout the facility or offices during Tracer Activity, talking with staff and observing the day-to-day operations of the organization along the way. The reviewer will rely on organization staff to find locations where discussions can take place

that allow confidentiality and privacy to be maintained and that will minimize disruption to the area being visited.

- Your onsite review agenda template similar to the one presented later in this guide, will be posted to your *Joint Commission Connect* extranet site. The review agenda presents a suggested order of activities and timeframes for each. Discuss with the reviewer any changes to the agenda that may be needed at any time during the onsite visit.

Information Evaluated Prior to the Onsite Certification Review

The Joint Commission certification reviewer assigned to perform your organization's onsite visit will receive the following items presented with your organization's Request for Certification.

1. Demographic information
2. Four non-standardized performance measures, including at least (2) clinically-focused measures
    - On re-certification reviews, the reviewer will also receive measure-related data submitted by the program

Familiarizing a reviewer with your program before the onsite visit facilitates evaluation of your program's compliance with standards. Advance analysis makes the on-site review time more efficient, effective and focused.

Information Needed During Onsite Review

Please note that it is not necessary to prepare documentation just for purposes of the certification review. The reviewer is interested in seeing the resources that staff reference in their day-to-day activity. These items need not be stand-alone documents; the items noted may represent sections contained within other documents. The majority of document review will occur during individual tracer activity and will focus on the medical record.

Following is a list of items that reviewers **MAY REQUEST** to see during any onsite review.

- List of interdisciplinary team members and credentials
- Policy/procedure on the identification of patients for the program
- Any packets/information given to patients about the palliative care program including scope of service
- Policy/procedure on patient assessments and reassessments (see PCPC.4, EPs 1-13)
- Standardized scales used for physical and psychological symptom management, if applicable
- Policy/procedure for referral of patient to emergency/urgent care
- List of referral sources the program uses
- Examples of education given to patient/family
- Process used to resolve ethical conflicts
- Patient discharge or transfer procedures and procedures guiding communication of health information, *if different from hospital*
- *List of community resources given to patients and families*
- Program-specific performance improvement plan and performance measures
- Program-specific patient and family satisfaction data

- Program-specific performance improvement data
- Policy on privacy and security of health information including retrieval and breach of health information, *if different from hospital*
- Policy/procedure for preventing and analyzing sentinel events with implemented changes based on results, *if different from hospital*
- Minutes of program leadership as well as interdisciplinary team meetings and patient care conferences
- Proposed and/or actual program budgets
- Job descriptions for interdisciplinary team members
- Policy/procedure for handling and resolving patient/family complaints, *if different from hospital*
- Program-specific orientation content and documentation and competency assessment documentation for team members and staff (see PCPM.6, EPs 5-7)

Questions about Standards
If you have a question about a standard, element of performance or any advanced certification requirement, please consider reviewing the Standards Interpretation FAQs page: https://www.jointcommission.org/standards_information/jcfaq.aspx prior to submitting a question. To submit a question, Login to your organization's Joint Commission extranet site, *Connect*: https://customer.jointcommission.org/TJCPages/TJCHomeEmpty.aspx and click on Resources - Standards Interpretation, to submit your question. If you do not have access to *Connect*, please go to the Standards Interpretation Page: https://www.jointcommission.org/standards_information/jcfaq.aspx to submit a question.

Questions about onsite review process, agenda, scheduling, etc. – Call your Joint Commission Account Executive.

Advanced Certification for Palliative Care

Certification Review Notification and Postponement Policies

Notice of Initial Certification On-site Review

If this is your program's first time through the certification process you will receive a thirty (30) day advance notice of your on-site review date(s). Notice will be provided via e-mail to the individuals identified on your account as the Primary Certification Contact and CEO. Also thirty (30) days prior to your review, the Notification of Scheduled Events section on your organization's extranet site, The *Joint Commission Connect*, is populated with the event along with a link to the reviewer(s) name, biographical sketch and photograph.

Notice of Re-Certification On-site Review

Your organization will receive notice from The Joint Commission seven (7) business days prior to the first day of the scheduled review date(s) for Palliative Care re-certification. The notice will be emailed to the individuals identified on your account as the Primary Certification Contact and CEO and will include the specific review date(s) and the program(s) being reviewed. Additionally, once the reviewer arrives onsite, the Notification of Scheduled Events section on your organization's extranet site, The *Joint Commission Connect*, is populated with the review event including a link to the reviewer(s) name, biographical sketch, and photograph.

Review Postponement Policy

The Joint Commission may not certify a program if the Organization does not allow The Joint Commission to conduct a review. In rare circumstances, it may be appropriate to request a review postponement. An organization should direct a request for postponement to its Account Executive. A request to postpone a review may be granted if a major, unforeseen event has occurred that has totally or substantially disrupted operations, such as the following:

- A natural disaster or major disruption of service due to a facility failure
- The organization's involvement in an employment strike
- The organization's cessation of admitting or treating patients
- The organization's inability to treat and care for patients and its transference of patients to other facilities

The Joint Commission may, at its discretion, approve a request to postpone a review for an organization not meeting any of the criteria listed above.

Your organization's Certification Account Executive can answer questions about these policies, or put you in contact with other Joint Commission staff that can assist you.

Advanced Certification for Palliative Care

Opening Conference and Orientation to Program

This session combines two activities into one 60-minute block of time. The breakdown of activities and suggested length for each follows.

Organization Participants

- Opening Conference – Program(s) administrative and clinical leadership, individual or individuals that will provide the Safety Briefing to the reviewer(s), and others at the discretion of the organization
- Orientation to the Program – Program(s) administrative and clinical leadership and others at the discretion of the organization

Materials Needed for Activities

- Organization chart, if available
- Palliative Care Program organizational chart, if available

Opening Conference Description

Approximately 10-15 minutes in duration and includes:

- Reviewer introduction
- Introduction of organization review coordinator, leaders, and core interdisciplinary team members (Please note: Other staff can be introduced as the reviewer encounters them throughout the onsite visit)
- The organization is requested to provide the reviewer(s) with a Safety Briefing (informal, no more than five minutes) sometime during this activity. The purpose of this briefing is to inform the reviewer(s) of any current organization safety or security concerns and how Joint Commission staff should respond if your safety plans are implemented while they are on site. Situations to cover include:
  - Fire, smoke, or other emergencies
  - Workplace violence events (including active shooter scenarios)
  - Any contemporary issues the reviewer may experience during the time they are with you (for example, seasonal weather-related events, anticipated or current civil unrest, or labor action)
- Overview of The Joint Commission Palliative Care Certification
- Agenda review with discussion of any needed changes
- Overview of the SAFER™ portion of the Summary of Certification Review Findings Report
- Explanation of post-review clarification process
- Dialogue about what the reviewer can do to make this a meaningful review for the program.
- Questions and answers about the on-site review process.

Orientation to the Program Description

This 45-50 minute activity is an exchange between the organization and reviewer about the palliative care program(s) structure and scope of care, treatment, and services. The reviewer will facilitate the discussion and use the information as a base to build on while continuing their program review in other activities.

Program representatives participating in this session should be able to discuss topics such as:

- Program mission, goals and objectives
- Program structure
- Program leadership and management
- Program design
- Process for referring patients to palliative care program
- Program team composition
- Developing, implementing and evaluating the program
- Target population for the program
- Identified needs of the program population
- Diversity, equity, and inclusion efforts
- Process for referring patients to respite care and/or hospice services
- The implementation of clinical practice guidelines
- Evaluation of evidence-based practice use and appropriateness to target population
- Performance improvement process, including evaluation of the palliative care program's efficacy
- Program integration and recognition within the organization
- Organizational support for the program

Advanced Certification for Palliative Care

Reviewer Planning Session

During this activity, the reviewer(s), in conjunction with palliative care program representatives, will identify the patients that they would like to follow during tracer activity. Additionally, the reviewer will want to know about how much time will be needed to retrieve any personnel or credentials files. If necessary, reviewers will identify personnel and credentials files that they will need for review during the Competence Assessment and Credentialing Process activity at this time.

Organization Participants

- Program representative(s) that will facilitate tracer activity
- Individual(s) responsible for obtaining clinical records

Materials Needed for this Activity

- Current list of patients receiving care, treatment, and services from the palliative care program (including pediatric patients; if program has not received pediatric referrals, have a copy of the process for accepting and caring for pediatric patients when referred)
- If the number of patients currently being seen by the palliative care program is limited, a list of patients who were seen by the program in the past 4 months
- Current list of palliative care program leadership, physicians, other licensed clinicians, and other professionals who are part of the interdisciplinary team with their credentials, job title and program-related job responsibilities
- Examples of order sets, pathways, etc. that reflect the evidence-based clinical practices currently being followed by the program

Planning Guidelines – Selecting Patients to Trace

1. Reviewers will describe to the program representatives the types of patients that they want to trace and request their assistance in identifying individuals who may fit the description. A list of active patients is needed for this activity, or the reviewer may proceed directly to a patient care area and ask the staff to help identify patients.

2. A minimum of five (5) patients will be selected
    - Patients selected should present the opportunity to trace care and services through as many of the potential departments, areas, sites, or services that support or play a key role in the palliative care program.
    - Patients should have different characteristics, such as demographics, age, sex and other factors that would influence the program response, or impact the application of evidence-based clinical practices.
    - If the organization has pediatric patients receiving palliative care, at least one pediatric patient tracer will be done.

3. Reviewers will prioritize patients for tracer activity with the program team's assistance.

Planning Guidelines – Selecting Competence and Credentials Files for Review

1. A minimum of (5) files will be selected

2. At least one file per discipline (physician, nurse, social worker, dietitian, therapist, etc.) represented on the palliative care program interdisciplinary team will be reviewed.

3. Ideally reviewers would prefer to identify files for this review activity based on the individuals encountered during the patient tracers; however, they will only do so if the organization is able to accommodate a quick turn-around of personnel and credential files requests.

Planning Guidelines – Contact with Discharged Patients

Reviewers will want to have some contact with the program's patients and family members, if they are available. If there are no active patients willing to speak with the reviewer, program representatives may be asked if a phone call might be possible with a recently discharged patient.

Advanced Certification for Palliative Care

Individual Tracer Activity

The individual tracer activity is a review method used to evaluate an organization's provision of care, treatment and services using the patient's experience as the guide. During an individual tracer the reviewer(s) will:

- Follow a patient's course of care, treatment or service through the program
- Assess the impact of interrelationships among the program disciplines on patient care
- Assess the use of and adherence and diversion from clinical guidelines in the patient's care, treatment or service
- Evaluate the integration and coordination of program and organization services in the patient's care

Organization Participants
Program staff and other organization staff who have been involved in the patient's care, treatment or services

Materials Needed for this Activity
Clinical records of selected patients (paper, electronic, or hybrid)

Individual Tracer Description

1. A significant portion of the agenda is designated to patient tracer activity. The number of patients traced during this time will vary. **NOTE:** *In-house patients take priority for tracer activity; however, there may be instances when reviewers will select a discharged patient upon which to conduct a tracer. This will occur when reviewers need to trace the care provided to a patient meeting a given set of selection characteristics*
2. Tracer activity begins on the inpatient unit where the patient is receiving care, treatment and services, or in the case of a discharged patient, the location from which they were discharged.
3. The organization/program staff and the Joint Commission certification reviewer will use the patient's record to discuss and map out the patient's course of care, treatment and services. The number of staff participating in this stage of the tracer should be limited.
4. Organization/program staff and the reviewer will follow the map, moving through the organization, as appropriate, visiting and speaking with staff in all the areas, programs, and services involved in the patient's encounter. There is no mandated order for visits to these other areas. Reviewers will speak with any staff available in the area. **NOTE:** *This activity will occur on in-house as well as discharged patients.*
5. Throughout tracer activity, the reviewer will
    - Observe program staff and patient interaction,
    - Observe the care planning process,
    - Observe medication processes, if applicable
    - Consider the impact of the environment on individual safety and staff roles in minimizing environmental risk (identify specific risks to pediatric patients if present)
    - Speak with organization staff about the care, treatment and services they provide and their knowledge of the palliative care program
    - Speak with interdisciplinary team members about their involvement in the patient's care, treatment and services; if timing allows, observe a portion of an interdisciplinary team meeting

- Speak with patients and families, if appropriate and permission is granted by the patient or family. Discussion will focus on the course of care and other aspects of the program(s) being evaluated for certification. **NOTE:** *If the patient being traced is already discharged, the reviewer may ask the program to see if a phone call with the patient/family is feasible and can be arranged.*
- Look at procedures or other documents, as needed to verify processes or to further answer questions that still exist after staff discussions.

The tracer can lead the reviewer back to the starting care and service area. Upon returning, the reviewer might follow-up on observations made either through additional record review or discussions with staff.

At the conclusion of the tracer, the reviewer communicates to the program leaders and care providers any:

- Specific observations made
- Issues that will continue to be explored in other tracer activity,
- Need for additional record review, and
- Issues that have the potential to result in requirements for improvement.

Advanced Certification for Palliative Care

Competence Assessment & Credentialing Process

The purpose of this activity is to discuss how the program meets the need for qualified and competent practitioners.

Organization Participants

- Program leaders
- Clinical leaders
- Organization representatives responsible for human resources processes
- Organization representatives responsible for credentialing processes, if different from above
- Individuals with authorized access to, and familiar with the format of files
- Others at the discretion of the organization

Materials Needed for this Activity

Personnel or credentials files for individuals identified by the reviewer

- A minimum of five (5) files will be selected
- At least one file per discipline (physician, nurse, social work, dietician, therapist, etc.) represented on the palliative care interdisciplinary team will be reviewed

Note: The reviewer will select these files based on the individuals encountered during tracer activity, that is, those caring for or who cared for the patient being traced. Please let the reviewer know if there could be a delay in getting files for review.

Competence Assessment and Credentialing Process Activity Description

During the session, the reviewer and organization representatives will:

- Participate in a facilitated review of selected files for:
  - Relevant education, experience and training or certification
  - Current licensure
  - Orientation (content and completion)
  - Competence
  - Evidence reflecting completion of any required continuing education

- Discuss the following competence assessment and credentialing topics as the relate to the program seeking certification:
  - How the program fits into any organization-wide competence and credentialing processes, if applicable
  - Hiring criteria unique to the program
  - Selection of palliative care team members
  - Program-specific competence and credentials requirements
  - Processes for obtaining team member credentials information
  - Program-specific credentials evaluation criteria
  - Orientation content and training process for palliative care program team
  - Methods for assessing competence of practitioners and team

- Unique orientation, on-going education, training and in-service requirements for the program

Individuals attending this session should be prepared to explain the program's approach to credentialing and competency assessment

Advanced Certification for Palliative Care

System Tracer- Data Use

This session is focused on the program's use of data in improving safety and quality of care for their patients. The reviewer and the organization will:

- Identify strengths and weaknesses in the organization's use of data, areas for improvement, and any actions taken or planned to improve performance.
- Identify specific data use issues requiring further exploration as part of subsequent review activities.

Organization Participants

- Program administrative and clinical leaders
- Others at the discretion of the organization

Materials Needed for this Activity

- Palliative Care Program's performance improvement plan
- Performance measure data reports
- Action plans demonstrating the program's use of and response to data

Data Use System Tracer Description

During this activity, the reviewer(s) and organization will discuss:

- The basics of data gathering and preparation, including:
  - Selection of performance measures
  - Data collection, including validity and reliability
  - Data analysis and interpretation
  - Dissemination /transmission
  - Data use and actions taken on opportunities for improvement
  - Monitoring performance and evaluating improvements
- The performance measures selected to evaluate the processes and outcomes specific to the program including the selection process and measure implementation
- How clinical and management data is used in decision-making and in improving the quality of care and patient safety.
- Strengths and weaknesses in the processes used to obtain data and meet internal and external information needs.
- Techniques used to protect confidentiality and security of all types of patient data.

Use of data for all aspects of the program, such as symptom management, meeting patient and family psychosocial needs, medication management, etc. should be discussed during this activity.

The reviewer(s) will want to know about the program's priorities for performance improvement activities and how these fit into the organization's overall performance improvement processes. This discussion may include a review of:

- Selection and prioritization of performance improvement activities
- Data reporting – when it occurs and who receives the information
- Type of analyses being conducted – approach to trending data over time, comparing data to an expected level of performance, and looking at data in combination for potential cause and effect relationships.

Summary Discussion

Organization Participants
Will vary depending upon the issue

Materials Needed for this Activity
Will vary depending upon the issue

Preparation for Summary Discussion
May require documentation or staff interview based on open issues.

Summary Discussion Description
Topics that may be addressed include:

- Any issues not yet resolved
- The identified Requirements for Improvement (RFIs)
- Sharing best practices to inspire quality improvement and/or outcomes
- Determination if RFIs will be discussed in detail at closing

The reviewer will work with the organization's certification contact to organize and conduct the summary discussion.

Advanced Certification for Palliative Care

Reviewer Report Preparation

The reviewer uses this time to compile, analyze and organize the data he or she has collected throughout the review into a preliminary report reflecting the program's compliance with standards.

Organization Participants
None required, unless specifically requested by the reviewer

Materials Needed for this Activity
Private work space with access to an electrical outlet and an internet connection

Reviewer Report Preparation Description
The reviewer uses this time to analyze their observations and determine if there are any findings that reflect standards compliance issues. If organization interruptions can be kept to a minimum during this time, it will help the reviewer remain on schedule and deliver a report at the appointed time. The reviewer will be using their laptop computer to prepare the preliminary report and plan for the Exit Conference.

Advanced Certification for Palliative Care

Program Exit Conference

The Program Exit Conference is the final onsite activity when the organization receives a preliminary report of findings from the reviewer. In addition, reviewers will

- Review the the Summary of Certification Review Findings report, including the new SAFER™ matrix feature
- Discuss any standards compliance issues that resulted in Requirements for Improvement (RFIs)
- Allow the organization a final onsite opportunity to question the review findings and provide additional material regarding standards' compliance
- Mention the post-review Clarification process
- Review required follow-up actions, as applicable

Organization Participants

- Program leaders
- Other staff at the discretion of the organization

Materials Needed for this Activity

Copies of the certification report—if it is being distributed to staff

Preparation for the Program Exit Conference

None required

Program Exit Conference Description

This is a 30-minute activity that takes place at the completion of a program review. Administrative and clinical program leaders, and other organization staff, as invited, will hear a verbal report of review findings, requirements for improvement, and where these are appearing on the SAFER™ matrix. The preliminary certification review findings and printed report are shared with participants in the Exit Conference ONLY with the permission of the CEO. All reports left onsite are preliminary and subject to change upon review by Joint Commission central office staff.

The Joint Commission
Advanced Certification for Palliative Care

Agenda Template

Time	Activity & Topics	Suggested Organization Participants
8:00 – 8:30 a.m. 8:30 – 9:00 a.m.	**Opening Conference** (10 minutes) - Introductions - Brief review of agenda - Dialogue about what reviewer can do to make this a meaningful review for the program. **Orientation to Program** (50 minutes) - Program scope - Program design, structure, team composition, mission, accountability - Program philosophy - Program goals, objectives - Diversity, equity, and inclusion efforts - Program leadership responsibilities and accountabilities - Program and organization integration, interaction and collaboration—from strategic planning all the way to planning and implementing of day-to-day activity - Program clinical and administrative procedures such as those relating to communication, performance measurement and improvement, interaction with patients and families, managing program-related information - Program team composition and team member responsibilities - Program team member selection qualifications, orientation, training, ongoing education and support - Organizational staff orientation and organizational education relative to the palliative care program (content) - Communication within the program - Communication between the program and organization - Communication between the program and other providers within the organization and externally - Clinical practice guidelines or evidence-based practices being followed by the program	- Program's Joint Commission contact - Program leaders - Organization leadership representative(s) - Program team members - Others at program's discretion

Time	Activity & Topics	Suggested Organization Participants
9:00 – 9:30 a.m.	**Reviewer Planning Session** - Tracer patient selection Note: This requires a list, census report or other summary of patients currently receiving care from the program. This should include patients currently in all inpatient areas where the program provides services and for all age groups.	- Program's Joint Commission contact - Program leader or team member familiar with current patients
9:30 – 10:00 a.m. 10:00 – 10:30 a.m. 10:30 – 11:00 a.m. 11:00 – 11:30 a.m. 11:30 – 12:00 p.m.	**Individual Tracer Activity** - Tracer activity begins where the patient is currently receiving care, treatment and services - Begins with interactive review of patient record(s) with team member or organization staff actively working with the patient—map patient's course of care, treatment and services up to the present and anticipated for the future - Continues with tracing the patient's path, visiting different areas, speaking with program team members and other organization staff caring for or encountered by the patient - Includes a patient and family interview, if they are willing to participate Topics: - Coordination, interaction and communication among program team members and between the team and organization staff - Program team interaction with patient and family - Program assessment and reassessment of patient and family needs - Interdisciplinary team planning w/ patient and family involvement - Implementation of the patient's care, treatment and service plan - Timing of referrals to the program; referral sources (e.g., physicians, nursing, social work) - Organization staff awareness of the program - Organization support of the program	Program team members and other organization staff who have been involved in the patient's care, treatment or services
12:00 – 12:30 p.m.	**Lunch**	
12:30 – 1:00 p.m. 1:00 – 1:30 p.m.	**Individual Tracer Activity – continued**	Program team members and other organization staff who have been involved in the patient's care, treatment or services

Time	Activity & Topics	Suggested Organization Participants
1:30 – 2:00 pm.	**Competence Assessment/Credentialing Processes** Discussion during this session will focus on: - Processes for obtaining team member credentials information - Orientation and training process for program team - Methods for assessing competence of practitioners and team members - In-service and other ongoing education activities available to program team members Note: The reviewer will request personnel records and credentials files to review based on team members and staff encountered or referred to throughout the day. Program staff should inform the reviewer of how much time is needed to retrieve personnel and credentials files.	- Individual with authorized access to personnel and credentials files - Individual familiar with program-specific requirements for team members
2:00 – 2:30 p.m. 2:30 – 3:00 p.m.	**System Tracer – Data Use** - Program performance measurement and improvement activities ▪ Performance improvement plan review including priority setting ▪ Measure selection process ▪ Program leaders, organization leaders and program staff involved in selecting measures ▪ Data collection and data quality monitoring ▪ Data analysis and dissemination - Program data available for, and used in decision-making - Program evaluation by leaders and staff - Patient and family evaluation of program (satisfaction and complaints) - Recently implemented program improvements	- Program leaders - Program team members - Organization quality improvement representative(s) - Others at program's discretion
3:00 – 3:30 p.m.	**Summary Discussion** This time will be utilized for a final discussion prior to the reviewer's report preparation and the exit conference. Topics that may be discussed include: - Any issues not yet resolved (IOUs) - The identified Requirements For Improvement (RFIs) - Sharing best practices to inspire quality improvement and/or outcomes - Educative activities of value to the program (i.e., knowledge sharing related to CPGs or the latest scientific breakthroughs) - Were the goals of your team met during this review? - What made the review meaningful to the team?	- Program Leaders - Program's Joint Commission contact - Others at Program's discretion
3:30 – 4:00 p.m.	**Reviewer Report Preparation**	

Time	Activity & Topics	Suggested Organization Participants
4:00 – 4:30 p.m.	**Program Exit Conference**	- Program leaders - Program team members - Organization leadership representative(s) - Others at program's discretion

Advanced Certification for Palliative Care

Intra-cycle Review Process

All organizations participating in the certification process are required to collect, report, and monitor their performance relative to standardized and non-standardized measures on an ongoing basis. The Certification Measure Information Process (CMIP) tool assists certified organizations with the data collection, reporting and monitoring requirements associated with performance measures. The CMIP tool is available on your organization's secure extranet site, The Joint Commission *Connect*. The Performance Measure (PM) Data Report portion of the CMIP tool is available for all Disease Specific Care programs to perform an annual analysis of their performance relative to each performance measure.

A mid-point (intra-cycle) evaluation of the performance measurement activities and standards compliance will be conducted via conference call with a Joint Commission reviewer.

Prior to the Intra-cycle Event
Your organization will receive an automated email to the primary certification contact and the CEO approximately 90 days in advance of the anniversary date of your last certification review. You will have 30 days to enter any missing monthly data points for any of the performance measures, complete the performance measure (PM) data report for each measure, and review your performance improvement plan for any updates. Once everything has been entered or updated, please use the submission checklist section of the CMIP tool to formally submit the CMIP tool to The Joint Commission for the intra-cycle event. If the tool is not submitted on time, your organization will receive an email reminder to submit the tool or risk having your certification decision changed.

Intra-cycle Evaluation Logistics
This call will take place as close as possible to the one year mid-point of the current two year certification cycle. The call will be completed by a Joint Commission reviewer who will contact the person identified in the "Intra-cycle Conference Call Contact Information" section of the CMIP tool for a time that is convenient to both parties involved. Participation in the intra-cycle conference call is mandatory for all Disease Specific Care programs.

Organization Participants
- Staff involved in data collection and analysis
- Program leaders that implement performance improvement plans

Overview of the Intra-cycle Evaluation Process
During the conference call, the reviewer will discuss
- The results of your organization's performance against the performance measures (monthly data),
- Your analysis of your performance (PM Data Report),
- Your organization's ongoing approach to performance improvement (PI Plan), and
- Your questions regarding compliance with Joint Commission standards.

This call is your organization's opportunity to have an interactive discussion with the Joint Commission reviewer to assure you are on the right track relative to performance measurement and ongoing performance improvement and standards compliance.

There are no negative outcomes to the intra-cycle event, unless the reviewer identifies that your organization has not actively engaged in performance measurement and improvement activities since the time of the most recently completed initial or recertification review.

This page intentionally left blank.