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## The Joint Commission Disease Specific Care Certification (DSC): An Innovative Approach to Delirium Management in the Hospital Setting

Manisha Parulekar, MD, Lisa Tank, MD, Jeanette Previti, MPH, RN-BC, CPPS and Nadine R. Benoit, MPA  
HACKENSACK UNIVERSITY MEDICAL CENTER

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PODUM PRESENTER:  
Manisha Parulekar, MD - Division of Geriatrics  
Nadine R. Benoit, MPA - HELP Coordinator

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### Objectives

At the end of the presentation, the learner will be able to:

- Discuss the value of this innovative approach to improve quality
- State the steps necessary to apply for a Geriatric Delirium DSC certification

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### Hackensack University Medical Center (HackensackUMC)

- 775-bed non-profit, teaching and research hospital located in Bergen County, NJ
- Largest provider of inpatient and outpatient services in the state
- Member of Hackensack Meridian Health, one of the largest networks in the state, comprised of 28,000 team members and more than 6,000 physicians
- Listed as the number one hospital in New Jersey in *U.S. News & World Report's* 2016-17 Best Hospital rankings - maintaining its place atop the NJ rankings since the rating system was introduced
- Named one of the top four New York Metro Area hospitals
- One of only five major academic medical centers in the nation to receive Healthgrades America's 50 Best Hospitals Award for five or more years in a row
- One of the top 25 green hospitals in the country according to Practice Greenhealth
- Received 25 Gold Seals of Approval™ by The Joint Commission; more than any other hospital in the country
- First hospital in NJ and 2<sup>nd</sup> in the nation to become a Magnet recognized hospital for nursing excellence, receiving 5<sup>th</sup> consecutive designation in 2014
- NICHE designated since January of 2013
- Level 2 Trauma Center

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### Brief Description

- The Joint Commission (TJC) Disease Specific Care (DSC) Certification programs have been established to promote evidence-based quality care
- Hackensack University Medical Center identified certification as a way to prevent, recognize, and manage delirium in the vulnerable geriatric population
- The Medical Center received the first Geriatric Delirium DSC in the country in October 2011

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### Definition and Significance of Delirium

- Delirium is an acute change in mental status which may develop from hours to days in hospitalized patients
- Incidence of delirium is high in elderly patients
- Delirium is present in approximately 1/3 of older patients presenting to the ED and 1/3 of inpatients aged 70 and older on general medical units
- There is increased risk of mortality and morbidity associated with delirium
- Delirium is often under diagnosed and under recognized among healthcare professionals

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### Morbidity & Mortality Associated with Delirium

- Prevalence in acute care hospitals ranges from 5-86%
- Ten-fold risk of death in the hospital
- Delirious patients are at greater risk of negative health outcomes
- Cost of care in patients with delirium is often higher
- Three to five-fold increased risk of nosocomial complications, prolonged stay, & post-acute nursing home placement
- Persistence of delirium leads to poor long-term outcomes with poor functional recovery and increased mortality risk which can persist for up to 2 years post discharge

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### Diagnosis of Delirium

- The Confusion Assessment Method (CAM) is the tool used to diagnose delirium
- Delirium exists when the following conditions are met:
  - Acute onset and fluctuating course, and inattention
  - Disorganized thinking and /or an altered level of consciousness

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### The Hospital Elder Life Program (HELP)

- An innovative program using volunteers to perform targeted interventions to patients over age 70 that have at least one risk factor for developing functional and cognitive decline while hospitalized
- Risk factors include: cognitive impairment, mobility or ADL impairment, vision impairment, hearing impairment, and dehydration
- Volunteer interventions include: Orienting conversation, therapeutic activities, feeding assistance, and range of motion and/or early mobilization
- Hackensack University Medical Center implemented the HELP in 2008 for the management of delirium

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### Geriatric Service Line

- A multidisciplinary group comprised of geriatricians, HELP Elder Life Specialist/Coordinator, compliance experts, nurse educator, pharmacist, nurse managers, staff nurses, social worker, case manager, speech pathologist, physical medicine and rehabilitation specialist, and a performance improvement advisor
- Geriatric Service Line's mission is to improve quality of care in the geriatric population

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### The Joint Commission (TJC) Disease-Specific Care (DSC) Certification

- In 2002, TJC initiated DSC certification for programs that met established standards of care for a specific disease state
- TJC accredited health care organizations may seek DSC certification for services provided for any chronic disease or condition
- DSC certification provides a nationally recognized method to establish a program of excellence which provides awareness to the community, increases the organization's focus on a selected condition, and enhances quality patient care
- HackensackUMC initiated the HELP three years prior to seeking geriatric delirium DSC certification

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### Methods

#### Participants and Setting

- Geriatric patients ages 70 and over, from January 2011 through August 2011, meeting HELP (Hospital Elder Life Program) criteria in the inpatient setting of a large teaching medical center were included in the study
- HELP criteria are defined in the Inclusion and Exclusion Criteria section (next slide)

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### Inclusion and Exclusion Criteria

- HELP inclusion criteria are: patients ages 70 and over, at least one risk factor for functional and cognitive decline and able to communicate verbally or in writing
- Risk factors include: cognitive impairment, mobility or ADL impairment, vision impairment, hearing impairment, and/or dehydration
- HELP patients were located on six selected hospital units (162 beds total) with the following specialties: medicine/geriatrics, heart failure, medical and surgical intensive care "step-down" units and orthopedics
- Exclusion criteria: patients on droplet isolation, mechanically ventilated, agitated or with behavioral disturbances, critically ill, are not enrolled in the HELP

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### Data Collection

- Random sample of 40 patients per month on six HELP units were enrolled using the HELP inclusion criteria
- Random sample was made up of the first 6 – 8 patients each month from the census report on the six HELP units
- Data collected included selected participant demographic characteristics, HELP unit location and four selected metrics
  - number of indwelling urinary catheter days, fall rate, pressure ulcer rate and use of four selected psychotropic medications (haloperidol, lorazepam, zolpidem and diphenhydramine)

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### Results

#### Analysis

- There was no formal statistical analysis of variables
- Data was collected, analyzed and reported to show trends and opportunities for improvement
- Data was compared to selected internal benchmarks
- Data was collected during this time period to establish a baseline

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### Results: January to August 2011

**Pressure Ulcer Rate - HELP Patients (n=40/month) Goal = 0%**

Month	Rate
Jan	0.00%
Feb	0.00%
Mar	0.00%
Apr	0.00%
May	0.00%
Jun	0.00%
Jul	0.00%
Aug	0.00%

**Mean Number Indwelling Urinary Catheter Days - HELP Patients (n=40/month) Goal = 2 days or less**

Month	Mean Number of Days
Jan-11	3.67
Feb-11	2.31
Mar-11	3.38
Apr-11	5.38
May-11	3.08
Jun-11	1.3
Aug-11	2.94

**Psychotropic Medication Use (n=40/month)**

Month	Number of Patients
Jan	3
Feb	3
Mar	7
Apr	5
May	18
Jun	9
Jul	4
Aug	2

**Fall Rate HELP Patients (n = 40/month) Goal = 0%**

Month	Fall Rate
Jan-11	0.00%
Feb-11	0.00%
Mar-11	0.00%
Apr-11	0.00%
May-11	0.00%
Jun-11	2.50%
Jul-11	0.00%
Aug-11	4.50%

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### Results Summary: 8-month study period Jan - Aug 2011

- Pressure ulcer rate averaged 0.31% (1/320) - goal was 0%
- Psychotropic medication usage averaged 13.75% (44/320) for the four selected medications
  - Medication with highest rate of usage was zolpidem
  - Psychotropic medication usage goal not established at application time
- Mean number of indwelling urinary catheter days was 3.82 days (356/93) - goal was 2 days or less
- Fall rate averaged 0.63 % (2/320) - goal was 0%

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### Results: 2011 – 2016

**Geriatric Delirium DSC Metrics 2011 - 2016**

N = 480 patients/year

Year	Fall Rate	Pressure Ulcer rate	Psychotropic Medication Usage Rate
2011	0.63%	0.31%	13.75%
2012	0.63%	0.31%	13.75%
2013	0.63%	0.31%	13.75%
2014	0.63%	0.31%	13.75%
2015	0.63%	0.31%	13.75%
2016	0.63%	0.31%	13.75%

**Geriatric Delirium DSC # Urinary Catheter Days Metric 2011 - 2016**

N = 480 patients/year

Goal = 2 days or less

Year	# Urinary Catheter Days
2011	3.56
2012	2.70
2013	2.55
2014	2.38
2015	1.89
2016	1.65

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### Results Summary: 2011 - 2016

- Once the Geriatric TJC DSC was awarded, the four selected metrics continued to be collected, trended, and reported at monthly Geriatric Service Line Meetings for the two-year TJC DSC certification cycle
- Action plans were developed for any metrics needing improvement
- Compliance significantly improved for the psychotropic medication and number of urinary catheter days metrics and was sustained for all metrics

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### Application Process: Benefits of Certification

- Improves the quality of patient care by reducing variation in clinical processes
- Provides a framework for program structure and management
- Provides an objective assessment of clinical excellence
- Creates a loyal, cohesive clinical team
- Promotes a culture of excellence across the organization
- Facilitates marketing, contracting and reimbursement
- Strengthens community confidence in the quality and safety of care, treatment, and services

[https://www.jointcommission.org/benefits\\_of\\_joint\\_commission\\_certification/](https://www.jointcommission.org/benefits_of_joint_commission_certification/)

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### Application Process: Planning Phase

- Begins one full year prior to DSC certification site visit
- Interdisciplinary team established
- Data collection commences based on quality metrics, at least four months of data prior to site visit
- Support from hospital senior management, medical staff, quality and safety department, nursing administration, and nursing education

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### Application Process

- The Joint Commission. Facts about Disease-Specific Care Certification. Available at [https://www.jointcommission.org/facts\\_about\\_disease-specific\\_care\\_certification/](https://www.jointcommission.org/facts_about_disease-specific_care_certification/)
- Seven question performance improvement plan created
- Four quality metrics
- Clinical practice guidelines

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**Certification and Recertification Steps**

- Full DSC survey completed every two years by TJC using the tracer methodology
- Cost on survey day approximately \$2000
- Annual certification fee is \$10,000 (less if your institution has more than one DSC)
- Yearly intra-cycle phone call to present data and any changes in metrics (no cost)


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**Conclusion**

- Since our original Geriatric Delirium DSC was awarded, we have been successfully recertified twice
- We have demonstrated improvement in our quality outcomes
- TJC Geriatric Delirium DSC certification has been an effective, innovative way to integrate and improve quality initiatives of:
  - > Hackensack University Medical Center
  - > Geriatric Service Line
  - > HELP
  - > NICHE


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**Contact Information:**  
 Manisha Parulekar, MD [Manisha.Parulekar@hackensackmeridian.org](mailto:Manisha.Parulekar@hackensackmeridian.org) 551-996-1132  
 Nadine R. Benoit, MPA [Nadine.Benoit@hackensackmeridian.org](mailto:Nadine.Benoit@hackensackmeridian.org) 551-996-2542


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## Questions?



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