

Disease Specific Certification (DSC) for *Respiratory Failure*: Key Points 2021

Barlow Respiratory Hospital's Journey with DSC

In early 2015, Leadership proposed that we apply to The Joint Commission (TJC) for Disease Specific Certification for Respiratory Failure as ventilator weaning has been our specialty for over 30 years. Our application for initial certification was approved by TJC in April 2015, and all three sites were surveyed in March 2016. The surveyor spent time at each of the BRH campuses. We were awarded the Gold Seal of Approval® for Disease Specific Certification for Respiratory Failure, the first one the West Coast to attain this elite certification. The recertification survey followed in April of 2018 with all three sites recertified. As onsite surveys were postponed in 2020 due to the COVID-19 pandemic, our next surveys will be in June 2021.

1. All three sites received Disease Specific Certification in Respiratory Failure because of our successful Ventilator Weaning Program that uses the TIPS© weaning protocol, developed on our own campus. The protocol was published in the journal *Chest* in 2001, and was most recently revised in 2016.
2. Our weaning success rate has been over 50% each of the last 13 years.
3. The revised TIPS protocol was implemented in April 2017. Data are continuously being collected and evaluated to determine the protocol's effect on days to wean, weaning success rate, and patient safety.
4. For the calendar year 2020, we discharged 225 patients from the Ventilator Weaning Program. Our weaning success rate was 64%, and our time to wean patients was a median of 12 days.
5. We measure our progress and success with the current selected performance measures for the program that are reported to TJC monthly:
 - Compliance with Spontaneous Breathing Trial (SBT) by Day 2
 - Compliance with Early Mobilization by Day 5
 - Compliance with Documentation of Interdisciplinary Team (IDT) Meetings
 - Achievement of 90% of Estimated Calorie and Protein Goals by Day 5
6. Ventilator dependent patients are transferred to us with multiple co-morbidities, and the need for continued acute care for approximately four weeks. Most of the ventilator patients are admitted for the weaning program, but some are assessed to not be weaning candidates, and others are known chronic ventilator patients admitted for treatment of an acute medical problem, such as an infection.
7. Our patients and families receive education on: Ventilator Weaning Program, TIPS protocol, mechanical ventilation, and chronic critical illness.
8. Who is leading the Disease Specific Certification program? Core members: Rose Gummadi, Gladys D'Souza, Rex Linayao, Hao Chen, David Murphy, Ny Seng, Lana Rhodes, Meg Hassenpflug, Amit Mohan, Pam Athwal, Jake Dysanco, Dr. David Nelson, Dr. Tamas Dolinay – All department directors, managers, and staff are part of the process!