Primary and Comprehensive Stroke Center Designation
Presenter Disclosure Information

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Primary and Comprehensive Stroke Center Designation

FINANCIAL DISCLOSURE:
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UNLABELED/UNAPPROVED USES DISCLOSURE:
None
Objectives

• Compare and contrast stroke ready, primary and comprehensive stroke center certifications

• Explore the core elements of the certification process.

• Discuss institutional preparation for certification survey visits.
Benefits of Stroke Center Designation

- Improved quality of care
- Demonstrates a culture of excellence
- Promotes a program locally, regionally, or nationally
- Strengthens consumer confidence
- May fulfill regulatory requirements in certain states
Most Common Certifying Organizations

- Det Norske Veritas (DNV)
- Healthcare Facilities Accreditation Program (HFAP)
- The Joint Commission (JC)
Det Norske Veritas (DNV)
Healthcare Facilities Accreditation Program (HFAP)

http://www.hfap.org
The Joint Commission
Brain Attack Coalition (BAC) Recommendations
Elements of Stroke Ready Facility

- Ability to diagnose and treat acute stroke patients with IV tPA
- Program can be ED physician driven
- Neurosurgical expertise may be via telemedicine
- Transfer protocols and agreements in place
BAC Elements of a PSC

• Patient Care Areas
  – Acute stroke teams
  – Written care protocols
  – Emergency medical services
  – Emergency department
  – Stroke unit
  – Neurosurgical services
  – Cerebral and Cerebrovascular imaging

– Cardiac imaging
– Rehabilitation services
– Laboratory services
BAC Elements of a PSC

• Support and administrative services
  – Commitment and support of the medical organization
  – Outcomes and quality improvement

• Continuing medical education
• Nursing education
Characteristics of a CSC

- Meet minimum volume requirements
  - IV tPA, SAH clips/coils
- Availability of neuroscientists 24/7
- Written documentation of processes, protocols, etc.
- Advanced imaging capability
- Ability to manage multiple, simultaneous complex acute stroke patients
- Dedicated neuro intensive care unit
- Physician, nursing, EMS, and community education
- Peer review process
- Stroke research
- Post hospital care coordination
Texas Stroke Designation

• Texas stroke legislation requires state designation

• Texas recognizes JC and DNV certifications
  – Level 1 (CSC)
  – Level 2 (PSC)
  – Level 3 (ASR)
Texas Stroke Certified Hospitals

• Comprehensive Stroke Centers
  – 2 JC
  – 11 DNV

• Primary Stroke Centers
  – 96 JC
  – 17 DNV
Comprehensive Stroke Center Certification

Comprehensive Stroke Centers represent the most advance stroke treatment available in a given geographic area.

To download a copy of the Stroke Center Certification Standards, please visit our Registration page.

DNV’s stroke certification programs incorporate elements from our NIAHO® hospital accreditation standards, as well as requirements from the Guidelines of the Brain Attack Coalition, and Recommendations of the American Stroke Association.
Comprehensive Stroke Centers provide care for complex stroke patients. Their infrastructure includes advanced treatments in key areas such as neurology, neurosurgery and neuroradiology.

Hospitals with accreditation from another organization may apply for Stroke Certification. The certification review is conducted by appropriately qualified clinicians and certification is for a three-year period with a mid-cycle review at eighteen months.

Resources

- The newest version of the Comprehensive Stroke Center standards manual is available upon request.
- Download the Comprehensive Stroke Guide - Handbook v1.2 [PDF, 664 KB]
- Download the Comprehensive Stroke Application
- Frequently Asked Questions [PDF, 255 KB]

Additional Topics

- Quality Report [PDF, 116 KB]
- Certification Process
- Certification Benefit and Cost [PDF, 51 KB]
Advanced Certification in Disease-Specific Care

Advanced Certification incorporates optional clinical requirements developed in collaboration with industry experts.

**Why Joint Commission**
- Facts about Disease-Specific Care Certification
- Certification Publicity Kit

**Cost & Benefits**
- Benefits of Joint Commission Certification
- Disease-Specific Care Certification Fees

**Steps to Certification**
- Disease-Specific Care Certification Q & A Guide
- 2015 Disease-Specific Care Review Process Guide
- Application Process

**Requirements**
- Eligibility - Types of Disease-Specific Care Programs Certified
- Performance Measurement and Improvement

**REGISTER NOW**
Stroke Certification Seminar
May 21, 2015
Lombard, IL

New Executive Director
JC PSC/CSC Elements of Performance
Stroke Certification Program: May 21, 2015

SKU# EDU1513

Start Date: 5/21/2015 8:00 AM
End Date: 5/21/2015 4:00 PM
Location: Westin Lombard
70 Yorktown Shopping Center
Lombard, IL 60148
United States

This popular program is full of field-tested strategies for attaining your stroke certification goals. Return to your organization with key questions answered and your implementation plans ready to go!

'5 Ways to Justify Your Attendance at this Year’s Stroke Certification Seminar' (PDF)

List Price: $499.00

+ Register
### DSSE.3
The program addresses the patient's education needs.

**Elements of Performance for DSSE.3**

1. The program's education materials comply with recommended elements of care, treatment, and services, which are supported by literature and promoted through clinical practice guidelines and evidence-based practice.  

2. The program presents content in an understandable manner according to the patient's level of literacy.  

3. The program presents content in a manner that is culturally sensitive.  

4. The program makes initial and ongoing assessments of the patient's comprehension of program-specific information.  

5. The program addresses the education needs of the patient regarding his or her disease or condition and care, treatment, and services.
JC Hot Topics

2012 Certification
• Volume requirements
• Depression screening
• Cognitive evaluation
• EMS trip sheets
• Actual weight vs. stated/estimated weight for tPA dosing calculation
• Public reporting of stroke program data

2015 Re-Certification
• INR Documentation
• SAH/ICH patients in the ED
  – Vital signs
  – Neuro checks
• Rapid neuro assessment in the ED for IS patients
• Drip titration documentation
• Neurocritical Care
DNV Stroke Core Measures

- tPA Considered/Thrombolytic Therapy Administered
- Screening Patients for Dysphagia
- Deep Vein Thrombolysis Prophylaxis
- Lipid Profile During Hospitalization
- Discharged on Cholesterol Reducing Medication as needed
- Offering of Patient Education About Stroke
- Smoking Cessation/Advice/Counseling
- Plan/Assessed for Rehabilitation Considered
- Antithrombotic Medications Started in 48 Hours
- Antithrombotic Medications Prescribed at Discharge
- Anticoagulants Prescribed for Patients with Atrial Fibrillation
HFAP Measures
Quarterly Data Submission

- SM-1 Stroke Team Arrival
- SM-2 Laboratory Studies
- SM-3 Neuroimaging Studies
- SM-4 Neurosurgical Services
- SM-5 Thrombolytic Therapy 0-3
- SM-6 Antithrombotic Therapy by End of Hospital Day 2
- SM-7 Discharged on Antithrombotic Therapy
- SM-8 Anticoagulation Therapy for Atrial Fibrillation/Flutter
- SM-9 Venous Thromboembolism (VTE) Prophylaxis
- SM-10 Discharged on Statin Medication
- SM-11 Stroke Education
- SM-12 Dysphagia Screening
- SM-13 Assessed for Rehabilitation
- SM-14 Door to Needle Time
HFAP Measures
Quarterly Data Submission

• SM-15 NIHSS Scores for Ischemic Stroke or TIA (Required for CSC)
• SM-16 Initial Severity Measures for SAH, ICH & AVM (Required for CSC)
• SM-17 Clipping/Coiling Within 48 hours (Required for CSC)
• SM-18 Nimodipine Treatment Within 24 hours to < 21 days (Optional for CSC)
• SM-19 INR Reversal with Procoagulant Preparation (Optional for CSC)
• SM-20 Diagnostic Neuroangiography Within 24 Hours (Optional for CSC)
• SM-21 Discharge Physical Rehabilitation Referral (Optional for CSC)
JC PSC Stroke Core Measures
Monthly or Quarterly Submission

- STK-1 Venous Thromboembolism (VTE) Prophylaxis
- STK-2 Discharged on Antithrombotic Therapy
- STK-3 Anticoagulation Therapy for Atrial Fibrillation/Flutter
- STK-4 Thrombolytic Therapy
- STK-5 Antithrombotic Therapy by End of Hospital Day
- STK-6 Discharged on Statin Medication
- STK-8 Stroke Education
- STK 10 Assessed for Rehabilitation
JC CSTK Measures
Monthly or Quarterly Submission

• CSTK – 01 NIHSS performed for ischemic stroke patients
• CSTK – 02 mRS at 90 days
• CSTK – 03 Severity measurement performed for SAH and ICH pts
• CSTK – 04 Procoagulant Reversal Agent Initiation for ICH
• CSTK – 05 Hemorrhagic Transformation (Overall Rate)
• CSTK – 06 Nimodipine treatment administered
• CSTK – 07 Median time to revascularization
• CSTK – 08 Thrombolysis in cerebral infarction (TICI Score post IA)
Disease-Specific Care
CERTIFICATION PROGRAM

Comprehensive Stroke
PERFORMANCE MEASUREMENT
IMPLEMENTATION GUIDE
January 2015
National Stroke Databases

- Get with the Guidelines
- Paul Coverdale National Acute Stroke Registry
- Society of NeuroInterventional Surgery NeuroVascular Quality Initiative (NVQI)
  - Cerebral aneurysm
  - Acute ischemic stroke
  - Carotid Artery Disease
  - Cerebral AVM
  - [http://www.snisonline.org/registry](http://www.snisonline.org/registry)
Coverdell Stroke Program

The Ohio Coverdell Stroke Program is a data driven quality improvement program. Our mission is:

To achieve the *triple aim* of better health, improved quality and reduced costs, the Ohio Coverdell Stroke Program is committed to improving the quality of stroke patients’ care in acute inpatient settings, and improving the quality of their care transitions by reducing preventable complications that would reduce all-cause hospital readmission rates among patients discharged with stroke.

The program has two components:

**Acute Inpatient (Hospital) Component:** This component provides training, technical assistance and quality improvement resources to participating hospitals to improve the quality of care they provide to patients who have had a stroke. Participating hospitals are required to report their stroke treatment data to ODH through the Get With The Guidelines® data reporting platform. Currently 42 hospitals are participating in this component.

**Transitions of Care (TOC) Component:** The Ohio Coverdell Program began the TOC component of the program in 2012. The initial phase involved engaging Coverdell hospitals and many other healthcare partners in setting the aim, selecting potential strategies, and establishing measures to meet the TOC goals. Read more about TOC.
Preparing for Certification – Survival Tips

• Obtain the most current requirements for certification
  – Become the expert at your institution
  – Perform a gap analysis

• Meet with hospital administration
  – Discuss program strengths and weaknesses
  – Develop a plan to manage missing elements

• Schedule Monthly meetings
  – Stakeholders
  – Hospital leaders
  – Stroke team members
  – Share the work
Preparing for Certification – Survival Tips

• Know your patient population all year long
  – Concurrent review of patient records
  – Understand your numbers
    • Golden hour times
    • Treatment rates
      – IV
      – IA
    • Complication rates
Preparing for the Big Day

• Be ready ahead of time
  – Don’t cram!
• Prep the staff
  – Physicians
  – Nurses
  – Techs
  – Housekeepers
  – Valet
• Hire temporary staff

• Ensure policies, procedures, guidelines and order sets have been updated to match current guidelines
• Review employee and physician files
  – Education hours
  – Meet internal standards
• Use formal presentations to showcase your program
PSC and CSC Survey Day

- Start the day well rested
- Bring a scribe
- Plan for computerized chart review
- Have department leaders on standby
  - Incident command structure
  - Text/pager messaging
- Be prepared for thorough chart reviews
- Present your stroke program data in a clear and concise manner
PSC and CSC Survey Day

• Follow the 1 or 2 day schedule format
  – JC reviewers will want to stay on time when possible

• Collaborate with the quality department
  – Escort reviewer throughout the facility
  – Experts on regulations and accreditation
  – Keep detailed notes for future reference
After the Survey

• Celebrate!
  – Thank everyone involved for their involvement

• Determine action plans for RFI’s
  – Collaborate with the quality department
  – Formulate action plans
  – Schedule formal meetings with department leaders
  – Submit 4 months of data

• Maintain constant survey readiness
Thriving in Your Role

• Form alliances with other tribes
  – Local and regional stroke coordinator groups
  – Sister hospitals
  – National organizations
Thank You!

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The Joint Commission. The Joint Commission History.

Wykes S. Stanford Hospital is first in nation to earn comprehensive stroke center designation - See more at: [http://med.stanford.edu/ism/2012/november/stroke-1119.html#sthash.6pFfEKJD.dpuf](http://med.stanford.edu/ism/2012/november/stroke-1119.html#sthash.6pFfEKJD.dpuf). Stanford Hospital is first in nation to earn comprehensive stroke center designation - See more at: [http://med.stanford.edu/ism/2012/november/stroke-1119.html#sthash.6pFfEKJD.dpuf](http://med.stanford.edu/ism/2012/november/stroke-1119.html#sthash.6pFfEKJD.dpuf).


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