Preparing for Comprehensive Stroke Certification

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Disclosures

Claranne Mathiesen might discuss off-label treatment options.

Lori Massaro is on the Genentech Speakers Bureau.

Deborah Murphy has no disclosures or conflicts of interest.
Lehigh Valley Health Network, Allentown, PA

- LVHN, an 1161-bed university affiliated community health network, comprised of 4 hospitals, was first designated as an American Nurses Credentialing Center (ANCC) Magnet® recognized organization in 2002. As the regional referral center for a 9 county area we provide services to the community of eastern Pennsylvania.

- LVH Cedar Crest was the first to become certified in Pennsylvania as a Joint Commission Comprehensive Stroke Center in 2012 and treats over 1200 complex stroke cases/year providing a full spectrum of services.

- In addition to the CSC at the main campus, the network has 2 Primary Stroke Centers to care for patients in their own communities.
Objective:

- Identify the distinction between TJC Primary and Comprehensive Stroke Center certification, identify strategies for meeting requirements, discuss components of onsite visits and list expectations for survey day.
My Experience

- Level I Trauma, Cardiac and Burn
- Regional Tertiary Neuroscience Center
- 850 bed; 4 helicopters
- Dedicated Transfer Center
- Dedicated Neuro ICU (2003)
- Early adopter for PSC (2004); CSC (2012)
- Strategic Initiatives in area of Stroke
Comprehensive Stroke Center Certification

• To date (update from ISC 2014)
  • 66 CSC certified
    – 23 applications pending
    – 35 applications in pipeline
• First stroke neurologists hired and training
• Revised standards in effect *July 2014*
• Piloted & finalizing 8 CSC Core Measures
CSC Survey Improvement Activities

• Revised and improved survey process:
  – Presurvey conference call
  – Clarified Eligibility requirements
  – Modified onsite agendas
  – Enhanced CSC Reviewer training and education
  – Recruited Neurologists

• Frequently scored standards:
  – EMS protocols and engagement
  – Neuro- ICU coverage
  – Use of CPG’s in care delivery

*Taken from CSC update at ISC 2014*
Preparing for Comprehensive Stroke Certification

- Administrative team responsible for this effort
- Centralized command operations for day of survey
- Coordinated planning prior to day of survey
- Special thanks to colleagues across the country who continue to share processes
- Countless hours meeting with all stakeholders to ensure everything “stitched” together
Departments that will need to be involved:

- Regulatory/Quality
- Nursing
- Neuro Service Line
- Stroke Program
- Medical Staff
- Human Resources
- Division of Education
- Rehab Services
- Case Management
- Transfer Center

- Neurology
- Emergency Medicine
- Neurosurgery
- Neuro Interventional
- Neuro Radiology
- Vascular Surgery
- Cardiology
- Radiology
- Laboratory
- Pharmacy
Getting Started or On Your Way You Will…

• Need to review the Joint Commission Requirements for Comprehensive Stroke Center Advanced Certification

• [http://www.jointcommission.org/standards_information/prepublication_standards.aspx](http://www.jointcommission.org/standards_information/prepublication_standards.aspx)
• During 2013, the CSC requirements were evaluated and revised to incorporate the additional research and to address evolutions in the science of stroke care.
• Download the standards below:
  • Comprehensive Stroke Center (CSC) requirements

Note: The PDF of the prepublication standards issued on January 17, 2014 has been updated. If you had previously downloaded the January 17, 2014 version, please download the newer version (issued on January 23, 2014) which replaces it.

• Track changes version of the CSC requirements
• Prepublication Standards - Effective July 1, 2014
It all begins with eligibility…….

• Review criteria (DSPM.1. 5)
  • Minimum #’s for SAH and IV tPA
  • Advanced Imaging
  • Neuro- intensive care
  • Peer Review Process
  • Stroke Research
Logistical and Tactical Planning

• Review the 2-day agenda
• Develop Opening and ED Presentations
• Consider a Mobile Command Post
  – Dedicated administrative and programmatic support for onsite survey
  – Partner with Joint Commission Regulatory Team
• Assemble and organize key sources of information
Onsite Tracers

• Prep staff to speak to what they do
• Extensive review of documentation as it supports CPGs
• In depth review of internal processes for coordination of care; specifically documentation of goals of care
• Reviewers have expert knowledge of how stroke centers operate
  • Emphasis on complex care, CPGs, orders, documentation, use of EMR to ensure care transitions, access to team, turn around times
Data System Tracer

Be prepared to address:

- PSC Core Measures in detail ~ drill down variances
- Patient outcomes
  - Hub / Spoke & Telemedicine PI
- Surgical complications: CEA/ CAS/ EVD/ Hemicrani/ Clip/ Coil
- Readmissions
  - 7-day phone follow-up
  - 30/90 day follow-up
- Research
- Use of data / registries
- Peer review process

Performance Measurement Chapter: pg 29-33
CSC Expanded Metrics

- What do you track?
  - Increased emphasis on surgical/procedural components

- How has the team defined this?
  - Risk adjustment, benchmarking

- What is publically reported?
CSTK Metrics- Go into Effect July 2014

• CSTK1: NIHSS performed AIS
• CSTK2: mRS at 90 days
• CSTK3: Severity measure SAH/ICH (overall rate)
• CSTK4: Procoagulant Reversal Agent Initiation
• CSTK5: Hemorrhagic transformation (overall rate)
• CSTK6: Nimodipine treatment administered
• CSTK7: Median time to recanalization
• CSTK8: TICI post-treatment reperfusion grade
Other Areas to Speak Too

- What work have you done on the comprehensive metrics?
- What are your current challenges?
- What data is publically reported?
- How do you use peer review process?
- What benchmarks are you currently using?
- Do you have a process to cancel stroke alert?
- How do you assess patient / families?
  - Cognitive/ Respite/ Competencies
Competency Tracer

Physician and APN’s

- Present how internal credential and privileging happens
- Trace this process
- Educational requirements
- OPPE
Competency Tracer

Clinical Services & Allied Health

• Similar to PSC
  Included: discussion about: orientation, ongoing stroke specific education

• Expand to include:
  Imaging areas
  Rehab staff
  RRT staff
Education

What is required? What counts?

- Medical Directors/ Physicians
- Emergency Department
- Neuro ICU
- Stroke Unit
- Stroke Team
- RRT
- Other departments – what is required by job (i.e. CT / MRI)

Delivering or Facilitating Care Chap pg 15-21
Helpful Tips

- Review active inpatient census
- Encourage additional staff (if able)
- Ensure extended team available
- Chart navigation
- Identify strong escorts and mechanism to communicate across system
- Lots of team meetings to pull it all together
- Tap into institutional initiatives and review weak areas
Core Team Drives It

• Takes a core group to drive this forward
  • How do you use APN’s?
• Many planning meetings
• Frequent updates
• Several attempts to write it up...
• Everyone needs to be able to describe how to provide care to complex stroke:
  • Algorithms help, call schedules, EMR navigation, focus on complex, simultaneous needs, Neuro critical care, 24/7 onsite/available
Continuous Journey

• As this moves forward expect that The Joint Commission will refine and expand upon current processes

• Value in networking with other organizations on a similar path
  – Not all organizations are set up the same
  – Applying the standards to the clinical setting may require some additional interpretation

• Plug into informational offerings... always new ways of learning!!