Preparing For PSC Certification

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Disclosures:

Wendy J. Smith- I have no actual or potential conflict of interest in relation to this presentation

Lori M. Massaro – Speakers Bureau for Genentech, INC.
Cleveland Clinic Health System

- CCHS is an 11 hospital system (10 in Ohio, 1 in Weston, FL) with 1 Comprehensive Stroke Center, 9 PSCs and a stroke ready hospital. Main Campus in downtown Cleveland is the regional referral center for tertiary care for Northeastern Ohio, as well as a Telemedicine Network Hub with a network extending into Pennsylvania.
  - CCMC sees over 5.1 million patient visits per year with 157,474 admissions; 200,808 surgical cases from all 50 states and 132 countries.
  - 43,890 caregivers: 3,000 + physicians and scientists and 11,400 nurses.
    - 1,785 Residents and fellows in 67 accredited training programs.
  - Critical Care Transport: 4,500 transports a year including patients from 21 countries.
  - See over 120 Strokes per month with a Stroke team of 6 Vascular Neurologists, 3 Stroke Fellows, an Acute Stroke Nurse and Program Manager.
  - NICU staffed 24/7 by Neuro-intensiveists.
UPMC Stroke Institute

- UPMC is a 13 hospital system -
  - 1 CSC – Presbyterian Univ Hospital – Oakland Based
  - 7 PSC hospitals – Community hospitals
- Telestroke services in place since 2006 – 18 hospitals in network -
- Active in Clinical stroke research
- Discharge 150-175 patients/month
- 7 vascular neurologist/stroke and endovascular fellowship programs.
Objectives:

• 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.
  – Behind the Scenes
  – Day of
  – Hot topics/Trends
  – Highlights from latest standards
Facts About PSC Certification

• Launched in December 2003 in collaboration with the American Heart/Stroke Association
• Over 1,000 PSC in all 50 states and Puerto Rico
• Hospital must be JC accredited acute care hospital
• To apply, must meet requirements for Disease Specific Care Certification plus clinically specific requirements and expectations

Retrieved From: http://www.jointcommission.org/assets/1/6/Facts_about_Primary_Stroke_Center_Certification.pdf
Certified PSC’s:

• Deliver care based on the Brain Attack Coalition’s “Recommendations for Establishment of Primary Stroke Centers”
• Support patient self-management
• Tailor treatment and intervention to individual needs.
• Promote flow of patient information across settings and providers
• Analyze and use standard performance measure data to improve processes
• Demonstrate compliance with Clinical Practice Guidelines published from the AHA/ASA

Retrieved From: http://www.jointcommission.org/assets/1/6/Facts_about_Primary_Stroke_Center_Certification.pdf
Benefits to being a PSC

- PSCs demonstrate improved treatment times and better patient outcomes
- Written protocols and infrastructure improve patient care and speed treatment
- Use of stroke teams improve stroke care and use of stroke therapies
- Guideline based treatment could prevent medical legal issues
- EMS will work to bring patients to certified hospitals
- PSC reduces stroke care cost by decreasing length of stay, increased use of tPA, improved coordination reducing duplicate tests

Benefits to being a PSC

• Increased use of hospital departments and services: radiology, laboratory, ED, neurology, neurosurgery, PT/OT/ST= increased revenue
• Allows for participation in stroke clinical trials
• Performance based incentive programs (VBP, meaningful use)
• Better marketability
• Improved contractual arrangements (contracts from payors and purchasers)
• Conforming to legal requirements (some states require EMS to bypass noncertified hospitals)

Standards: Incorporate BAC Recommendations

• Program Management
• Delivering or facilitating clinical care
• Supporting self management
• Clinical information management
• Performance improvement and measurement

Retrieved From: http://www.jointcommission.org/assets/1/6/Facts_about_Primary_Stroke_Center_Certification.pdf
Getting Ready to become a PSC: BAC Recommended Elements.

- Acute Stroke Team
- Written care protocols
- Emergency medical services
- Emergency department
- Stroke unit (could be within ICU)
- Neurosurgical Services
- Neuroimaging Services
- Laboratory Services
- Outcomes and Quality improvement
- Continuing medical education
- Commitment and support of medical organization: Medical Stroke Director

Acute Stroke Team

- Multidisciplinary personnel with expertise in diagnosing and treating stroke does not have to be board certified in neurology or neurosurgery.
  - Must have knowledge of cerebrovascular disease and provide administrative leadership, clinical guidance, and input to the stroke team.
- Minimum team: A physician and another healthcare provider (nurse, NP, PA)
- Someone from team should be available 24/7
- Logbook to track response times, diagnosis, treatments and outcomes
  - Registry (GWTG) - some track acute stroke metrics as well as all stroke patients.

Written Care Protocols:

• Designed, updated, and utilized by the stroke team
  – Written protocol for patients eligible for tPA, or other therapies
  – Written protocol for acute care in the ED: stabilize vital signs, neuroimaging, management of non-acute strokes and hemorrhagic stroke.

• Goal of protocols is to:
  – reduce tPA complications
  – Administer tPA within the time windows

• Available for ED and Inpatient Strokes

• Review/update once a year

EMS:

• Collaborative relationship between stroke center and EMS for reduced transport delays and improved communication.
• Pre-notification of stroke patient arrival
• Offer EMS at least 2 educational activities per year

ED

• Personnel should be trained to recognize, diagnose and treat all types of stroke: acute and non-acute.
• Aware of Stroke team and when to activate
• Document Acute Stroke metrics (Last known well, Door to doc, door to CT, door to CT read.....)
• 80% of ED practitioners can:
  – Demonstrate knowledge of EMS to ED protocols
  – Location and use of stroke protocols
  – Care of the patient with acute stroke
  – Diagnose acute stroke
  – Utilize protocols for acute stroke
  – Understand treatment options for acute stroke
  – Monitor acute stroke

– JC Pre-publication requirements: January 17, 2014
Stroke Unit

- Does not have to be a group of designated beds in one geographical area
  - Must provide care using written protocols
  - Must provide continuous telemetry and BP monitoring
- Personnel should have expertise in monitoring and managing stroke patients

Neurosurgical Services

• Written protocol for sites that transfer neurosurgical emergencies

• If keep and have neurosurgical access:
  – Operating room with necessary personnel and equipment available 24/7
  – OR and staff are available within 2 hours activation

  – JC Pre-publication requirements: February 7, 2014
Neuroimaging and Laboratory Services

• CT or MRI
  – Available 24/7
  – CT completed within 25 minutes of arrival
  – Interpretation of head CT within 20 minutes of completion

• Laboratory
  – Available 24/7
  – Completed within 45 minutes of arrival
    • May include: complete CBC with platelet, PT/PTT/INR, Chemistries, Troponins and Blood Glucose

• JC Pre-publication requirements: February 7, 2014
Outcome and Quality Improvement:

• Use of a database or registry- GWTG, Midas, UHC. Must look at STK indicators.
  – New for July 2014 if perform endovascular procedures
    • Multidisciplinary program level review
      – All causes of death with 72 hours of procedure
      – Symptomatic intracerebral hemorrhage

• Benchmarks for comparison- Joint Commission or based on Registry

• Should select at least 2 process improvement plans per year

• Committees should meet at least 3 times a year to review/modify practice patterns

  – JC Pre-publication requirements: February 7, 2014
Support from the Medical Organization:

• Designated Stroke Medical Director
• Administration provides financial, logistical, and political resources.
• Must have support of hospital administration

## Gap Analysis:

<table>
<thead>
<tr>
<th>Standard #</th>
<th>Guideline Text</th>
<th>Currently met? (Y/N)</th>
<th>How is it currently met?</th>
<th>What proof/evidence would need to be provided to show it is met?</th>
<th>Action Plan to meet standard (or mark as completed)</th>
</tr>
</thead>
<tbody>
<tr>
<td>DSPR. 1</td>
<td>The program defines its leadership roles</td>
<td>N</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EP 1</td>
<td>The program identifies members of its leadership team</td>
<td>N</td>
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<tr>
<td>DSPR. 1. EP 2</td>
<td>The program defines the accountability of its leader(s)</td>
<td>N</td>
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<tr>
<td><em>CSC. A</em></td>
<td>Written documentation shows support of the Comprehensive Stroke Center by hospital/health system administration</td>
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<tr>
<td>DSPR. 1. EP 3</td>
<td>The program leader(s) guides the program in meeting the mission, goals, and objectives</td>
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<tr>
<td>DSPR. 1. EP 6</td>
<td>The program leader(s) provides for the uniform performance of care, treatment, and services</td>
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<tr>
<td>DSPR. 1. EP 7</td>
<td>The program leader(s) makes certain that practitioners practice within the scope of their licensure, certification, training, and current competency</td>
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</tbody>
</table>
# PSC Certification: Day at a Glance

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Organization Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00 – 8:30 a.m.</td>
<td>Opening Conference and Orientation to Program</td>
<td>Stroke Steering Team</td>
</tr>
<tr>
<td>8:30 – 9:00 a.m.</td>
<td></td>
<td>Administrative Team</td>
</tr>
<tr>
<td>9:00 – 9:30 a.m.</td>
<td>Reviewer Planning Session</td>
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<tr>
<td>9:30 – 12:30 a.m.</td>
<td>Individual Tracer Activity</td>
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<tr>
<td>10:00 – 10:30 a.m.</td>
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<tr>
<td>10:30 – 11:00 a.m.</td>
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<td>11:00 – 11:30 a.m.</td>
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<td>11:30 – 12:00 p.m.</td>
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<tr>
<td>12:00 – 12:30 p.m.</td>
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<tr>
<td>12:30 – 1:00 p.m.</td>
<td>Reviewer Lunch</td>
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<tr>
<td>1:00 – 1:30 p.m.</td>
<td>System Tracer – Data Use</td>
<td></td>
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<tr>
<td>1:30 – 2:00 p.m.</td>
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<tr>
<td>2:00 – 2:30 p.m.</td>
<td>Competence Assessment/Credentialing Process</td>
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<td>2:30 – 3:00 p.m.</td>
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<tr>
<td>3:00 – 3:30 p.m.</td>
<td>Issue Resolution &amp; Reviewer Report</td>
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<tr>
<td>3:30 – 4:00 p.m.</td>
<td>Preparation</td>
<td></td>
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<tr>
<td>4:00 – 4:30 p.m.</td>
<td>Program Exit Conference</td>
<td>Stroke Steering Team</td>
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<td></td>
<td>Administrative Team</td>
</tr>
</tbody>
</table>
The Opening Conference

• Who is there - short answer - EVERYONE that touches stroke patients: Administration (CMO, CNO, Director of Quality...) Stroke Committee, EMS, Therapy, Nursing, Physicians, Environmental Services......

• What happens:
  – Opening Presentation
    • This includes basic hospital information and data
    • Community information and data
    • Stroke program specific information and data
      – Examples provided.
  – Stroke Protocol reviewed with team
  – Order sets/Protocols from binders reviewed.
The Opening Conference

- Stroke Patients for review/tracer chosen
  - 5 charts will be reviewed. Live patients if possible
    - 1 tPA
    - 1 ICH
    - 1 Ischemic
    - 1 TIA
      - May request charts up to 12 months old during a recertification.
      - Usually request 4-6 months for first time survey
    - Will want to see at LEAST 1 closed chart of a patient DC’d home to review education, rehab assessment, and other documentation.
Individual Tracer Activity

• Tour of the facility tracing an acute stroke patient
• Will start at the Front door: EMS or Where patients drive up to.
• Information Desk/Valet/Registration
• Triage Desk
• ED
• CT
• Lab
• Pharmacy
Individual Tracer Activity

• Stroke Units (CCU/ICU/NICU)
• Step-downs
• If live stroke patient in house
  – Will speak to RN- charting review
  – PT/OT/ST
  – Case Management
  – Social Work
Chart Tracer Elements:

- Stroke Order Set?
- Neuro checks and vital signs according to protocol
  - Top 10 RFI
- Dysphagia screening
- Plan of care
- Patient education
- NIHSS documentation
- PT/OT/ST documentation and communication
Chart Tracer Elements

- Case Management
- Social Worker
- Discharge Summary/Instruction
  - Medication reconciliation
  - Personal risk factors
  - Follow up appointments
  - Signs and symptoms
  - 911 or call the doctor.
Lunch....

• Just in case you think you’re getting a break.....

• Most reviewers use this time to continue with tracers.
System Tracer: Data Review

• Door to ...... Metrics
• Data (i.e. Get With The Guidelines-Stroke)
• Process improvement plans
  – Will provide example
• Recently have been asking for this to be in the form of a PowerPoint presentation
Competence Assessment and Credentialing

- Review of Core Stroke team
  - 8 hours CEU stroke specific
- All personnel files reviewed:
  - Job description
  - Certifications required by job (ACLS, BLS.....)
  - Last Annual review
  - Yearly education
  - Orientation manual
  - Reverification letters for physicians
  - Licensure – up to date
Exit Conference:

• Discuss strengths and weaknesses in program
• RFI discussion
Binder Basics:

- Stroke Education, Resident/Fellow Education, Nursing Education, Community Outreach, Awards and Certifications
  - Any community events – Fliers, announcements,
  - Education presentations for residents, fellows, nursing staff- include presentation and sign in sheet
  - EMS Education- Include presentation and sign in sheet
  - Conferences made available to staff for stroke specific education
  - Awards and certifications the hospital has received.

- Stroke Committee Meetings- go back as far as you have data available.
  - Agendas
  - Sign in sheet
  - Power point presentations
  - Minutes
Binder Basics:

• Data Binder:
  – Performance Measures- last 2 years from GWTG
  – Process Improvement plans and data to back up improvement, any education that was done to help with these.
  – Inpatient stroke data
  – Patient satisfaction – HCAPS- I would do hospital wide for 2012 and 2013, as well as Stroke Unit specific if available.

Stroke Team Information- ACMC will need to “officially” define it’s stroke team. Remember- keep it small- each of these individuals has to have 8 hours of stroke education per year.
  – Resume/CV
  – CME/CEU
  – NIHSS

• You may want to include any hospital wide policies that affect stroke: ED diversion, HIPPA Compliance, Dysphagia screening, etc. Nursing policies are also good to look at.
Recent Trends/Hot Topics:

• Transitions of Care: how your facility coordinates the care of the patient across the hospital and back into the community

• Individualized plans of care and education: Surveyors have been very specific that plans of care and education notes are very individualized to the specific patient- NO CANNED NOTES.

• 80% of ED staff educated- Supply a grid of all ED staff and their hours of education with percentage of total educated

• Realize that even though right now the standards state ordered to ______ for metrics, most surveyors want to see your Door to _____ metrics
Recent Trends/Hot Topics:

• Dysphagia screening- just because it’s not a core indicator doesn’t mean it’s not a point of focus.
• Depression Screening- Hot topic from ISC- do you screen for depression?
• EMS – How is your relationship with EMS? How and where do you document Pre-arrival notification of stroke alerts?
• Inpatient strokes- How do you handle your inpatient strokes, what are those metrics like?
• Individual, daily, mutually agreed upon goals.
July 2014 Updates

- Job descriptions for CORE stroke Team.
- Emergency department staff, as identified by the organization, participates in educational activities related to stroke diagnosis and treatment a minimum twice a year.
- As of MARCH 1, 2015, the program will meet its administration of IV thrombolytic within 60 minutes to eligible patients presenting for stroke care at least 50% of the time.
July 2014 Update:

• If PSC has endovascular- it will have multidisciplinary program-level review that will focus on at least the following adverse patient outcomes:
  – All causes of death within 72 hours of the endovascular procedure.
  – Symptomatic intacerebral hemorrhage.
  – Endovascular includes mechanical thrombectomy and IA tPA.
Sources:


• [http://www.jointcommission.org/assets/1/6/Facts_about_Primary_Stroke_Center_Certification.pdf](http://www.jointcommission.org/assets/1/6/Facts_about_Primary_Stroke_Center_Certification.pdf)

• Prepublication Requirements: Issued January 17, 2014 from the JC website.

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