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- Nothing to disclose

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- Nothing to disclose

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AGENDA

- CERTIFYING BODIES
- CERTIFICATION LEVELS
- TOP 10 CITED STANDARDS
- SOME STANDARDS TO THINK ABOUT...

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CERTIFYING BODIES



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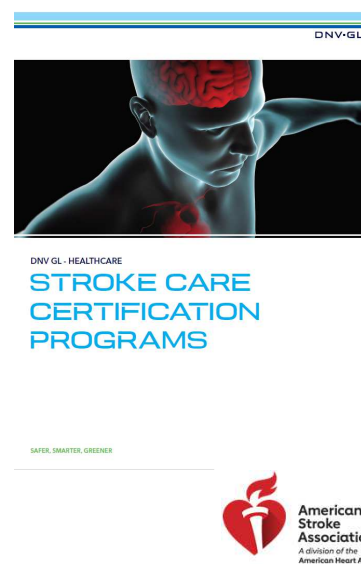
DNV-GL – formerly DET NORSKE VERITAS-GERMANISCHER LLOYD



4 LEVELS OF CERTIFICATION

RESOURCES

- Stroke Care Certification brochure
- Standards Document includes:
 - Eligibility
 - Surveyor Information Gathering and Investigation
 - Program Management
 - Quality Management
 - Patient Care Services
 - Medical and Nursing Staff
 - Staffing Management
 - Patient Rights
 - Medical Records
 - Physical Environment



HFAP - HEALTHCARE FACILITIES ACCREDITATION PROGRAM



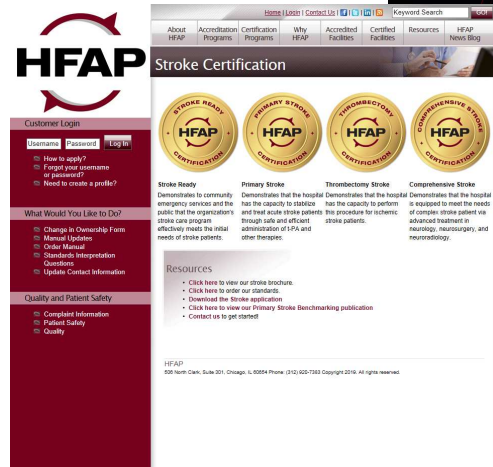
“QUALITY IMPROVEMENT + RISK MANAGEMENT”

3 MAIN COMPONENTS

- Planning & Engagement
- Protocols
- Evaluation

STANDARDS

- GOVERNANCE/ADMINISTRATION
- CLINICAL
- ORGANIZATIONAL INFRASTRUCTURE



CIHQ – CENTER FOR IMPROVEMENT IN HEALTHCARE QUALITY



- ST-1: Leadership of the Stroke Program
- ST-2: Coordination of Pre-Hospital Services with the Emergency Medical System (EMS)
- ST-3: Availability of an Acute Stroke Team (AST)
- ST-4: Care of the Stroke Patient in the Emergency Department
- ST-5: Availability of Diagnostic Services
- ST-6: Availability of Emergent Neurosurgery / Transfer to a Comprehensive Stroke Center
- ST-7: Stroke Unit & Nursing Care
- ST-8: Availability of Specialized Assessments & Services
- ST-9: Patient Education
- ST-10: Community Education
- ST-11: Quality Assessment & Performance Improvement



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JOINT COMMISSION

3 MAIN COMPONENTS OF CERTIFICATION

- Standards
- Clinical Practice Guidelines
- Performance Measurement

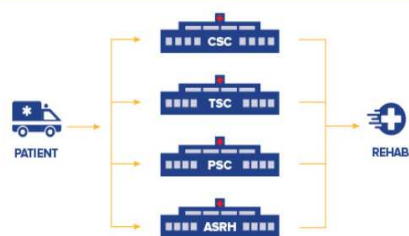
RESOURCES

- Stroke brochure
 - Eligibility
 - Key Requirements
 - Comparison of certification
- Review Process Guide
- Certification Quick Guides
 - Planning Checklist
 - Documents needed
- Webinars
- DSC Perspective Newsletter

The Top Stroke Certification Offerings

The Joint Commission offers four advanced levels of stroke certification for Joint Commission-accredited hospitals:

- [Comprehensive Stroke Center Certification \(CSC\)](#)
- [Thrombectomy-Capable Stroke Center \(TSC\)](#)
- [Primary Stroke Center Certification \(PSC\)](#)
- [Acute Stroke Ready Hospital Certification \(ASRH\)](#)



The Joint Commission also offers a core stroke certification for [rehabilitation hospitals](#).

Joint Commission Advanced Certifications for CSC, TSC, PSC, and ASRH are offered in collaboration with the American Heart Association/American Stroke Association.



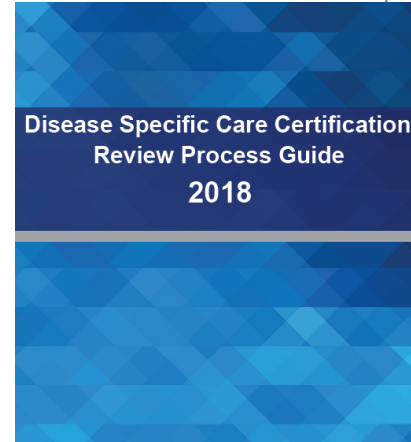
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JOINT COMMISSION RESOURCES FOR INITIAL AND RECERTIFICATION

REVIEW PROCESS GUIDE

- Organization Review Preparation
- Performance Measures
- Clinical Practice Guidelines
- Agendas
- Description / details of each session on site
- Clinical Record Review Tool
- Human Resource Record Review Tool
- Intracycle Evaluation Process



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JOINT COMMISSION STANDARDS

PROGRAM MANAGEMENT

DELIVERING OR FACILITATING CARE

SUPPORTING SELF MANAGEMENT

CLINICAL INFORMATION MANAGEMENT

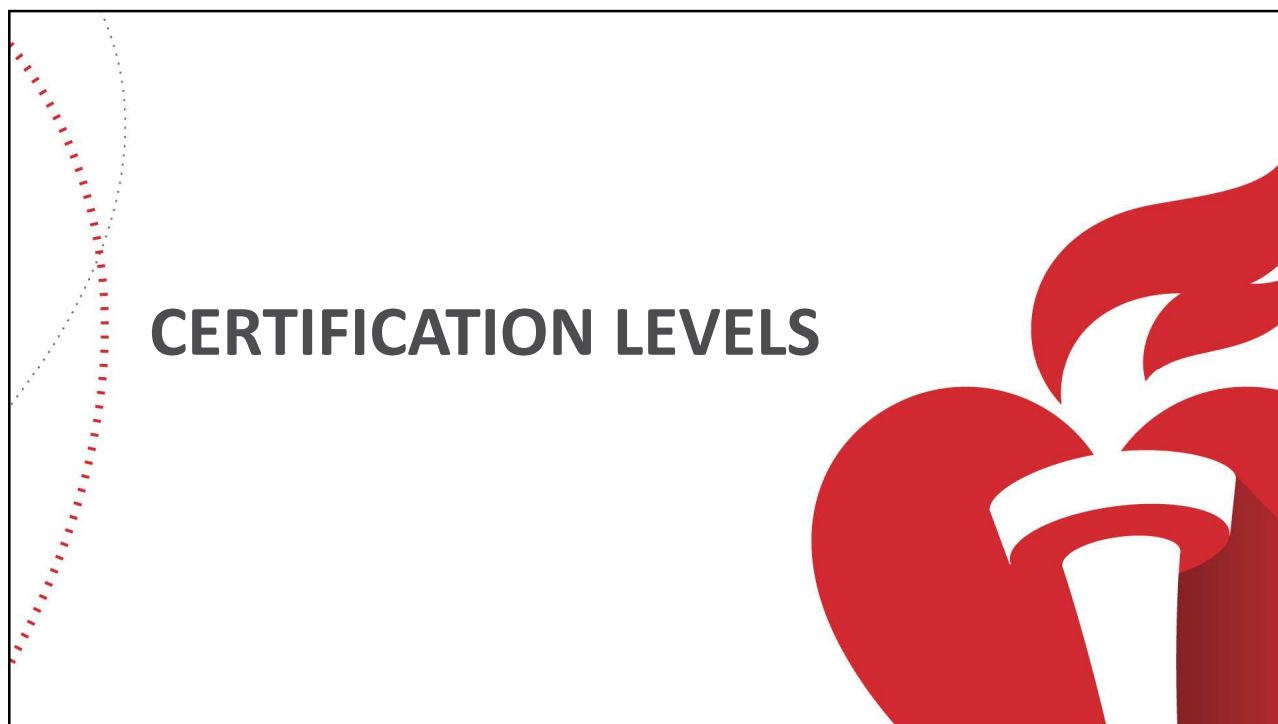
PERFORMANCE MANAGEMENT

	Immediate Threat to Life		
High			
Moderate			
Low			
	Limited	Pattern	Widespread



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CERTIFICATION LEVELS


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ACUTE STROKE READY

- **DESIGNED FOR THE ACUTE CARE, CRITICAL ACCESS AND RURAL HOSPITALS THAT...**
 - Do NOT have the resources to provide ongoing care to acute stroke patients
 - DO have the ability to effectively administer IV Thrombolytics
 - DO have the ability to transfer patients to a PSC or CSC for ongoing care
- **5 Performance Measures**
 - 3 Inpatient Standards
 - 2 Outpatient Standards
- **Requirements**
 - Program maintains a log
 - The program utilizes a stroke registry or similar data collection tool to monitor the data and measure outcomes.
 - The program monitors its IV thrombolytic complications, which include symptomatic intracerebral hemorrhage

2 YEAR CERTIFICATION

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PRIMARY STROKE CENTER

REQUIREMENTS:

- Leadership involvement
- EMS collaboration – protocols, education
- Stroke Unit
- Imaging
 - Ability to perform CT 24/7
 - MRI, CTA, cardiac imaging
- Lab 24/7
- Stroke Team

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THROMBECTOMY CAPABLE STROKE CENTER

WHY

- For the best patient outcomes, it is important to have a diverse network of stroke-certified hospitals, so patients can get to the right location as soon as possible

REQUIREMENTS

- Demonstrate compliance with the new standards for TSC certification
- Meet the minimum mechanical thrombectomy volume requirement
- Demonstrate the ability to perform mechanical thrombectomy 24/7
- Maintain dedicated intensive care beds for acute ischemic stroke patients
- Meet the expectations for the availability of staff and practitioners closely aligned with Comprehensive Stroke Center Expectations
- Collect and review data regarding adverse patient outcomes following mechanical thrombectomy
- Collect data for 13 standardized performance measures

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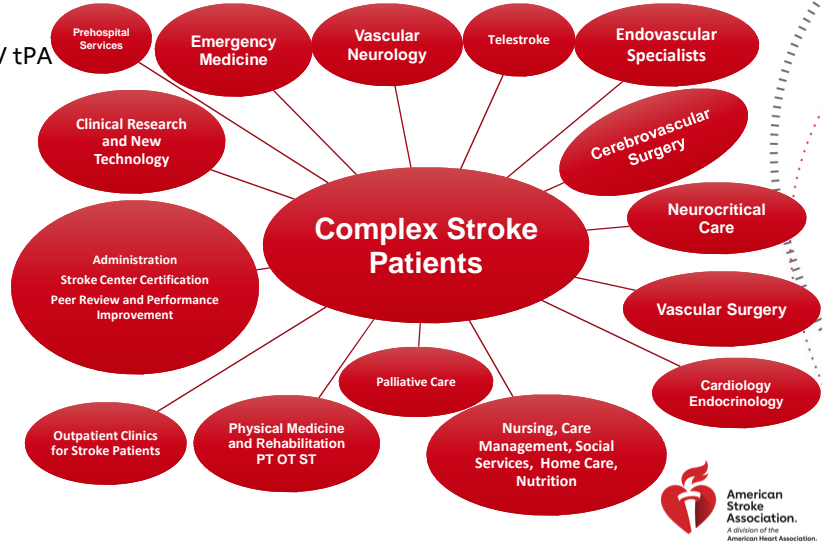
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COMPREHENSIVE STROKE CENTER

BEGINS WITH ELIGIBILITY

- Leadership support
- Minimum #'s for SAH and IV tPA
- Advanced Imaging
- Neuro- intensive care
- Peer Review Process
- Stroke Research

MULTIDISCIPLINARY APPROACH



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SURVEY PREP

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HOW DO YOU PREPARE THE TEAM FOR SURVEY?

COMPETENCY- EDUCATION
DAYS

JEOPARDY

MOCK STROKE
DRILLS

BUCKET
ROUNDS

TIP OF THE
WEEK

POST DATA GRAPHS
WHERE STAFF CAN
SEE

MOCK CHART
REVIEWS

RECOGNITION OF JOB DONE
RIGHT/IMPROVEMENTS MADE

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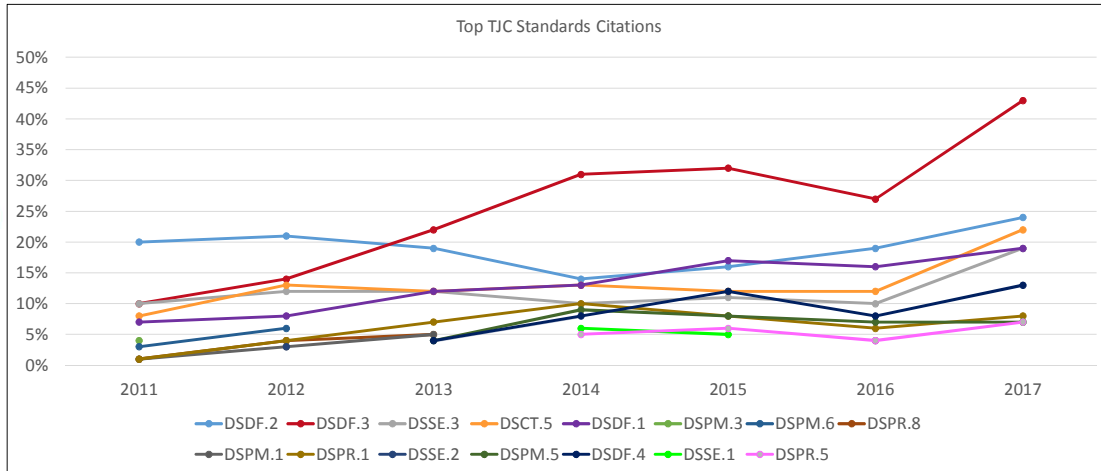


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TOP 10 CITED STANDARDS

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ARE WE MAKING PROGRESS?



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PATTERNS EMERGE

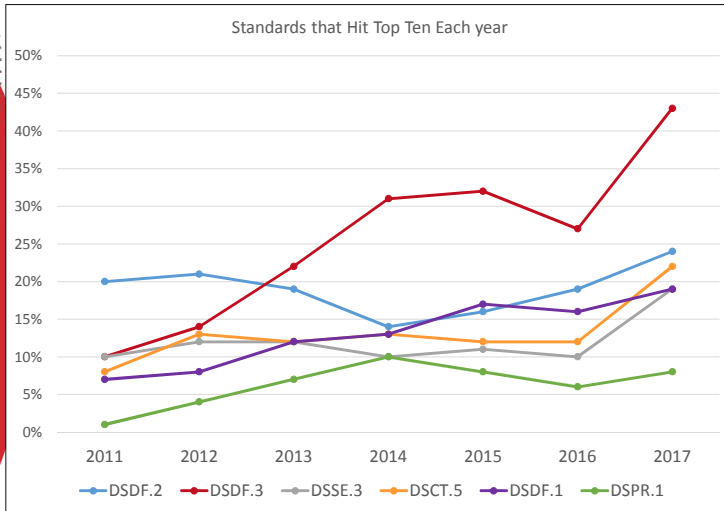
	DSD.F.2	DSD.F.3	DSSE.3	DSCT.5	DSD.F.1	DSPR.1	DSPM.3	DSPM.6	DSPR.8	DSPM.1	DSSE.2	DSPM.5	DSD.F.4	DSSE.1	DSPR.5
2011	20%	10%	10%	8%	7%	1%	4%	3%	1%	1%					
2012	21%	14%	12%	13%	8%	4%		6%	4%	3%	3%				
2013	19%	22%	12%	12%	12%	7%			5%	5%		4%	4%		
2014	14%	31%	10%	13%	13%	10%						9%	8%	6%	5%
2015	16%	32%	11%	12%	17%	8%						8%	12%	5%	6%
2016	19%	27%	10%	12%	16%	6%				4%		7%	8%		4%
2017	24%	43%	19%	22%	19%	8%						7%	13%	7%	7%

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CONSISTENTLY CITED STANDARDS



DSDF.2: The program develops a standardized process originating in clinical practice guidelines (CPG's) or evidence-based practice to deliver or facilitate the delivery of clinical care.

DSDF.3: The program is designed to meet the participant's needs.

DSSE.3: The program addresses participants' education needs.

DSCT.5: The program initiates, maintains, and makes accessible a health or medical record for every participant.

DSDF.1: Practitioners are qualified and competent.

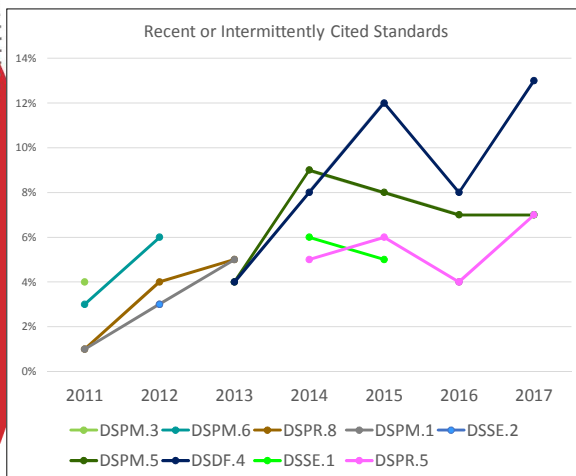
DSPR.1: The program defines its leadership roles.



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RECENT OR INTERMITTENTLY CITED STANDARDS



DSPM.3: The program maintains data quality and integrity.

DSPM.6: The program evaluates participant perception of the quality of care.

DSPR.8: The program communicates to participants the scope and the level of care, treatment, and services it provides.

DSPM.1: The program has an organized, comprehensive approach to performance improvement.

DSSE.2: The program addresses lifestyle changes that support self-management regimens.

DSPM.5: The program evaluates patient satisfaction with the quality of care.

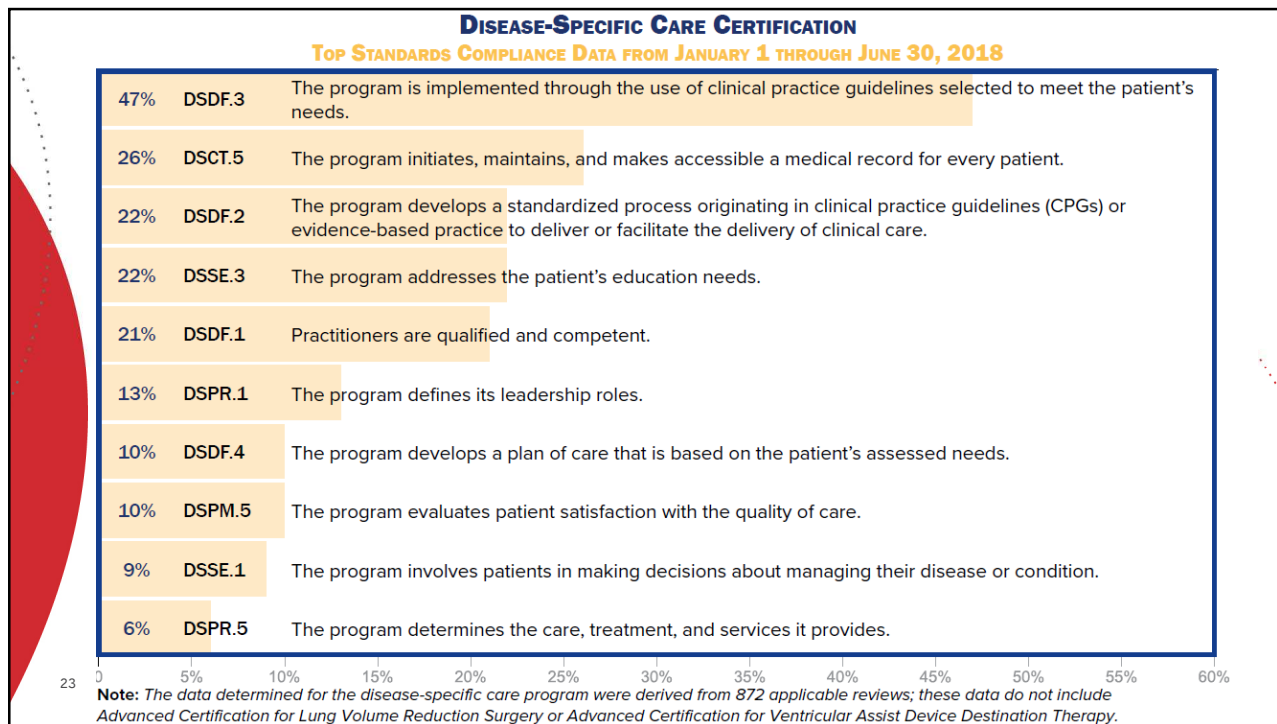
DSDF.4: The program develops a plan of care that is based on the patient's assessed needs.

DSSE.1: The program involves patients in making decisions about managing their disease or condition.

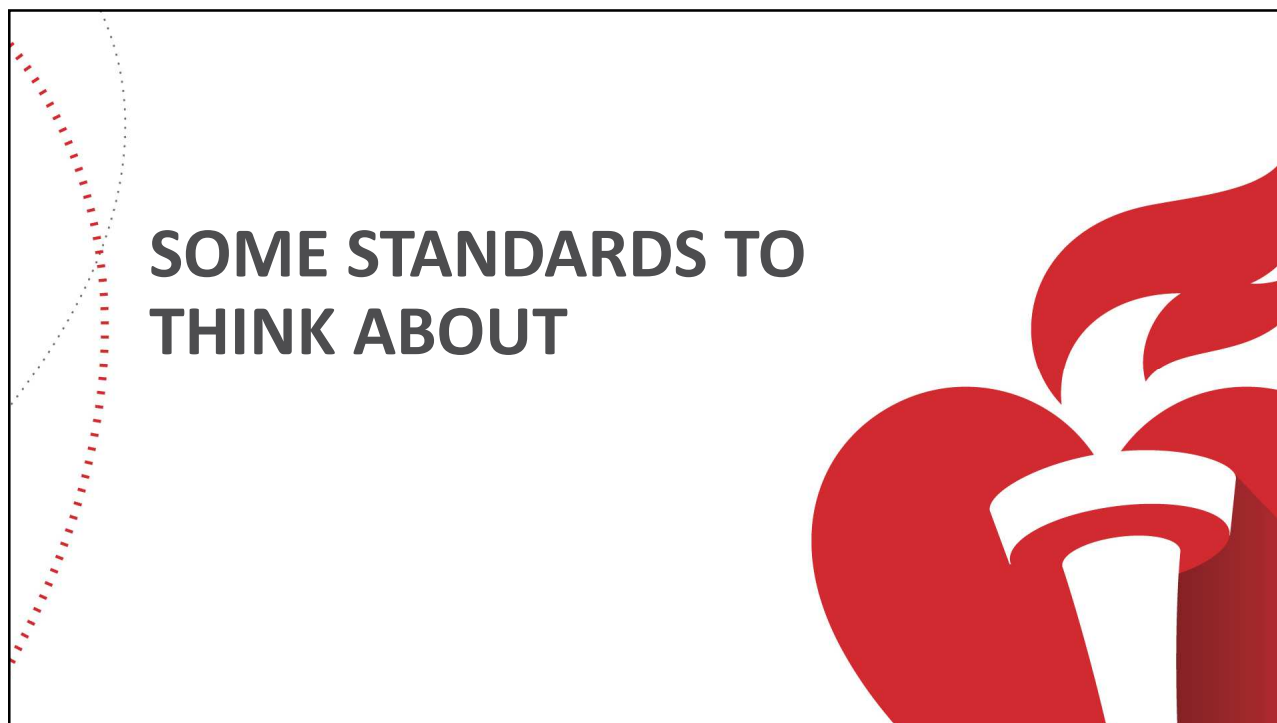
DSPR.5: The program determines the care, treatment, and services it provides.

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RECENT SURVEY THEMES

DOOR IN, DOOR OUT

NIHSS COMPLETED AND DOCUMENTED WITHIN 12 HOURS OR PRIOR TO PROCEDURE

READ TO TREAT PRIVILEGES

BONE FLAP STORAGE

SALINE FLUSH FOR TPA

VARIATIONS ON EDUCATION

- Oral anticoagulation
- Helmet teaching
- ICH

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REFERENCES

JOINT COMMISSION:

[HTTPS://WWW.JOINTCOMMISSION.ORG/CERTIFICATION/DSC_HOME.ASPX](https://www.jointcommission.org/certification/dsc_home.aspx)

DNV GL: [HTTPS://WWW.DNVGL.US/ASSURANCE/HEALTHCARE/STROKE-CERTS.HTML](https://www.dnvgl.us/assurance/healthcare/stroke-certs.html)

HFAP: [HTTPS://HFAP.ORG/CERTIFICATIONPROGRAMS/CERTIFICATIONPROCESS.ASPX](https://hfap.org/certificationprograms/certificationprocess.aspx)

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