FACULTY AND DISCLOSURES

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• Nothing to disclose

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• Nothing to disclose

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• Nothing to disclose
AGENDA

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

CERTIFYING BODIES
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

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

- Comprehensive Stroke Center Certification (CSC)
- Thrombectomy Capable Stroke Centers (TSC)
- Primary Stroke Center Certification (PSC)
- Acute Stroke Ready Hospital Certification (ASRH)

The Joint Commission also offers a core stroke certification for subacute care hospitals.

The Top Stroke Certification Offerings

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

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
CERTIFICATION LEVELS

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
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

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
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

SURVEY PREP
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

TOP 10 CITED STANDARDS
ARE WE MAKING PROGRESS?

Top TJC Standards Citations

PATTERNS EMERGE

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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.

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.
SOME STANDARDS TO THINK ABOUT
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

REFERENCES

JOINT COMMISSION: HTTPS://WWW.JOINTCOMMISSION.ORG/CERTIFICATION/DSC_HOME.ASPX
DNV GL: HTTPS://WWW.DNVGL.US/ASSURANCE/HEALTHCARE/STROKE-CERTS.HTML
HFAP: HTTPS://HFAP.ORG/CERTIFICATIONPROGRAMS/CERTIFICATIONPROCESS.ASPX