Accreditation and Certification Guidelines

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Disclosures

- Research support
  - Lundbeck, DIAS-4
  - NIH, CLEAR-III
  - NIH, MISTIE

- No unapproved/unlabeled uses discussed
What is Your Hospital’s Designation Status?

- Not designated
- Primary Stroke Center – State Designated
- Primary Stroke Center – State AND Joint Commission or DNV
- Comprehensive Stroke Center – State Designated
- Comprehensive Stroke Center – State AND Joint Commission or DNV
Outline

- Brief review of PSC requirements
- Review of CSC requirements
  - Contrast JC and NJ DOH
  - Volume requirements
- Detail of CSC quality measures
- Overview of biggest challenges
Primary Stroke Centers

- Focus is on treatment of acute stroke with rapid responses
  - IV tPA for ischemic stroke
  - Neurosurgical expertise available onsite or by transfer
- Teams to include specially trained physicians (neurology and emergency medicine) and nurses
- Acute rehabilitation services for inpatients
- Clinical practice guidelines for ischemic and hemorrhagic stroke, TIA
- Transfer agreement with CSC and Rehab facilities
Joint Commission – CSC Certification

- All requirements of a PSC
- Evidence of clinical practice guidelines or evidence-based practice.
- Demonstrated use of performance measurement to improve quality
- Peer review process for ischemic stroke, subarachnoid hemorrhage and tPA use
Joint Commission – CSC Certification

- Cather angiography 24/7
- CT angiography 24/7
- MR angiography 24/7
- MRI including DWI 24/7
- Carotid duplex ultrasound
- Transcranial doppler
- TTE and TEE
Joint Commission – CSC Certification

- Dedicated neuro-intensive care unit with “staff and licensed independent practitioners with the expertise and experience to provide neuro-critical care 24 hours a day, 7 days a week.”
- Patient-centered stroke research
- Post hospital care coordination for patients
Joint Commission – CSC Volume Requirements

- 20 or more patients per year with SAH
- 15 or more endovascular coiling or surgical clipping procedures for aneurysm per year
- 25 IV tPA administrations per year
  - Includes cases completed by telemedicine
  - Includes case ordered by the CSC but performed at another facility
NJ DOH – CSC Designation

- All requirements of a PSC
- Neurosurgery 24/7
- Neuroradiology 24/7
- MRI, CTA, DSA 24/7
- Comprehensive rehabilitation services
- Stroke registry
- Graduate medical education in stroke
- Stroke research
NJ DOH – CSC Volume Requirements

- 20 or more patients per year with SAH
- 25 or more endovascular coiling or surgical clipping procedures, 7 minimum each
- 25 IA tPA administrations per year
- 10 ventriculostomies
- 5 excision or ablations for AVMs
CSTK-01
NIHSS performed for ischemic stroke patients
Numerator: ischemic stroke patients for whom an NIHSS is documented prior to recanalization therapy OR documented within 12 hours if no recanalization therapy
Denominator: Ischemic stroke patients arriving at this ED
Good reliability in pilot study
72% aggregate rate in pilot study
Joint Commission Quality Measures

- **CSTK-02**
- **Modified Rankin Score (mRS) at 90 days**
- **Numerator:** ischemic stroke patient for whom a 90 day (75-105) mRS is obtained by phone or in-person
- **Denominator:** ischemic stroke patients treated with IV or IA thrombolysis or mechanical reperfusion therapy
- Good reliability in pilot study
- 27% aggregate rate in pilot study
Joint Commission Quality Measures

- CSTK-03
- Severity measurement for SAH and ICH patients
- Hunt & Hess scale for SAH
- ICH score for ICH
- Numerator: number of patients with scale performed prior to intervention OR documented within 6 hours is not undergoing an intervention
- Denominator: SAH and ICH patients arriving to this ED
- Reliability was fair in pilot study
- Aggregate performance was 20% in pilot study
CSTK-04
INR Reversal Achieved
Numerator: ICH stroke patients who achieve an INR <1.4 post-treatment
Denominator: ICH stroke patients treated with a procoagulant agent at this hospital
Reliability fair in pilot study
Aggregate rate 53% in pilot study
Joint Commission Quality Measures

- CSTK-04a
- Median time to treatment with a procoagulant reversal agent
- Reliability poor in pilot study
- Aggregate median was 166 minutes
Joint Commission Quality Measures

- CSTK-04b
- Median time to INR reversal
- Reliability poor in pilot study
- Aggregate median was 632 minutes
Joint Commission Quality Measures

- CSTK-05
- Hemorrhagic complications
- Numerator: Ischemic stroke patients who develop a symptomatic ICH <36 hrs after treatment with IV (05a) or IA (05b) reperfusion therapy
- Denominator: Ischemic stroke patients undergoing these therapies
- Reliability excellent in pilot study
- 10.25% rate in pilot study
Joint Commission Quality Measures

- CSTK-06
- Nimodipine treatment administered
- Numerator: SAH patients for whom nimodipine was administered within 24 hours of arrival
- Denominator: SAH patients
- Reliability good in pilot study
- Aggregate performance 71% in pilot study
Joint Commission Quality Measures

- CSTK-07
- Median time to recanalization therapy
- Time from hospital arrival to first image showing access of the occluded arterial segment with a microcatheter
- Poor reliability in pilot study
- Aggregate median 150 min in pilot study
Joint Commission Quality Measures

- CSTK-07a
- TICI Reperfusion Grade post-treatment
- Numerator: ischemic stroke patients with a TICI 2B or higher
- Denominator: ischemic stroke patients treated with IA thrombolytic or mechanical therapy
- Reliability fair in pilot study
- Aggregate rate was 33%
NJ DOH Quality Measures

- CSTK 1-7
- Percentage of patients with aneurysmal SAH treated with clipping or coiling within 36 hours of arrival
- Complication rates of clipping and coiling
- Complication rates of AVM treatment
- Ventriculitis rates with EVD
NJ DOH Quality Measures

- Percentage of stroke patients enrolled in a clinical trial
- Percentage of transferred patients with documented time of first call and time of arrival
- Location of admission (NCCU, SU, etc)
Biggest Challenges

- Case Volumes
- Neuro-ICU Coverage
- Endovascular Coverage
- Multidisciplinary Peer Review
- Current Participation in IRB-approved patient-centered stroke research
- Graduate medical education in stroke
Current requirement does not specify 24/7 in-house
Proposed requirement would specify 24/7 in-house but would allow fellows, residents, APNs and PAs to fulfill the need.
Peer Review - JC

- Review of complication of hemorrhagic and ischemic stroke
- Review of unanticipated death, hemorrhage, post-stroke disability following treatment for stroke
- Complication rates of CEA and CAS
- Complication rates of diagnostic angiography