Preparing Your Hospital for Primary Stroke Center Certification

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Disclosures

• Christy Franklin - I have no actual or potential conflict of interest in relation to this presentation.

• Erin Conahan - I have no actual or potential conflict of interest in relation to this presentation.
Objectives

• Utilize strategies for successfully completing and maintaining Primary Stroke Certification including completing initial application, site survey and intra-cycle calls.
• Discuss Acute Stroke Ready Certification, requirements and review process
• Review preparation steps for a PSC/ ASRC Visit

Why do we need stroke center certification?

• Improves quality of care by reducing variation in clinical processes.
• Provides a framework for program structure and management.
• Objective assessment of clinical excellence
• Facilitates marketing, contracting and reimbursement
• Strengthens community confidence in your care

http://www.jointcommission.org/certification/certification_main.aspx
Certifying Bodies for Stroke Certification

- The Joint Commission
- DNV-GL
- HFAP

- Acute Stroke Ready
- Primary Stroke
- Comprehensive Stroke

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- Stroke Ready
- Primary Stroke
- Comprehensive Stroke

Core Components of Certified Stroke Centers

- Clinical Practice Guidelines – Evidence based practice
  - Incorporate guidelines into tools / protocols/ order sets

- Performance Measures
  - PSC – 8 Predefined measures
  - ASR – 4 program defined measures

- Standards – 5 chapters – All DSC programs
  - Program Management (DSPR)
  - Delivering or facilitating clinical care (DSDF)
  - Supporting self management (DSSE)
  - Clinical Information management (DSCT)
  - Performance management (DSPM)
Eligibility (TJC)

- Organization accredited by The Joint Commission
- Minimum number of patients served (initial review)
  - PSC and ASR – 10 patients
- Program has a formal structure
  - Medical Director
  - Administrative support/ Defined accountability of leaders
- Program has standardized method of clinical care delivery based on clinical guidelines (evidence based practice)
- Program has an organized approach to performance improvement
  - PI documented and shared throughout the organization
  - Initial review – 4 months of data

ASR Eligibility

In order for a hospital to be eligible for ASRH certification, an organization should see its role in stroke management as administering intravenous thrombolytics and then transferring patients to a primary or comprehensive stroke center (or center of comparable capability) for continued treatment. There must be transfer protocols in place indicating that transfer after thrombolytics is the planned pathway for the vast majority of patients (unless the patient is unstable or not a candidate for advanced therapies).

PSC Eligibility

- If a hospital performs intra-arterial (IA) or endovascular procedures for stroke patients, the minimum level of Joint Commission certification for which hospital is eligible is PSC
- (New revision for July 2015)

Current Joint Commission Certification Options

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Acute Stroke Ready (ASR) Certification

• Developed in Collaboration with AHA/ASA
• Applications accepted starting 7/1/15
• Derived from the BAC Rec 2013 “Formation and Function of Acute Stroke Ready Hospitals within a Stroke System of Care” in Nov 12, 2013 Stroke journal
• Goal: to recognize hospitals equipped to treat stroke patients with timely, evidenced-based care prior to transferring them to a PSC or CSC
• 2yr certification after an onsite review

Why Acute Stroke Ready Certification?

• “An Acute Stroke Ready Hospital will be the foundation for acute stroke care in many communities, allowing it to be the first stop on a patient’s acute stroke journey before being transferred to a Primary Stroke Center or Comprehensive Stroke Center. Certification demonstrates a commitment to a higher standard of service, while promoting approved the best quality care for all patients that present with a stroke.”

  Wendi Roberts Executive Director, Certification Programs, TJC

http://www.jointcommission.org/the_joint_commission_american_heart_association_american_stroke_association_launch_new_stroke_certification_program/
ASR Requirements

- Defined leadership team
  - Medical Director (does not have to be neurologist but must have sufficient knowledge of cerebrovascular disease)
  - Administrative support
  - Interdisciplinary team
- Relationship with EMS – pre hospital notification, field assessment protocols, training
- Written transfer protocols with at least one PSC or CSC
- Access to stroke expertise 24/7
  - May be in person or via telemedicine with real time viewing of neuroimaging

ASR Requirements

- Acute stroke team on call 24/7 and at least one member available at bedside within 15 minutes
- At least one Physician, PA or NP on site with prescriptive authority and ability to consult with covering physician
- 24/7 rapid diagnostic imaging and laboratory tests (CT and Lab) with results available within 45 minutes
- Formulary must include IV thrombolytic therapy medication approved by FDA for stroke
ASR Requirements

• Ability to administer IV thrombolytics, if needed, prior to transfer to PSC or CSC
• Neurosurgical services available to patients within 3 hours of being necessary
• Written transfer protocols including feedback
• Protocols for referral to palliative care/ hospice care when indicated
• For patients transferring to a higher level of care, should leave hospital within two hours of ER arrival or when medically stable. Time parameters included in transfer protocol
• Practitioners have access to reference materials

ASR Requirements

• Core stroke team receive at least 4 hours of stroke education annually, including medical director
• ER staff receive stroke education at least 2 X per year and have knowledge of IV thrombolytic protocols
• Acute stroke protocols in place based on evidence based guidelines
• NIHSS assessment is used in initial assessment
• Dysphagia screen
• Transfer to higher level of care within 2 hours of arrival
ASR Requirements

- The program maintains a stroke log that includes at a minimum:
  - Number of times stroke team was activated
  - Practitioner response time to acute stroke patients
  - Type(s) of diagnostic tests and acute treatment if used
  - Patient diagnosis
  - Door-to-IV thrombolytic time
  - Patient complications
  - Disposition of the patient (for example, upon admission to the organization, discharge, transfer to another organization)
- 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

ASR Requirements

- Center monitors ability to provide IVTPA within 60 minutes for eligible patients
- PI Measures are analyzed by the stroke committee and hospital’s quality department
- The Stroke Committee meets a minimum of 2X per year
- The program collects patient satisfaction data at the program level and uses it in PI activities
Primary Stroke Center (PSC)

• Launched in 2003
• Based on the Recommendations for Primary Stroke Centers published by the Brain Attack Coalition and the American Stroke Association statements for stroke.
• Over 1600 PSCs in US

PSC Requirements

• Leadership
  • Core Team with roles and responsibilities
  • Medical Director
  • Documentation of hospital support
  • Mission/ Goals/ Objectives
  • Designed, implemented and evaluated by interdisciplinary team
• EMS collaboration – protocols, education
• Stroke Unit
• Imaging
  • Ability to perform CT 24/7
  • MRI, CTA, cardiac imaging
### PSC Requirements

- **Lab 24/7**
- **IV Thrombolytic therapy for ischemic stroke approved by FDA on formulary and available**
- **Stroke team response**
  - Available 24/7 at bedside within 15 minutes
  - 24 hour access to timely consultation by physician privileged in diagnosis of stroke (may be bedside or telemedicine)
- **Neurosurgical coverage or transfer agreement/ protocol**
- **Practitioner education**
  - Core team 8 hours of stroke education annually
  - Thrombolytic treatment
  - ED has in-service minimum 2 X per year
  - 80% of ED practitioners educated on acute stroke protocol

### PSC Requirements

- **Written protocols based on evidence based Clinical practice guidelines**
  - Emergent care of ischemic stroke
  - Emergent care of hemorrhagic stroke
  - Dysphagia screen (Based on evidence based protocol)
  - NIHSS used in initial assessment
  - Time parameters for stroke workup included in protocol for ED
    - Door to CT = 25 minutes
    - Door to CT read = 45 minutes
    - Door to IV TPA = < 60 minutes in 50% of eligible cases
PSC Requirements

• Plan of care is individualized and interdisciplinary with patient participation
• Coordinates care for patients with multiple health needs
  • Rehabilitation – acute/outpatient/rehab
  • Community service referrals as indicated including palliative care/hospice care as appropriate
• Protocols related to transitions of care
  • Home and other facilities such as inpatient rehab
• Pre-hospital personnel – 2 educational activities per year
• Community education – at least 2 activities per year

PSC Requirements

• Patient education
  • Individualized to personal risk factors
  • Culturally sensitive
• Performance Measurement
  • As of March 2015, administration of IV TPA within 60 minutes to eligible patients at least 50% of the time
  • Endovascular procedures:
    • All causes of death within 72 hours
    • Symptomatic hemorrhage
  • Focus PI on IV Thrombolytic therapy (DTN)
  • Utilizes a stroke registry
  • Monitors IV Thrombolytic complications
  • Patient Satisfaction
Where do we begin?

- Administrative support and physician buy in is a MUST
- Develop a Team
  - Medical Director
  - Core leadership team
  - Interdisciplinary team
- Select Clinical Practice guidelines: AHA/ASA/National Guidelines Clearinghouse
- Design Acute Stroke ER process
  - Written protocol, inclusion/exclusion, tPA order etc.
  - Alert notifications – ED team, CT, lab, pharmacy, neurology
  - 24/7 availability of stroke consult
- Educate staff and physicians
  - Stroke alert process, TPA evaluation and administration
  - NIHSS training
  - Annual in-services

Where do we begin?

- Stroke alert log
- Collaborate with EMS – bring them to the table early
  - Stroke screening evaluation (Cincinnati, LAPHSS)
  - Assessment and BP protocols
  - Pre-notification of arrival
- Inpatient stroke alert/rapid response protocol
- Design Inpatient stroke care
  - Standardized order sets to include EB CPG
  - Design to help meet PI measures
    - Acute stroke and TIA
    - Post Thrombolysis
    - Hemorrhagic stroke
Where do we begin?

- Incorporate assessments into documentation
  - NIHSS
  - Neuro / stroke assessments
  - Dysphagia screen
- Patient / family education
  - 5 criteria – Stroke education booklet
  - Risk factors individualized
  - Medication education
- Identify stroke units
- Staff education to all disciplines in stroke designated units

Where do we begin?

- Performance Measurement
  - Discuss at Stroke Committee, shared to board of directors and staff on units
  - Trends
  - Improvement actions documented and evaluated
  - 4 months of data for initial review
  - 24 months of data for recertification

- PSC – 8 predefined measures
- ASR – select 4 appropriate measures
Application Process

• Contact your Certification account representative
• Online application
  • Clinical practice guidelines (up to 6)
  • Performance Improvement Plan
    • Scope
    • Team Members
    • Goals
    • Activities
    • How does it fit in the organization wide PI plan?
• Performance Measures (if ASR)
• Performance Measure report (4 months of data)

Scheduling the review

• Organization may select up to 5 avoid dates, excluding federal holidays
• Initial review – 30 days notice
• Recertification – scheduled within 45 days before or after certification due date.
• Recertification - 7 day notification
• On the day of your review, the Reviewers picture will be posted on your extranet site at 7:30 am
Review Process - Agenda

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<tr>
<th>Time</th>
<th>Activity</th>
<th>Who Should Attend?</th>
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<tbody>
<tr>
<td>8:00</td>
<td>Opening conference and orientation to program</td>
<td>Leadership team, Stroke interdisciplinary team, EMS leadership</td>
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<tr>
<td>9:00</td>
<td>Reviewer planning</td>
<td>Reviewer, stroke coordinator/ escort</td>
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<tr>
<td>9:30 – 12:30</td>
<td>Individual tracer activity</td>
<td>Reviewer, Stroke coordinator (keep crowd to a minimum)</td>
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<tr>
<td>12:30</td>
<td>Lunch</td>
<td>Individually – reviewer preference</td>
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<tr>
<td>1:00</td>
<td>System Tracer – Data Use</td>
<td>Core team, PI team, staff who collect, analyze and report data</td>
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<tr>
<td>2:00</td>
<td>Competence assessment / Credentialing process</td>
<td>HR, credentialing coordinator, stroke educators, stroke unit managers</td>
</tr>
<tr>
<td>3:00</td>
<td>Issue resolution and reviewer report preparation</td>
<td>Reviewer only</td>
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<tr>
<td>4:00</td>
<td>Program Exit conference</td>
<td>Leadership team, Stroke interdisciplinary team</td>
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Prior to the review:

- **Logistics:**
  - Reviewer workspace with desk or table, phone, electric outlet, internet available
  - Meeting room to accommodate number of attendees and presentations (if applicable)
  - Privacy and confidentiality during tracer discussions. Area that will minimize disruption to workflow.
  - Ability to review closed records if requested ie computer workspace and ‘driver’ knowledgeable in navigation of medical records.
Have available for review

- List of interdisciplinary stroke team/ roles and names
- List of Core team members
  - Proof of 8 hours of education/ copies of CME/ CE certificates
  - Medical Director job description
  - Stroke Coordinator/ leader job description
- Program mission and scope
- Organizational chart
- Emergency and medical equipment management plans

Have available for review

- Current list of patients with diagnosis, admit date, unit
- List of patients past 4 or 12 months (subdivided by Ischemic stroke, Hemorrhagic stroke, TIA, TPA administered patients, Endovascular treated patients.
- Hard copies of Order sets, pathways, protocols, etc. used in the program
- Patient education materials
- Transfer agreements with other facilities
- Community event flyers, advertisements
Have available for review

- Policies as applicable to program
- Performance Improvement plan
- Performance measure data reports for past 4/12 months
- PI action plans past 12 months
- Team meeting minutes past 12 months
- 80% of ED staff educated – sign in sheets, etc
- Stroke education requirements for staff and proof met

Opening Conference and Orientation to Program

- 60 minutes
- Roster or sign in sheet of attendees
- Be prepared to discuss:
  - Program Mission, goals and objectives
  - Program structure and leadership
  - Organizational chart
  - Composition of interdisciplinary team
  - Scope of services
  - Target population and identified needs
Opening Conference and Orientation to Program

- Be prepared to discuss
  - Selection and implementation of CPG
  - Developing, implementing and evaluating program
    - How patient enters system from ED
    - Emergent stroke process
    - Relationship with EMS
    - TPA administration process
    - Stroke units
    - Staff Education
    - Community Education
  - Performance Improvement process

Reviewer Planning

- Reviewing documents
- Selecting patients to trace
  - Selection of at least 5 patients to include all types of stroke treated.
Individual Tracer Activity

• Follow patient’s course of care, treatment and services through program
• Interdisciplinary caregivers
• Keep crowd to a minimum
• Typically visits to:
  • ED (enter through triage)
    • Discuss stroke alert process, notifications
    • TPA administration decisions
    • Transfer protocols
  • CT suite
  • Lab/ Pharmacy

• Stroke Units
  • Where are your admitted stroke patients?
    • ICU
    • Designated stroke unit
  • Staff interviews
    • RN caring for patient
    • Therapy staff PT/OT/ST
    • Social work/ Case Management
    • Physician if available
Individual Tracer Activity

• Review path of patient from admission to present
  • Are you following your protocols/ order sets/ clinical practice guidelines?
  • Does your documentation reflect measures are being met?
  • Assessments
  • Diagnostic studies
  • Interdisciplinary plan of care
  • Management of co-morbidities
  • Patient education customized to meet patient needs and individual risk factors

System Tracer/ Data Use

• Use of data for all aspects of the program
  • PI Measures and action plans
  • Door to Needle/ TPA administration
  • Patient Satisfaction
  • Dissemination of findings and staff involvement
  • Trending
Competence Assessment/ Credentialing

- At least 5 will be selected from various disciplines from people met during tracer activity
- Core team
- Job descriptions
- Hiring process
- Orientation and training
- Competence assessment
  - CPR/ ACLS
  - Primary source License verification
  - Verification of required education

Issue Resolution / Report Prep

- Any follow up required
- Report preparation
- Alone time for reviewer
Exit Conference

- Preliminary report
- Certification findings report should be available on extranet
- Identified strengths, weaknesses, opportunities
- Questions

Frequently Cited Standards

- DSDF.3: The program is implemented through the use of Clinical Practice Guidelines selected to meet the patient’s needs
  - EP 2: The assessments and reassessments are completed according to the patient’s needs and CPG
    - Frequent Neuro assessments
    - Dysphagia screen before oral intake
    - NIHSS in ED
  - EP 3: The program implements care, treatment and services based on the patient’s assessed needs
    - DVT prophylaxis
    - Rehab therapy initiated
    - Diagnostic testing should not delay treatment (TPA)
Frequently Cited Standards

• DSDF 2: The program develops a standardized process originating in CPGs or evidence based practice to deliver or facilitate the delivery of clinical care
  • EP 4: Practitioners are educated about CPGs and their use
    • Practitioners who do not meet education requirements
  • EP 5: The program demonstrates that it is following the CPGs when providing care, treatment and services
    • Practitioner who ‘ignores’ established order sets/ protocol
• DSCT.5: The program initiates, maintains, and makes accessible a health or medical record for every patient
  • EP 1: All relevant practitioners have access to patient information as needed
    • All practitioners have access when needed especially during emergency

Frequently Cited Standards

• DSDF 1: Practitioners are qualified and competent
  • EP 1: Practitioners have education, experience, training and or certification consistent with the programs scope of services, goals, and objectives and care provided
• DSDF 4: The program develops a plan of care this is based on the patient’s assessed needs
  • EP 1: The plan of care is developed using an interdisciplinary approach and patient participation
  • EP 2: The program individualizes the plan of care for each patient
    • Consider patient’s lifestyle, support and physical environment
Post-Review

- Final report is available on extranet site within 7 – 14 days
- MOS (measure of success) follow up to RFIs as required
  - Work with your account rep
- Collect and submit measure data into CMIP tool
- Intra-cycle Review call in 12 months
  - Update on extranet site CPG, PI Plan, Measures
  - Reviewer call with team to discuss
    - Results and analysis of organization performance in PI measures
    - Ongoing approach to Performance Improvement
    - Your questions regarding compliance with TJC standards

DNV PSC

- Use NIAHO hospital accreditation standards
- Requirements from Brain Attack coalition
- Recommendations from ASA
  Must participate in Medicare program and be in compliance with CoPs- maintain DNV or other CMS approved accreditation

- More information: http://dnvglhealthcare.com/certifications/stroke-certifications
HFAP PSC Certification

• Since 2006
• Hospital must have accreditation through a CMS deeming authority entity
• Must comply with all HFAP PSC standards. Look at Ischemic, TIA and hemorrhagic strokes
• Minimum of 12 consecutive months of data
• Survey announced 7 days prior
• Usually scheduled within 90 days of application
• More information: http://www.hfap.org/AccreditationPrograms/stroke.aspx

Sources

• http://www.jointcommission.org