Thrombectomy-Capable Stroke Center Certification

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Disclosures:

• Brooke Kearins – No relevant disclosure
• Michele Sellers – No relevant disclosures

Objective:

• Discuss requirements specific to Thrombectomy-Capable Stroke Center Certification
January 2018 TJC launches Thrombectomy Capable Stroke Certification
Major advances have changed the way we assess and treat patients.

**AHA/ASA Guideline**

2018 Guidelines for the Early Management of Patients With Acute Ischemic Stroke

*A Guideline for Healthcare Professionals From the American Heart Association/American Stroke Association*

Reviewed for evidence-based content and endorsed by the American Association of Neurological Surgeons and Congress of Neurological Surgeons

Endorsed by the Society for Academic Emergency Medicine

Recognition of Current Practice

- Approximately 1/3 of PSC’s offer mechanical thrombectomy
Need for wide network of certified centers to meet the needs of our patients
Certification Development

- In collaboration with AHA/ASA
- Based on 2018 AIS Guidelines
- Looking at *more than just thrombectomy*
- Several requirements aligned with CSC

Requirements for TSC Certification

- Must meet all PSC requirements
- Minimum thrombectomy volume requirement
- Ability to perform 24/7
- Dedicated ICU beds

- 24/7 Imaging:
  - CTA/MRA
  - Catheter Angiography
  - MRI with diffusion

- Available when indicated:
  - Carotid duplex ultrasound
  - Transcranial ultrasonography
  - TEE
Eligibility

Organization must have performed mechanical thrombectomy and post-procedure care for at least 15 patients with ischemic stroke in the past 12 months or at least 30 patients over the past 24 months.

- Required availability of staff and practitioners
  - Can be met with on-site, on call or remote availability

- ED team must be knowledgeable about mechanical thrombectomy protocols

- Nurses in the Stroke unit and ICU must be knowledgeable about stroke scale
  - ED RNs must complete 2 hours stroke education per year
  - RNs providing stroke care must complete 8 hours per year
Families Matter!

- Must assess family member involvement in post-acute care, keeping in mind both ability and resources
- Provision of family education for patients discharging home

Must Demonstrate Quality

- Document reason potentially eligible AIS patients do not receive thrombectomy

- Monitor 2 patient care data elements related to thrombectomy for benchmarking

- Demonstrate a process to collect and review data: adverse patient outcomes

- Demonstrate 24-hour post-procedure stroke and death rate < 1% for diagnostic neuro-angiography

- Monitor % patients discharged home and received follow-up call within 7 days

- Publicly report outcomes related to interventional procedures
The Review Process

One Reviewer  
Two Days

DAY 1

• Opening Conference

• Reviewer Planning Session

• Patient tracer: ED, Imaging, Interventional Suite, Stroke Unit/ICU, AIS with and without intervention, TIA, ICH/SAH

• Summary Session/Issue Resolution
DAY 2

- Daily Briefing
- Patient Tracer Activity (including closed records)
- System Tracers: Data, Competency/Credentialing
- System Tracer: Issue Resolution/Reviewer Report Preparation
- Exit Conference

TSC Performance Measures
Total of 13 Measures
### 8 STK Measures

<table>
<thead>
<tr>
<th>STK-1: VTE Prophylaxis</th>
<th>STK-5: Antithrombotic Therapy by the End of Hospital Day 2</th>
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<tbody>
<tr>
<td>STK-2: Discharged on Antithrombotic Therapy</td>
<td>STK-6: Discharged on Statin</td>
</tr>
<tr>
<td>STK-3: Anticoagulation Therapy for Atrial Fibrillation/Flutter</td>
<td>STK-8: Stroke Education</td>
</tr>
<tr>
<td>STK-4: Thrombolytic Therapy</td>
<td>STK-10: Assessed for Rehabilitation</td>
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### 5 CSTK Measures

<table>
<thead>
<tr>
<th>CSTK-1: NIHSS Score performed for AIS patients</th>
<th>CSTK-5: Hemorrhagic Transformation (Overall Rate)</th>
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<tbody>
<tr>
<td>CSTK-2: Modified Rankin Score at 90 days</td>
<td>CSTK-5a: Hemorrhagic transformation: Patients treated with alteplase only</td>
</tr>
<tr>
<td>CSTK-9: Arrival time to Skin Puncture</td>
<td>CSTK-5b: Hemorrhagic transformation: Patients treated with alteplase or mechanical endovascular reperfusion</td>
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<td>CSTK-8: TICI Post-Treatment Reperfusion Grade</td>
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Currently certified PSC’s converting to TSC

- Ongoing data collection for 8 STK measures
- 4 months of data required for each CSKT measure prior to initial onsite visit

Non-certified healthcare organizations

- 4 months of data required for all 13 measures prior to initial onsite review visit

Measure Implementation

- Effective for discharges on or after January 1, 2018
- Monthly data points collected and submitted to TJC quarterly
- Questions on performance measures to: http://manual.jointcommission.org
- Call (630) 792-5291 or email certification@jointcommission.org