



The Joint Commission

# *Quick Guide* Comprehensive Stroke Center (CSC) Certification



Your inside track for applying, on-site  
process checklists, helpful tips, and more.



The Joint  
Commission



American Heart  
Association  
American Stroke  
Association

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CERTIFICATION



# 2018 Checklist for Applying for CSC

## CURRENT VOLUMES

- ☐ **20** SAH by aneurysm per year
- ☐ **15** endovascular coiling and surgical clippings per year for aneurysm
- ☐ **25** tPA eligible patients per year (50 over 2 years)
- ☐ IV tPA ordered & monitored via telemedicine at another hospital is acceptable
- ☐ IV tPA administered at outside hospital and transferred to CSC site is acceptable

## Key Areas for Review

### ADVANCED IMAGING

- Carotid duplex ultrasound
- Catheter angiography on site 24/7
- CT angiography on site 24/7
- Extracranial ultrasonography
- MR angiography (MRA) on-site 24/7
- MRI with diffusion on-site 24/7
- Transcranial Doppler
- TEE and TTE available

### POST-HOSPITAL CARE COORDINATION

- Follow up phone calls (home/transfers)
- Involvement of case managers/social workers
- Physical Therapy involvement
- Occupational Therapy involvement
- Speech Therapy involvement
- Review of all information gathered from phone calls/transfers must be utilized to drive a dynamic change in the program. Prepare to speak to this process.
- Multi-disciplinary teams should be able to discuss intervention and involvement of the teams into the patient's plan of care, teaching, goal setting with the patient/family, assuring the goals are individualized to meet the needs of the patient.
  - Discussion of risk factors and strategies for modifications.
  - Discussion of the patient's willingness and ability to learn.
  - Discussion of support services: dietary, activity, medications, follow up appointments and other self-support requirements.

## Staffing Key Areas

### NICU STAFFING

- Dedicated Neuro-intensive care beds
- 24/7 **on-site** LIP's with neurovascular training (APN, PA, N-Intensivists, Fellows, Residents)

### NEURO SURGERY:

- Neuro surgery must be able to demonstrate the ability to care for two complex stroke patients at one time with appropriate providers
- Be prepared to discuss and document your neurosurgical coverage including on call and back up on call MDs and staff for 24/7 coverage.

### IR:

- IR must be able to demonstrate the ability to care for two complex stroke patients at one time with appropriate providers.

*\* Note: please see Joint Commission standards for explanation referring back to this section.*

- Be prepared to discuss and document your IR coverage including on call and back up on call MD's and staff for 24/7 coverage.

### STROKE RESEARCH

- Active IRB's
- Currently enrolling patients

## The Successful Review Process

### DAY ONE

- Reviewers arrive at 7:30 a.m.
- Opening conference at 8:00 a.m.
- Introductions: Customer & The Joint Commission team
- HCO provides a 15 minute overview of the program
- The agenda for two day review process is reviewed
- Share with the reviewers any concerns regarding the time of tracers
- Time for final submission of documents on day 2 will be discussed
- Meeting with the stroke team is conducted and review of documents completed
- Reviewers will complete patient tracers separately day 1 & 2
- Special issue resolution is available at the end of day 1 & 2
- Reviewers will plan to leave your facility by 4:30 p.m. every day

### DAY TWO

- Daily briefing and a review of the previous days findings
- Outstanding documents list reviewed
- Review of the day's agenda
- Patient tracers
- System tracers: data management, credentialing and privileging and competency\*
- Final document submission
- Special issue resolution
- Report preparation
- Closing conference

*\* Note: Credentialing and privileging held concurrently with competency session.*



## Tips for Our Customers

- The Stroke Coordinator should be available to accompany the reviewer for the on-site event.
- The Medical Director should be available to respond to reviewer's questions as needed during the on-site event.
- Be prepared to discuss how you care for two stroke cases at one time (ER/ICU/IR/neurosurgery)
- All staff should be prepared to discuss their stroke education on a yearly basis:
  - **Physicians** (ED, ICU, Neuro, IR)
  - **Other staff** (ED, ICU, step down units, IR, etc.)
  - OT/PT/Speech/Case Managers, if they are part of the core stroke team
- All staff should be able to demonstrate to the reviewer how they find CPG's and additional resources in their department (electronically and printed as applicable).
- Short term and long term goals must be documented in the MR after clinical rounding.
- Documentation in the MR should demonstrate the patient is involved in goal setting.
- Patient/care giver education regarding stroke care should be readily visible in every chart.
- Reviewers will speak to EMS providers if they are in the ED at the time of the tracer.
- Ensure your CMIP data is up to date
- Provide for two teams with scribes and your observers.



- Limit the number of staff accompanying the reviewers for your staff's comfort.
- Ensure a staff member comfortable with the EMR in open and closed records is available during open and closed chart reviews.
- Ensure all staff who support the stroke program minimally attend the opening and closing conferences.
- **Data management tracer:** the most successful organizations prepare a PowerPoint which allows all staff and reviewers to see the same data elements at the same time.
  - The staff who abstract, collect and analyze the data should attend the session.
  - All clinical staff should be able to speak to performance data and how it is shared with them.
- **Competency session:** Ensure that HR and managers know what is kept in each other's files.
  - Prepare to share education related to stroke for all categories of staff who provide stroke care.
  - Provide copies of the following: job description for all staff identified by the reviewers whose files will be reviewed, provide evidence of orientation in the area of stroke for all staff, provide documentation of on-going stroke education for all staff in appropriate areas (ICU, ED, stroke unit for NIHSS, dysphagia screening, tPA, etc.), copies of current licensure or certification, and a copy of the staff member's most recent performance evaluation.
  - For all core stroke team members evidence of 8 hours of stroke education annually.

- **Medical Staff:** Ensure all physicians are credentialed for procedures they complete and all files are up to date.
  - Provide access to MD licensure, DEA as appropriate, original appointment and re-appointment of the medical staff, MD onboarding /orientation activities, copies of all credentialing files, OPPE/FPPE files accessible.
- **Peer Review Process:** Standardized and established multi-disciplinary LIP peer review team that meets on a routine basis to review the care provided to stroke patients who meet the HCO's established identified patient populations.
  - Review of care for all stroke patients with ischemic, hemorrhagic, and complex stroke patient care is reviewed. Significant issues identified with care provided to patients or a practitioner should follow the established peer review process and if significant issues identified, these may be referred up to and through established MEC rules/regulations.
  - The records must be reviewed by the team as a matter of peer review and not based only on outliers. Cases can be sampled in large volume organizations.

#### DEPARTMENTS INVOLVED

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|---|--|
| – Physicians,<br>Clinical Staff, and<br>Support Staff | – Medical staff                            |
| – ED, NICU, overflow<br>ICU, Step Down units          | – Data abstractors                         |
| – OT/PT/Speech/<br>Pharmacy                           | – Laboratory                               |
| – CT/MRI  | – Leadership                               |
| – IR suite  | – Case Managers                            |
| – EMS   | – Care Coordinators                        |
| – Human Resources                                     | – Social Workers                           |
|   | – Quality/Patient<br>Safety representative |





## Emergency Department

- Be prepared to discuss the EMS structure for your community
  - Discussion regarding neuro coverage for all patients who present to the ED
  - Stroke alert process for EMS transports and walk-in patients
  - Radio communications
  - Processes for rapid efficient management of the patient with other internal and external resources (EMS, CT, MRI, lab, etc).
  - Who makes the decision to give tPA?
  - Discussion regarding tPA, mixing, provision, monitoring, consents, calculations, inclusion criteria, exclusion criteria, results of CT, etc.
  - On-call schedule accessibility



## **Documents to Prepare for the On-site Review**

- Provide a list of all stroke patients currently admitted
  - Submit a separate list for each category: (SAH, Ischemic, tPA, etc.)
  - Include the admission date for each admission including the diagnosis, MD, gender, location, stroke-related treatments if possible (tPA, IR, surgery)
  - If you do not have an admitted stroke patient in that category at the time of review, please be prepared to submit a list of closed record patients from that category for the previous 90 days for a random selection by the reviewers.
- Provide a printed copy of job descriptions for the Stroke Coordinator and Medical Director.
  - Ensure responsibilities as they relate to the stroke program are clearly defined.
- Provide 2 copies of the stroke alert process for your facility.
  - Be prepared to discuss your stroke alert process for emergency and inpatients.
- Provide copies of the on-call schedules for 3 months for neurosurgeons and IR physicians.
- Provide copies of all CPG's for all types of stroke patients
- Provide copies of all order sets for all types of stroke patients
- Provide transfer policies/procedures
- Provide a copy of a patient information manual for stroke.

## Notes

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Thank you for choosing The Joint Commission for all of your program certification needs. We appreciate the opportunity to work with you to provide high-quality care to your patients.

*The Joint Commission Advanced Certification for Comprehensive Stroke Centers is offered in collaboration with the American Heart Association/American Stroke Association.*

## **CONTACT US**

Receive complimentary resources/tips and an overview of the application process.

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