Acute Stroke Ready Hospital

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The mission of The Joint Commission is to continuously improve healthcare for the public, in collaboration with other stakeholders, by evaluating healthcare organizations and inspiring them to excel in providing safe and effective care of the highest quality and value.
Our Objective Today

- At the conclusion of this presentation, the participant will...
  - Further appreciate the importance of the Acute Stroke Ready Hospital
  - Be familiar with the eligibility criteria, key standards, performance measures, and the on-site review associated with the ASRH program
  - Understand the steps to achieving Acute Stroke Ready certification at your hospital
  - Be motivated to act
ASRH Program Background

Prior to ASRH certification, The Joint Commission provided two levels of stroke center certification—primary stroke and comprehensive stroke.

The literature indicated that many patients who have an acute stroke live in areas without ready access to a primary or comprehensive stroke center.

In fact, at least 50% of the population in the United States lives more than 60 minutes away from a primary stroke center.
ASRH Program Background

- Less than 5% of patients receive t-PA (ineligible due to delay in seeking/obtaining treatment)

- It was estimated that 1,200-1,500 rural facilities have the capability complete a CT scan, access Neuro expertise (onsite or telemedicine), and administer t-PA

- In November 2013, The Brain Attack Coalition published the “Formation and Function of Acute Stroke-Ready Hospitals Within a Stroke System of Care; Recommendations from the Brain Attack Coalition”

- In July 2015, The Joint Commission introduced the Acute Stroke Ready Hospital certification
ASRH Program Background

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
ASRH Certification Requirements

General Eligibility Requirements

- Program is in the US, operated by the US government, or operated under a charter of the US Congress.
- The ASRH program is provided within an organization that is accredited by The Joint Commission
- The ASRH program must have served a minimum of 10 patients at the time it submits its Joint Commission application
General Eligibility Requirements (CONTINUED)

- The program uses a standardized method of delivering clinical care based on clinical practice guidelines and/or evidence based practice.
ASRH Certification Requirements

Clinical Practice Guidelines (CPG’s) Requirements

- Hospital will select
- Demonstrate consistent application and compliance
- Review when necessary, and at least annually
- The Acute Stroke Ready Hospital certification program reflects guidelines in the treatment of stroke published from “Formation and Function of Acute Stroke-Ready Hospitals Within a Stroke System of Care ~ Recommendations From the Brain Attack Coalition” (Stroke, November 2013)
ASRH Certification Requirements

Common Sources of Clinical Practice Guidelines
ASRH Certification Requirements

General Eligibility Requirements (CONTINUED)

– The program uses performance measurement to improve its performance over time. Four months of performance measure data must be available at the time of initial certification on-site review.
Requirements Assessed at Application

- A relationship with local emergency management systems (EMS) that encourages training in field assessment tools and communication with the hospital prior to bringing a patient with a stroke to the emergency department

- Stroke protocols along with an acute stroke team, in order to expedite the assessment and treatment of a patient presenting with acute stroke
Requirements Assessed at Application (CONTINUED)

- The ability to perform diagnostic imaging and laboratory tests 24 hours a day, 7 days a week with results within 45 minutes

- Access to stroke expertise 24 hours a day, 7 days a week (in person or via telemedicine) and transfer protocols with facilities that provide primary or comprehensive stroke services

- The ability to administer intravenous thrombolytics, if needed, prior to transferring the patient to a facility that provides primary or comprehensive stroke services
ASRH Standards

Both the core DSC standards and advanced program requirements appear in the Comprehensive Certification Manual for DSC Advanced Programs as well as the “Advanced Disease Specific Care” section of the Edition®

- **Standard (requirement)**- is a statement that defines performance expectations, structures or processes that must be substantially in place to enhance care

- **Element of Performance (EP)** - Statements that detail the specific performance expectations and/or structures or processes that must be in place in order for an organization to provide high-quality care, treatment, and services.
DSPR.1, EP.1 The program identifies members of its leadership team

- The organization appoints an ASRH Medical Director
- Note: The director must have sufficient knowledge of cerebrovascular disease to provide administrative leadership, clinical guidance and input to the stroke program
Program Management (DSPR)

DSPR.1, EP.2 The program defines the accountability of its leaders
- Written documentation showing support of the ASRH program by the hospital or healthcare administration

DSPR.1, EP.4 The program leader(s) identifies, in writing, the composition of the interdisciplinary team
- The organization appoints an Acute Stroke Team
DSPR.2 The program is collaboratively designed, implemented & evaluated, EP.1; The **Interdisciplinary Team** designs the program

- *The interdisciplinary team composition reflects the needs of the patient population*
DSPR.3, EP.4 The services provided by the program are relevant to the target population

- The hospital collaborates with Emergency Medical Services (EMS) providers to ensure the following:
  - EMS alerts hospital of suspected stroke patient
  - The organization has access to EMS treatment protocols
  - The organization and EMS use at least one field assessment tool

- The program has 24/7 access to a PSC or CSC
- There is a written transfers protocol
DSPR.5, EP.1 The program defines in writing the care, treatment and services it provides

- The organization’s formulary or medication list must include an IV thrombolytic therapy medication approved by the USFDA for the treatment of ischemic stroke.
Program Management (DSPR)

DSPR.5, EP.3 The program provides care, treatment, and services to patients in a planned and timely manner.

- 24/7 on-call Acute Stroke Team with one member responding to the patient’s bedside within 15 minutes of being called (there must be an NP, PA or MD on-site to supervise patient care, order medication and manage emergent issues)

- There must be a written process to notify the acute stroke team

- 24/7 on-site laboratory testing (CBC, plts, coags, chem 7, troponin)

- 24/7 on-site ability to perform a CT scan of the brain

- An MRI brain may be performed in lieu of the CT brain
DSPR.5, EP.7 The program provides the number and types of practitioners needed to deliver or facilitate the delivery of care, treatment and services

- Neurosurgical coverage is documented in a written plan, approved by neurosurgical services and the stroke team

- Neurosurgical services are available to patients within 3 hours of it being deemed necessary

- There is a written protocol for transfer that includes communication and feedback from the receiving facility
DSDF.1, EP.1  Practitioners have the education, experience, training and/or certification consistent with the program’s scope of services, goals and objectives

- The organization’s **Clinical Staff** have knowledge of the process used to notify designated practitioners of the need to respond to patients with an acute stroke

- **ED Practitioners** demonstrate knowledge of IV thrombolytic therapy protocols for acute stroke including:
  - Treatment during the first three hours after the patient was last known well
  - Indications /contraindications for thrombolytic therapy
  - Patient/family education regarding the risks and benefits of thrombolytics
  - Symptoms of clinical deterioration after thrombolytics
Delivering or Facilitating Clinical Care (DSDF)

**DSDF.1, EP.7** Ongoing in-service and other education and training activities are relevant to the scope of services

- **The Medical Director of the program receives at least 4 hours annually related to the care of patients with cerebrovascular disease.**

- **Members of the Core Stroke Team, as identified by the organization, receive at least 4 hours annually of continuing education or other equivalent educational activity related to the care of patients with cerebrovascular disease.**

- **Emergency Department staff, defined by the organization, participates in educational activities related to stroke diagnosis and treatment a minimum of twice a year.**

- **The above requirements do NOT apply to the Emergency Physicians**
DSDF.2, EP.2 The selected clinical practice guidelines are based on evidence that is determined to be current by the clinical leaders

- Emergent care for ischemic and/or hemorrhagic stroke
- Dysphagia screen
- IV thrombolytic therapy
- Time parameters for stroke workup
DSDF.2, EP.3 The program leader(s) and practitioners review and approve clinical practice guidelines prior to implementation.

- Annual Review required, unless necessity dictates a shorter period

DSDF.2, EP.4 Practitioners are educated about clinical practice guidelines and their use

- 67% of emergency department practitioners are educated on acute stroke protocols
DSDF.3, EP.2 Assessments and reassessments are completed according to the patient’s needs and clinical practice guidelines

- An ED MD, NP (with prescriptive authority) or PA (with prescriptive authority) performs an assessment for a suspected stroke patient within 15 minutes of patient arrival to the ED.

- Ongoing assessments are completed in accordance with the program’s stroke protocol

- The NIHSS is used as an initial neuro-assessment (and performed by a qualified team member) of patients with acute stroke

- A blood glucose level is completed for any patient presenting with stroke symptoms
DSDF.3, EP.2 Assessments and reassessments are completed according to the patient’s needs and clinical practice guidelines (CONTINUED)

- The hospital has the ability to perform and read a non-contrast CT or MRI within 45 and 60 minutes respectively of being ordered

- Radiology reads may be done off-site but must be read by a board-certified radiologist or physician with expertise in reading brain CT/MRIs

- Lab tests, ECG and Chest X ray are completed and resulted within 45 minutes of patient arrival

- Patients with stroke symptoms are screened for dysphagia prior to any oral intake
Delivering or Facilitating Clinical Care (DSDF)

DSDF.3, EP.3  The program implements care, treatment, and services based on the patient's assessed needs

- Completion of lab tests, ECG and Chest X-ray should NOT delay the administration of IV thrombolytics
- Telemedicine / tele-radiology equipment is on site for transmission of information
- Telemedicine link is initiated within 20 minutes of the ED MD or stroke team determining it is necessary
DSDF.5, EP.1 The program coordinates care for patients with multiple needs

- Protocols address policies for patient transfers
- Protocols geared to meeting patient and family needs
  - i.e. hospice or palliative care
- Goal to transport patients to a higher level of care within two hours of arrival or when medically stable
Delivering or Facilitating Clinical Care (DSDF)

DSDF.6, EP.4 The program provides education and serves as a resource, as needed, to practitioners who are assuming responsibility for the patient’s continued care, treatment, and services

- The acute stroke ready hospital makes educational opportunities available to prehospital personnel, as defined by the organization.
Clinical Information Management (DSCT)

DSCT.4, EP.2 The program shares information with relevant practitioners and/or health care organizations to facilitate continuation of patient care
- CT, CTA, MRI, MRA

DSCT.5, EP.4 The medical record contains sufficient information to justify the care, treatment, and services provided
- Documentation indicates the reason eligible ischemic stroke patients did not receive IV thrombolytic therapy
DSCT.5, EP.5  The medical record contains sufficient information to document the course and results of care, treatment, and services

- Stroke program practitioners document all assessments and interventions provided for stroke patients, including date and time, in accordance with the hospital’s policy
DSPM.1, EP.1 The program leaders identify goals and set priorities

- The program monitors its ability to administer IV thrombolytics within 60 minutes to eligible patients presenting for stroke care
DSPM.1, EP.2 The program leader(s) involves the interdisciplinary team and other practitioners across disciplines in performance improvement planning and activities

- **Stroke Performance Measures are analyzed by the stroke team and hospital’s quality department**

- **There is a specified committee that meets a minimum of twice a year to evaluate protocols and practice patterns**
Performance Measurement (DSPM)

DSPM.1, EP.5 The program collects data related to its target population to identify opportunities for performance improvement

- The program has documentation to reflect tracking of performance measures and indicators
DSPM.3, EP.2 The program collects data related to processes and outcome of care

- Stroke Code Activations
- Practitioner response times
- Diagnostic testing
- Acute treatments
- Patient diagnosis
- Door to IV Thrombolytic times
- Patient complications
- sICH and serious life-threatening events
- Disposition
ASR Performance Measures

- Total requirement of 5 measures
  - 3 inpatient measures
  - 2 outpatient measures
- Currently certified ASRHs will need to implement data collection for all 5 measures effective with discharges on and after January 1, 2018
- Healthcare organizations seeking initial certification will need 4 months of data for each measure prior to the initial onsite review visit
Inpatient Measures

- **ASR-IP-1:** Thrombolytic Therapy: Inpatient Admission

- **ASR-IP-2:** Antithrombotic Therapy By End of Hospital Day 2

- **ASR-IP-3:** Discharged on Antithrombotic Therapy
Outpatient Measures

**ASR-OP-1:** Thrombolytic Therapy: Drip and Ship

**ASR-OP-2:** Door to Transfer to Another Hospital

- **2b:** Door to Transfer to Another Hospital – Hemorrhagic Stroke

- **2c:** Door to Transfer to Another Hospital – Ischemic Stroke; Drip and Ship

- **2d:** Door to Transfer to Another Hospital – Ischemic Stroke; No IV t-PA Prior to Transfer
Measure Implementation

- Monthly data points collected for each required measure
- Data submitted quarterly to The Joint Commission via the CMIP application on The Joint Commission Connect™
- ASR measure specifications available at: https://www.jointcommission.org/certification/acute_stroke_ready_hospitals.aspx
  - Instructions for data collection
  - Separate “Inpatient” and “Outpatient” Performance Measurement Implementation Guides (PMIG)
ADVANCED CERTIFICATION PROGRAM

Acute Stroke Ready Inpatient
PERFORMANCE MEASUREMENT IMPLEMENTATION GUIDE
January 2018

Acute Stroke Ready Outpatient
PERFORMANCE MEASUREMENT IMPLEMENTATION GUIDE
January 2018
Direct performance measure questions to http://manual.jointcommission.org
Key Aspects of the Review Process

- Initial Reviews- 30 day notice
- Recertification- 7 business day notice
  - Letter of introduction, agenda, bio sketch and picture of reviewer by 7:30am on morning of review
Key Aspects of the Review Process

One Day Review Agenda:

- 8:00-9:00 Opening Conference & Orientation to program
- 9:00-9:30 Reviewer Planning Session
- 9:30-12:30 Individual Tracer Activity
- 12:30-1:00 Lunch
- 1:00-2:00 System Tracer- Data Use
- 2:00-3:00 Competence Assessment/Credentialing Process
- 3:00-4:00 Issue Resolution & Reviewer Report preparation
- 4:00-4:30 Program Exit Conference
How to Pursue ASRH Certification

- Contact the Business Development Team at The Joint Commission
  - Main number: 630-792-5291 - Mon-Fri, 8:30am-5:00pm CST
  - Email: certification@jointcommission.org
  - Website: https://www.jointcommission.org/achievethegoldseal.aspx

- Work with your Associate Directors
  - Provide current version of E-dition® and Performance Measures
  - Guide you through Requirements, Gap Analysis and Application process
QUESTIONS?
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