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Preparation Essentials for NEW Acute Stroke Ready Hospital (ASRH) Certification

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Objectives

- Overview on Acute Stroke Ready Hospital Requirements
- Choosing Clinical Performance Measures
- Tips and Best Practices
- Review Process
- Q&A Session
Basic Care Hospital:
Assessment, identification, stabilization & transfer

Acute Stroke Ready Hospitals:
IV tPA, CT scanner, acute stroke expertise (via TeleStroke if needed)

Primary Stroke Center:
Stroke Unit, coordinator, Stroke Service, continuum of inpatient care

Comprehensive Stroke Center
All PSC functions plus Neurosurgeon, Neuroendovascular, and full spectrum of hemorrhagic stroke care

The Stroke Care Pyramid
~150-200
~1200-1500
~1200-1500
Guiding principles for field triage of patients with suspected acute stroke

- **Patient with abnormal vital functions in need of acute resuscitation**
  - Transport to nearest hospital for stabilization of vital signs
  - Once vital functions stabilized, transfer to nearest CSC (or PSC if long distances)

- **Patient with acute onset of stroke symptoms within 6-8 hours**
  - Transport patient to closest PSC or CSC if <15-20 minutes transport time
  - If PSC and/or CSC >15-20 minutes away, go to closest ASRH

- **Patient with acute stroke and seen initially at an ASRH**
  - ASRH might use telemedicine to help evaluate the patient and to make transfer recommendations
  - Transfer to nearest PSC or CSC based on stroke type, patient’s medical condition, treatment options


The ASRH plays an integral role within a stroke system of care

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Stroke Certification Development

- Over the past 10 years in the U.S., using stroke centers to provide care for patients with an acute stroke has become a frequent practice.
- At least 50% of the population in the U.S. does not live within 60 minutes of a primary stroke center.
- Less than 5% of patients with an acute ischemic stroke who are eligible for acute treatment receive IV thrombolytics.

- Primary Stroke Center Certification Program – December 2003
- Comprehensive Stroke Center Certification – September 2012
- Acute Stroke Ready Certification Program – **July 2015**
- Systems can now certify all hospitals that provide stroke care.

ASRH certification is appropriate for acute care and critical access hospitals that may not be candidates for Primary Stroke Center Certification due to lack of resources.

Program was developed in collaboration with the American Heart Association/American Stroke Association.
Characteristics of an ASRH

- Small, rural Acute Care Hospital or Critical Access Hospital (~100 beds or less)
- No designated stroke beds
- Relationship with local EMS fostering communication from the field during transport and sharing educational opportunities
- Use of stroke protocols and an acute stroke team to expedite the assessment and treatment of a patient presenting with a stroke
- Teleconsult capability and transfer agreements 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 Requirements

Standards chapters

- CPR – certification participation requirements
- DSPR – program management
- DSDF – delivering or facilitating care
- DSSE – Supporting self management
- DSCT – Clinical information management
- DSPM – performance management
ASRH Requirements Overview

- Required to have a medical director of the stroke program
  - Does not have to be board certified in neurology
  - Must have sufficient knowledge of cerebrovascular disease to provide administrative leadership, clinical guidance, and input into the program
  - Receives at least 4 hours of stroke education annually

- Need written documentation to show support of the program by leadership
  - Charter
  - Line items on a budget

- Acute Stroke Team
  - RN (or APN or PA) and a physician
  - Basic training in stroke care
  - Roles are documented
  - Receive at least 4 hours of stroke education annually
ASRH Requirements Overview

- Interdisciplinary team
  - Defines the program
  - Membership should reflect the needs of the patient

- Relationship with Emergency Medical Systems (EMS)
  - Notification from the field of patient en route
  - Use of an approved field assessment tool
  - Access to protocols
  - Shared educational opportunities

- Written criteria for admission, transfer, or discharge of patients

- Written transfer protocol with a PSC or a CSC or a center of comparable capability
  - Includes contact names/numbers
  - Ground and air transport options 24/7
  - Mechanism to obtain feedback from receiving facility
  - Patients are transferred within 2 hours of ED arrival or when medically stable
ASRH Requirements Overview

- **Access to neurological expertise 24/7**
  - Likely via telemedicine
  - Remote providers have training and expertise similar to PSC/CSC providers

- **IV thrombolytics on formulary**

- **Laboratory tests and head CT 24/7**
  - Completed and resulted within 45 minutes of being ordered

- **Written plan for neurosurgical services**
  - Obtained within 3 hours

- **Stroke protocols/care paths available in the ED and other acute care areas**
  - Protocols for emergent care of ischemic and hemorrhagic stroke
  - IV thrombolytic therapy
  - Time parameters for stroke workup included in protocols
  - Protocols are reviewed at least annually and revised as necessary
ASRH Requirements Overview

- Clinical staff have knowledge of the process to call a code stroke
- ED practitioners have knowledge of stroke protocols
  - Last Known Well treatment parameters
  - Indications for IV thrombolytic therapy
  - Contraindications to IV thrombolytic therapy
  - Education to be provided to patients/families regarding risks/benefits of IV thrombolytic therapy
  - Signs and symptoms of neurological deterioration post IV thrombolytic therapy
  - 67% of ED practitioners are educated in protocols (all practitioners responsible for triage are educated)
ASRH Requirements Overview

- ED staff participates in two stroke-related educational activities each year
  - Excludes ED physicians (refer to MS.12.01.01 in the Comprehensive Accreditation Manual for Hospitals)

- ED MD/APN/PA performs an assessment within 15 minutes of patient arrival
  - APN/PA with prescriptive authority and ability to consult with MD if needed

- NIHSS used as part of initial assessment
  - Can be performed by anyone qualified/competent to perform NIHSS

- Process in place to notify medical staff and other personnel about the deterioration of a stroke patient

- Telemedicine/teleradiology equipment is on-site for transmission of information
  - Telemedicine link is initiated within 20 minutes of it being deemed necessary
Based on prognosis and patient’s individual needs/preferences, referrals are made to palliative care/hospice when indicated.

Documentation indicates the reason eligible ischemic stroke patients did not receive IV thrombolytic therapy.

Program monitors its ability to administer IV thrombolytics within 60 minutes to eligible patients.
ASRH Requirements Overview

- Stroke performance measures are analyzed by the stroke team and hospital’s quality department.
- Program has a specified committee that meets a minimum of twice per year to evaluate protocols and practice patterns as indicated.
- Program has documentation to reflect tracking of performance measures and indicators.
ASRH Requirements Overview

- Program maintains a stroke log
  - Practitioner response time
  - Diagnostic tests and treatment
  - Patient diagnosis
  - Door to IV thrombolytic time
  - Patient complications
  - Patient disposition

- Program utilizes a stroke registry or similar data collection tool to monitor data and measure outcomes.

- Program monitors IV thrombolytic complications
ASRH: Choosing Clinical Performance Measures

- Certified ASRH programs will be required to comply with Stage I requirements for performance measurement until standardized performance measures have been identified/developed.

- Current requirements provide potential choices:
  - Door to administration of IV thrombolytic time
  - Turn around time for head CT/laboratory results
  - Practitioner response time to code stroke
  - Patient complication rate s/p IV thrombolytic
  - Time to telemedicine link initiation

- Clinical Performance Measures should reflect your organization’s process and focus on improving care.
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ASRH: The Review Process

Prepare Documents before the Reviewer Arrives:
- Individual list of all in-patients with a diagnosis of stroke. (Ischemic, hemorrhagic stroke, TIA, TPA). If you do not have current in-patients, prepare a list for the past four months of these patients. Provide at least three patients in each category on each list.
- List should include name of the patient, age, gender, diagnosis, location.
- Letter of support from leadership to medical director of the program.
- List of core stroke team members and their disciplines.
- Job description for stroke coordinator and medical director.
- Document listing ED staff who participated in stroke education.
- List indicating that 67% of all ED providers with stroke education.
- Transfer policies and procedures.
- Order sets and CPG’s as appropriate.
ASRH: The Review Process

Opening Conference Tips:
- Assure representation from all areas who support the program attend including EMS and if possible a physician.
- Focus your presentation on your ASRH program.
- Mission, target population (unusual populations), volumes, model of care (ED, ICU, etc), ED beds, in-patient beds.
- Core stroke team
- Any inpatient services available to stroke patients.
- EMS system overview, relationship, transferring policy.
- Community education
- Key Metrics per your individual organization.
ASRH: Planning Meeting

- All documents previously noted.
- Be prepared to speak to your stroke response process.
- Be prepared to discuss your CPG’s and order sets.
- Notify your staff on the units the patients who will be traced.
- Closed records should be ready for our review.
- Assure that your team is ready to accompany the reviewer.
- Limit the number of staff who accompany the group.
- Staff to accompany reviewer:
  - Stoke team member
  - Scribe
  - If you use an EMR, a staff member familiar with the record.
  - Please assure you have a locked area for reviewer items and secure the room upon leaving.
Patient Tracers:
- Designate an area out of the ‘arena” for reviewer to interview staff.
- RN should be ready to start the tracer when we arrive.
- As available, additional staff should join the group: pharmacy, OT, PT, Speech, ED MD or APN, dietary, social workers, case managers, lab, etc.
- Staff should be prepared to speak to their formal processes for care.
- Telehealth, decision for TPA, Education, how they are involved in the process, hours of coverage, PI activities, treatment (TPA, monitoring, documentation, etc.), preparation for transfer of patient, individualized patient goal setting, behavior modification for risk factors, and how the team plans multidisciplinary care for the patient.
ASRH: System Tracers

- **Data Management:**
  - Power point presentation with ALL data collected as it relates to your stroke population.
  - Assure reports have date range and “N” noted with volumes.
  - Prepare to speak to how you collect, analyze and share data to make improvements in your program on a continuous basis.
  - Attendees from across the HCO who are involved in the collection or interpretation of the data should attend the session.
ASRH: Credentialing and Privileging

- Peer Review Discussion is included in this session. Plan to have a MD attend.
- MD, APN license
- DEA
- Appointment and re-appointment to the medical staff
- Education for all core stroke team members
- OPPE and FPPE
- Credentialing and Privileging documents for all LIPs.
ASRH: Competency

- Assure your staff know what is kept in HR files and department files.
- Staff identified through tracers (open and closed records).
- All core stroke team members
- RN, technicians, case workers, social workers, pharmacists, OT, PT, Speech, etc.

Documents:
- License / certificate
- Current job description
- Copies of all education records related to stroke per hour requirement
- Copies of certificates, degrees required (BLS, ACLS, PALS, etc.)
- Orientation checklist
- Most recent performance evaluation
ASRH: Best Practices for a Successful Review

- Assure you have all of your documents ready.
- When asked for a policy, procedure, guideline, be timely.
- Assure staff in units are prepared with PI information.
- For closed record review, if you are on an EMR, have two computers charged and ready and two staff members available to quickly ascertain information on the same patient at one time.
- Provide a copy of the patient education manual to the Reviewer.
- Assure your CPG’s are available, staff know where to find them and they are reviewed annually.
- Be prepared to speak to your adherence to CPG’s by LIP’s.
Be prepared to speak to how you assure that the EMS provider transporting the patient has the level of expertise to assure that the level of care is not decreased during transport esp. with patients provided TPA or with a hemorrhagic stroke.

Assure staff can speak to how the ASRH works with the PSC or CSC to coordinate care of the patient. Includes interaction with these entities to assure that patients transferred or who receive telehealth services are receiving care in a well coordinated method.

LIP’s should be prepared to speak to who makes the decision to give TPA, inclusion and exclusion criteria, discussions with the patient or significant others and documentation in the EMR.

Assure your ED dashboard with required times is up to date (evaluation by provider, CT times, TPA, etc.).
ASRH: Helpful Tips

- Lunch should be planned for 12:30pm.
- The HCO staff and the reviewer need the break time separately. Reviewers read documents, assimilate the information gathered from tracers, plan for afternoon.
- At times the reviewer may need to call TJC. Provide privacy.
- Assure staff are ready to start the opening conference on time.
- Plan to end no later than 4:30pm.
- Reviewer will start their report and notify you when it is published. Print it on your extranet site. Once the report is locked, it is locked.
ASRH: Final Tips

Closing Conference:

- All staff from your HCO are invited to attend.
- Remember to consider clinical staff and others involved in the review process.
- Results of the review will be shared.
- Preliminary report. 10 day clarification period. Submit additional documents.
ASRH: Value for the Customer

Value for the customer:

- Reviewers will be transparent throughout the review.
- No surprises. If we identify an issue, we will point it out to you immediately and provide an opportunity for you to address the situation.
- Best practices will be identified as appropriate.
- Collaboration, engagement and sharing of best practices allows you to continually improve your program and assure it is dynamic to meet the needs of a continually changing healthcare environment.
- Improvements in our programs are made based on customer feedback. Please consider the opportunity to complete the CVA and the Reviewer evaluation.
Questions and Answers
Questions about Certification

Please contact the Certification Business Development team with any questions or to submit your application at (630) 792-5291 or dscinfo@jointcommission.org.

Resources:
Visit www.jointcommission.org/
- ASRH Prepublication Standards
- Stroke Certification Programs Comparison Grid

Visit www.stroke.ahajournals.org/
For Stroke Journal Articles
AHA/ASA Policy Statement

Interactions Within Stroke Systems of Care
A Policy Statement From the American Heart Association/American Stroke Association

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