An Overview of the New Thrombectomy-Capable Stroke Center Certification

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Current Stroke Certification Programs

- Primary Stroke Center – launched in 2003 (standardized performance measures in 2005); over 1,120 customers
- Comprehensive Stroke Center – launched in 2012 (standardized performance measures in 2015); over 135 customers
- Acute Stroke Ready – launched in 2015 (standardized performance measures will be launched in January 2018); over 30 customers
Thrombectomy-Capable Stroke Center Certification

Why Thrombectomy-Capable Stroke Center (TSC) Certification?

- Not all PSCs are alike - 1/3 of Joint Commission certified PSCs perform mechanical thrombectomy
- Recent studies have shown efficacy of mechanical thrombectomy for large vessel occlusive (LVO) ischemic strokes
- Importance of having a dispersed network of hospitals that are certified so patients can receive the care they need
Thrombectomy-Capable Stroke Center Certification Development

- Offered in collaboration with the American Heart/American Stroke Association
- Based on guideline documents published in *Stroke*, including focused update on management of ischemic stroke regarding endovascular treatment
- Discussions with stroke experts from across the country
- Field review feedback
Thrombectomy-Capable Stroke Center Certification Development

- TSC looks at more than just PSC with thrombectomy
- Ability to care for patients post-procedure
- Many of the requirements are closely aligned with CSC
Thrombectomy-Capable Stroke Center Certification

- Must meet all requirements for a primary stroke center
- Minimum mechanical thrombectomy volume requirement
- Ability to perform mechanical thrombectomy 24/7
- Prepublication standards can be found on The Joint Commission’s website
Thrombectomy-Capable Stroke Center Certification Requirements

Additional Requirements for TSC:
- Dedicated intensive care unit beds to care for acute ischemic stroke patients
- The following imaging is available 24/7:
  - Catheter angiography
  - MRI
  - CTA, MRA
- The following is available when indicated:
  - Carotid duplex ultrasound
  - Transcranial ultrasonography
  - TEE
Thrombectomy-Capable Stroke Center Certification Requirements

Additional Requirements for TSC (continued):

- Availability of staff and practitioners closely aligned with CSC expectations (DSPR.5, EP 7)
  - “Available” can be demonstrated by on-site, on-call, or available remotely to meet patients’ needs
  - “On-site”: 24/7 vs. timeframe
- ED practitioners knowledgeable about mechanical thrombectomy protocols
- RNs in the stroke unit and ICU caring for stroke patients are knowledgeable about stroke scale
Thrombectomy-Capable Stroke Center Certification Requirements

Additional Requirements for TSC (continued):

- RN education
  - ED RNs (as identified by the organization): 2 hours/yr
  - RNs providing stroke care (as identified by the organization): 8 hours/yr
- Ability to continuously/simultaneously monitor:
  - Blood pressure
  - Heart rate/rhythm
  - Respirations
  - Oxygenation
Thrombectomy-Capable Stroke Center Certification Requirements

- Additional Requirements for TSC (continued):
  - Assessment of family member involvement in post-acute care (ability and resources)
  - Family education for patients who are discharging to home
  - Documentation of reason potentially eligible ischemic stroke patients did not receive mechanical thrombectomy
  - Monitoring of two relevant patient care data elements related to mechanical thrombectomy for benchmarking
  - A process to collect and review data regarding adverse patient outcomes following mechanical thrombectomy
Thrombectomy-Capable Stroke Center Certification Requirements

Additional Requirements for TSC (continued):

- Demonstration of 24-hour post-procedure stroke and death rate of less than or equal to one percent for diagnostic neuro-angiography
- Monitor percentage of patients who were discharged home and received a follow-up phone call within 7 days
- Publicly report outcomes related to interventional procedures
Thrombectomy-Capable Stroke Center Certification Review

- One Reviewer, Two Days
- Similar structure to other certification reviews
  - Day One
    - Opening Conference/Orientation
    - Reviewer Planning Session
    - Patient Tracer Activity
      - ED, Imaging, Interventional Suite, Stroke Units/ICU
      - AIS (with and without intervention), TIA, ICH/SAH
    - Summary Session/Issue Resolution
Thrombectomy-Capable Stroke Center Certification Review

- Similar structure to other certification reviews
  - Day Two
    - Daily Briefing
    - Patient Tracer Activity (including closed records)
    - System Tracer: Data
    - System Tracer: Competency/Credentialing
    - Issue Resolution/Reviewer Report Preparation
    - Exit Conference

- Pilot testing early October to finalize review process
TSC Performance Measures

Total requirement of 13 measures
- 8 stroke (STK) measures
- 5 comprehensive stroke (CSTK) measures

Currently certified PSCs converting to TSC
- Ongoing data collection for the 8 STK measures without interruption
- 4 months of data required for each CSTK measure prior to the initial TSC onsite review visit

Non-certified healthcare organizations
- 4 months of data required for all 13 measures prior to the initial TSC onsite review visit
Stroke Measures

**STK-1**: Venous Thromboembolism (VTE) Prophylaxis

**STK-2**: Discharged on Antithrombotic Therapy

**STK-3**: Anticoagulation Therapy for Atrial Fibrillation/Flutter

**STK-4**: Thrombolytic Therapy

**STK-5**: Antithrombotic Therapy By End of Hospital Day 2

**STK-6**: Discharged on Statin Medication

**STK-8**: Stroke Education

**STK-10**: Assessed for Rehabilitation
Comprehensive Stroke Process Measures

- **CSTK-01**: National Institutes of Health Stroke Scale (NIHSS) Score Performed for Ischemic Stroke Patients
- **CSTK-02**: Modified Rankin Score (mRS) at 90 Day
- **CSTK-09**: Arrival Time to Skin Puncture
Comprehensive Stroke Outcome Measures

- **CSTK-05**: Hemorrhagic Transformation (Overall Rate)
  - **CSTK-05a**: Hemorrhagic Transformation: Patients treated with IV t-PA only
  - **CSTK-05b**: Hemorrhagic Transformation: Patients treated with IA t-PA or Mechanical Endovascular Reperfusion (MER) Therapy

- **CSTK-08**: Thrombolysis in Cerebral Infarction (TICI) Post-Treatment Reperfusion Grade
Measure Implementation

- Effective for discharges on and after January 1, 2018
- Monthly data points collected for each required measure and submitted quarterly to The Joint Commission
- STK and CSTK measure specifications available at: https://www.jointcommission.org/specifications_manual_joint_commission_national_quality_core_measures.aspx
Welcome to the Performance Measurement Network Q&A Forum

Measure Specifications Manuals

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<thead>
<tr>
<th>Joint Commission Only Measures</th>
<th>CMS and Joint Commission Aligned Measures</th>
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</thead>
<tbody>
<tr>
<td><strong>Future:</strong> Specifications Manual for Joint Commission National</td>
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<tr>
<td>Quality Measures (version 2017B) (Updated 8/4/2017) (HBIPS, PC,</td>
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<tr>
<td>STK, CSTK, ACHF and ACHFOP Measures: applicable to Discharges</td>
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Direct performance measure questions to http://manual.jointcommission.org
Thrombectomy-Capable Stroke Center Eligibility

- An eligible TSC candidate will be able to demonstrate it meets minimum volumes for mechanical thrombectomies.

- For neurointerventionalists who routinely provide thrombectomies, the volume minimum is an average of 12 per year, for each.
Thrombectomy-Capable Stroke Center Certification Launch

- Prepublication Requirements / Perspectives Article: September 2017
- Implementation: January 2018
- E-App Open: January 2018
An Exception to the January 1 Implementation

- For currently-certified PSCs who are due for recertification between October 1, 2017 and March 31, 2018

- **Pre-Application Process** if you are ready to commit to TSC instead of recertifying for PSC

- We will extend your recertification window to allow time to schedule a TSC review after January 1.
Questions?
Contact Us

Certification@jointcommission.org or (630) 792-5291
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