Quick Guide
Comprehensive Stroke Center (CSC) Certification

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

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