

Quick Guide

Thrombectomy-Capable Stroke (TSC) Certification



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



The Joint Commission[®]



American Heart Association[®]
American Stroke Association[®]

2018 Checklist for Applying for TSC

ELIGIBILITY REQUIREMENTS

- Effective February 1, 2019, the original volume criteria for all primary neuro-interventionists (that is, those who routinely take call to perform emergency mechanical thrombectomy) at an organization applying for TSC or CSC certification or recertification must have performed 15 mechanical thrombectomies over the past 12 months or 30 over the past 24 months. In evaluating the number of mechanical thrombectomies performed, procedures performed at hospitals other than the one applying for certification can be included in the primary neuro-interventionist's total.

- Effective August 1, 2019, revised volume criteria will be effective for all physicians who perform mechanical thrombectomy at an organization applying for TSC or CSC certification. Rather than allowing organizations to determine who is considered a primary neuro-interventionist, as stated in the original eligibility criteria, all physicians who perform mechanical thrombectomies must have performed 15 mechanical thrombectomies over the past 12 months or 30 over the past 24 months. In evaluating the number of mechanical thrombectomies performed, procedures performed at hospitals other than the one applying for certification can be included in the physician's total.

Key Areas for Review

ADVANCED IMAGING 24/7

- Catheter angiography
- CT of the head
- CT angiography
- MR angiography (MRA)
- MRI with diffusion

POST-HOSPITAL CARE COORDINATION

- Follow up phone calls for patients discharged at home
- 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 interventions 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 intensive care beds to care for acute ischemic stroke patients
- 24/7 on-site practitioners with critical care privileges (APN, PA, Fellows, Residents).

NEUROSURGERY

- 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

- Be prepared to discuss and document your IR coverage including on call and staffing for 24/7 coverage.

The 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 30-45 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 coordinator is conducted and review of documents completed
- Reviewers will complete patient tracers separately day 1 & 2
- Issue resolution is available at the end of day 1 & 2
- Reviewers will plan to leave your facility by 4:00 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
- Issue resolution
- Report preparation
- Closing conference

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.
- Staff should be prepared to discuss their stroke education on a yearly basis:
 - Core stroke team
 - Medical director (if not board certified in neurology)
 - ED RNs
 - ED staff
 - RNs providing stroke care
- 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.
- Individual 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 a team with scribe and your observer(s).
- Limit the number of staff accompanying the reviewer 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 available who support the stroke program 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 to 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 | - Medical staff |
| - ED, NICU, overflow ICU, Step Down units | - Data abstractors |
| - OT/PT/Speech/Pharmacy | - Laboratory |
| - CT/MRI | - Leadership |
| - IR suite | - Case Managers |
| - EMS | - Care Coordinators |
| - Human Resources | - 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, Thrombectomy, 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 neurointervention 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 Thrombectomy-Capable 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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