![The Joint Commission logo]

*Quick Guide*

# Primary Stroke Center (PSC) Certification



**Checklist, key focus areas, and tips for applying for PSC**

The Joint Commission

American Heart Association®
American Stroke Association®

CERTIFICATION

# Preparation Checklist
(Prepare prior to on-site review)

- ☐ Individual list of all inpatients with a diagnosis of stroke (inpatients, hemorrhagic stroke, TIA, tPA). If you do not currently have inpatients, prepare a list of inpatients from the past four months. If you are unable to identify patients in each category, continue backwards to identify most recent patients first.

- ☐ List should include the patient's name, age, gender, diagnosis, any interventional procedures (if possible), and the location in your facility.

- ☐ Letter of support from leadership to the Medical Director of the program.

- ☐ A copy of the stroke program's mission and scope of services.

- ☐ List of core stroke team members and their disciplines, roles, responsibilities.

- ☐ Job description or list of roles and responsibilities for Stroke Program Coordinator and Medical Director.

- ☐ Document listing ED staff who participated in stroke education in the past year.

- ☐ List of ED practitioners who are educated in the primary stroke center's acute stroke protocols.

- ☐ A copy of your stroke alert process for inpatients and outpatients (ED).

- ☐ Order sets and Clinical Practice Guidelines (CPG's).

- ☐ A copy of the patient education binder, pamphlet, folder, etc.

## Key Areas for Review

– Emergency Department

– EMS

– CT/MRI based on your model of care

– Pharmacy

– Laboratory

– ICU

– Stroke Unit

– Nursing staff

– Interventional suite/staff

– Physical Therapy

– Occupational Therapy

– Speech Therapy

– Palliative Care/Hospice

– Case Managers

– Social Workers

– Data Collection Abstractors

– Medical Staff/Office Staff

– Practitioners including Stroke Medical Director and or CMO/VPMA

– Educators

– Unit Managers

– Human Resources

– Additional staff: leadership, regulatory, quality improvement staff, volunteers, dietary

## Opening Conference

– Ensure attendance of representatives from all areas that support the program including: leadership, all departments who provide care to stroke patients, EMS and, if possible, physicians (including the Stroke Medical Director).

– Orientation to the program and the open conference will be a total of 60 minutes. In your presentation to the reviewer, focus on providing an overview of your stroke program. Please keep your presentation to 15-20 minutes. Areas to consider include:

  – Mission

  – Target population (including unusual populations)

  – Volumes for each type of stroke patient

  – Emergency Department annual volume

  – Annual tPA volume

  – Identify your core stroke team members

  – Reporting structure for Stroke Program Coordinator and Medical Director

  – Model of care (ED, ICU, Stroke Unit)

  – Neurologists who participate in the program

  – Stroke alert processes

  – Rapid response team members, if you utilize such a team

  – Telemedicine as appropriate

  – Dashboard metric overview for key areas, such as door to needle, door to procedure, and door to CT (remember you have a full data session later in the day to share all data)

  – Volume for drip and ship patients received from or transferred to other facilities

  – Designated stroke inpatient beds

  – Inpatient services available to stroke patients

- EMS system overview, relationship, transfer policies (into stroke facility and out of stroke facility)
- Community education
- Total number of stroke patients who are delivered to your organization by car versus EMS
- EMS structure (regionalized, coalition, municipal, volunteer, paid on call)
- Your hospital's interface with EMS, including provision of stroke education and input into their protocols
- Method in which you provide performance improvement data to EMS
- Education requirements for staff in the ED, ICU and Stroke Unit (hours, type)
- Multi-disciplinary team planning (rounds, team planning meetings, etc.)
- Functions of key committees or teams: stroke team, peer review sessions, data management
- For programs providing IA procedures, share a short overview of procedures you provide to patients, including volumes
- Get With the Guidelines - Stroke Performance Awards, if applicable

## Primary Stroke Review Agenda

**7:30 - 7:45 AM**
The reviewer will arrive and will routinely report to
the main hospital entrance.

**8:00 - 9:00 AM**
Opening Conference and Orientation to the program

**9:00 - 9:30 AM**
Reviewer Planning Session (reviewer will need this time
to review your documents so please provide privacy)

**9:30 - 12:30 PM**
Patient Tracers (open records and closed records
as needed)

**12:30 - 1:00 PM**
Lunch

**1:00 - 2:00 PM**
Data Management Tracer

**2:00 - 3:00 PM**
Competency Tracer, Credentialing and Privileging, and
Peer Review Discussion

**3:00 - 4:00 PM**
Special Issue Resolution Session, as needed, and report
preparation

**4:00 - 4:30 PM**
Closing Conference

**4:30 PM**
The reviewer will exit your organization

## Patient Tracers

– Designate an area out of the "arena" for the reviewer to interview staff (conference room, class room or break room, etc.)

– Introduce the reviewer to the Director/ Manager, Charge RN on the unit so they know they are present.

– RN should be ready to start the tracer when the reviewer arrives. If you use an EMR, a staff member familiar with navigating the EMR should accompany the team.

– All staff on the unit should be able to speak to their stroke orientation and on-going stroke education

– As available, additional staff should join the group: pharmacy, OT, PT, Speech, physicians, APN, dietary, social workers, case managers, lab, palliative care and others

– Staff should be prepared to speak to their formal processes for care and multi-disciplinary care practices

– Assessments and re-assessments will be a focus

– Patient procedures and hand-off communication are reviewed

– Patients provided tPA (neuro checks, vital signs)

– All staff should be able to speak to PI processes

– Individualized patient goal setting

– Behavior modification for risk factors

– Stroke alert process

– Patient and caregiver education

– Assessing the patient's ability and willingness to learn

– Preparing the patient and caregiver for discharge

– Follow-up care coordination when the patient returns to their own community or to your organization for care after discharge

## Emergency Department Topics for Discussion

– Reviewers will trace the patient from the perspective of the walk-in patient and the patient delivered via EMS

– EMS discussions will take place if EMS personnel are in the ED

– Use of NIH Stroke Scale

– Be prepared to discuss telemedicine practices, as appropriate

– The reviewer will speak to nursing, ED MD, pharmacy, lab, communications nurse and EMS

– Decision for tPA (Rapid Response team, neurologist, ED MD)

– Inclusion and exclusion criteria for tPA

– tPA: weights, mixing, provision, double checks, documentation and staffing (MD, nursing, pharmacy involvement in the process)

– Discussion regarding the administration of tPA (including risks and benefits) as well as other treatment options with the patient, family/significant others. This discussion should be reflected in documentation in the chart.

– Staff education re: stroke, (NIHSS, Dysphagia screens, administration of tPA)

– Preparation for transfer of patient

– Use of Clinical Practice Guidelines (CPGs)

– Use of order sets

– On-call schedule accessibility for neurologists or IA procedures

– Current resources available to staff

– Processes will be reviewed, including transitions of care (CT, ICU, Stroke Unit, procedures)

- Be prepared to speak about how you assure the EMS provider transporting the patient has the level of expertise to ensure that the level of care is not decreasing during transport, especially with patients provided tPA or with a hemorrhagic stroke

- Ensure staff can speak about how the PSC works with the Acute Stroke Ready Hospital or CSC to coordinate the care of the patient. Be prepared to discuss how the PSC interacts with these entities to ensure the transfer of patients is completed in a well coordinated manner.

- A discussion regarding the health care organization's formulary

- If your hospital has a stroke alert occurring while the reviewer is on-site, please notify the reviewer for an opportunity to observe

## Data Management System Tracer

– PowerPoint presentation with ALL data collected as it relates to your stroke program. This is the best method for The Joint Commission to view your data. Method allows for all team members to see and discuss the same data points at the same time.

– Ensure reports have date range and "N" noted with volumes.

– Tracer will start with a discussion of how you utilize the data you collect in your hospital to improve your program.

– 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 hospital who are involved in the collection or interpretation of the data should attend the session.

– Include your patient satisfaction data in this session

– Present all core measures

– Data on the administration of IV-tPA within 60 minutes should be included

– Share all data collected for your program (this should indicate how you are interested in improving different aspects of your program)

– Prepare questions for the reviewer on how to improve your data collection methods, changing your measures, areas to focus on, etc. (ask about best practices seen in other Primary Stroke Centers)

## Credentialing and Privileging and the Peer Review Discussion System Tracer

*Peer Review Discussion is included in this session. Plan to have a MD attend (this could be the Stroke Medical Director, CMO, or VPMA)*

– This discussion will include the number and types of patients selected to review via your peer review process. Sampling versus 100 percent of cases. Criteria should be clear and should not just include outliers.

– The Licensed Independent Practitioners (LIPs) for stroke need to meet on a routine basis to discuss the provision of stroke care (monthly, quarterly, etc.) provided to patients at the health care organization. LIPs include Medical Director, neurologists, ED MD, APNs, intensivists, etc.

– Medical Directors should not be reviewing their own cases

– The process for resolving identified issues should be clear including the peer review process route and the areas identified for further review (process or practitioner issues)

– On-boarding of new MDs will be discussed

– Discussion regarding how the facility verifies credentials for new practitioners

*Credentialing and Privileging documents for LIP files:*

– MD and APN license

– Current DEA

– Appointment and re-appointment of the medical staff

– 8 hours of stroke education for all core stroke team members. This can be in any format (paper or computer). If a journal article, please include in APA format with journal, pages, title, hour verification, date, and any other identifying information.

– OPPE and FPPE

– Credentialing and Privileging documents for all LIPs

– All LIPs should be credentialed and privileged for all procedures they perform

## Competency System Tracer

– Staff identified through tracers (open and closed records)

– All core stroke team members

– RN, technicians, case workers, social workers, pharmacists, OT, PT, speech, and others

– Documents:

   – License / certificate per job description

   – Current job description

   – Copies of all education records related to stroke per organization hour/course requirement

– The reviewer will review education on a rolling annual basis

   – Copies of certificates (BLS, ACLS, PALS, etc.) and degrees per job description

   – Orientation checklist

   – Most recent performance evaluation

– Education for staff who work in specialty areas (ED, ICU, stroke unit) should include documentation of education in NIHSS, dysphagia screening, tPA administration per the HCO's requirements.

## Closing Conference

– The organization can select who they want to attend the closing conference

– You will be able to print the preliminary report once it is published

– The reviewer will discuss the results of the review

– The reviewer will share if they identified any best practices while at your organization and indicate how you can submit them to The Joint Commission's Leading Practice Library

## Tips for Customers

– The Joint Commission will provide a 30 day notice for initials and a 7 day notice for recertification customers

– Ensure your Certification Measure Information Process (CMIP) data is up to date

– Ensure your CPG's are reviewed annually

– Ensure your organization's website is up to date with staff, services, certification as a Primary Stroke Center, etc.

– During the planning session, the reviewer will identify which patients will be traced during the patient tracers. Notify your staff on the inpatient units which patients will be traced so they can prepare for their day.

– Closed records should be ready for our review during the late morning (approximately 11:00 a.m., depending on the number of closed records that need to be reviewed). The reviewer will need at least two computers on wheels (charged) and staff who are able to easily access and maneuver through closed records. In order to assure an efficient review process, we may ask two staff members to find different information on the same patient at the same time.

– Ensure that your team is ready to accompany the reviewer during tracers at the beginning of the day and after lunch.

– Please consider limiting the number of staff who accompany the group. This is for your clinical staff's comfort.

– Suggested staff you may want to consider to accompany the reviewer:

  – Stroke Program Coordinator

  – Stroke Medical Director

  – Stroke team member

  – Scribe

  – If you use an EMR, a staff member familiar with navigating the EMR should accompany the team.

- Make sure you have a secured locked area for the reviewer's personal items

- The reviewer will eat their lunch alone. This provides an opportunity for the customer and the reviewer to have downtime. The reviewer will also take this time to assimilate their thoughts, review documents, call the Central Office Standards Interpretation Group if needed, or check on other items needed for your review.

- Patient satisfaction data for the stroke program will be reviewed. This is specific to the program, not to the hospital.

- Be timely when the reviewer requests to see a policy, guideline, CPG, order set, MD order, procedure note, or other documents. All documents given to the reviewer after the report is locked and published to The Joint Commission will need to be submitted during the 10 day clarification period.

- The reviewer will start their report and notify you when it is published at the end of the day

- Once the report is locked, the reviewer cannot unlock the report

– You can find the report under your Joint Commission extranet site where you found the information for your on-site review

– You can print the preliminary report for your leadership staff. Remember, the preliminary final report may be changed after an internal Joint Commission review by the Standards Interpretation Group at The Joint Commission.

– If you do not agree with a Requirement for Improvement (RFI), simply let the reviewer know. You can discuss the findings during the Special Issue Resolution session. If the reviewer decides not to change the RFI, they have the ability to "flag" the finding(s). The Standards Interpretation Group will review it and get back to you with their decision on the finding(s). They may request additional documentation in order to review the finding(s). Please submit the additional documents directly to the Standards Interpretation Group.

## Value for you, Our Customer

– We are committed to ensuring that subject matter experts review your program. Our reviewers currently work in the area of stroke in a health care organization. This ensures that they are current, contemporary and relevant when reviewing your program.

– Our reviewers consist of Stroke Neurologists, Advanced Practice Nurses, Clinical Nurse Specialists, and Master's Prepared Stroke Program Coordinators

– Reviewers will make the review process as transparent as possible

– No surprises at the end of the review. If we identify an issue, we will point it out to you immediately and provide an opportunity for you to address the situation.

– We will acknowledge staff for their contributions to the process and the program.

– 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 health care environment. If we identify leading practices, we will present this information to your team at the closing conference.

– Improvements in our programs are made based on customer feedback. Please consider the opportunity to complete the Customer Value Assessment and the reviewer evaluation. The Joint Commission is committed to you as our customer. We will review all feedback and, as appropriate, share it with the reviewer. Your feedback also allows us the opportunity to assure that we are being consistent among the team of reviewers when we review your program.

# Notes

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**The Joint Commission**

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 Primary 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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