Spotlight on Success

Advancing Performance Excellence, Together

Primary Stroke Certification by The Joint Commission Assures the Patients in Rural Western Nebraska They Are Getting National Recognized Stroke Care.

Regional West Medical Center in western Nebraska believes the most important question is—what is in the best interest of the patients? The answer when it came to stroke care was pursuing The Joint Commission quality standards to receive Primary Stroke Center Certification.

Q: Why did you choose The Joint Commission for Primary Stroke Center certification?

A: As a Joint Commission accredited hospital, we did not even look at any other type of certification. We are confident in the quality standards and practices of the Joint Commission and we knew when we were making the commitment to become a Primary Stroke Center, we needed the Joint Commission as our partner.

“A benefit of Joint Commission is the support they provided to us. If I had a question or I needed help to interpret a standard, I always got an answer. Even during the review, I felt the reviewer was there to lend expertise. I had a list of questions and she was very helpful and had a lot of patience—making sure all of my questions were answered. I believe The Joint Commission provides valuable education at every step of the process.”

Deb Serda, RN. BSN, MSN
Stroke Coordinator
Regional West Medical Center

For more information on Joint Commission Stroke certification, please call 630.792.5291.
Q. How did you prepare for the Joint Commission Primary Stroke Center certification review?

A: When we decided to develop a stroke center, the position I hold, stroke center coordinator, was created. I began working with our Neurologists who recommended that I learn The Joint Commission standards and guidelines. I studied them, I learned everything I could about stroke care and neurology. I reviewed each one of our policies and met with anyone that cared for our stroke patients.

The most important thing I did was understand the standards and understand the gaps in our policies. My background is clinical education, so I immediately knew how we needed to fill some of the gaps we had in care. The next step was to build the team and get everyone involved in building and improving the program. Teaching everyone the why behind the changes was also important in preparing for the review.

Q: What did you feel was most valuable about the Primary Stroke Center certification review process?

A: During the review we were given practical advice to all of our challenges. The reviewer talked to us about our opportunities and let us know our challenges were not uncommon. She also listened to everyone. She listened to how and why we care for our patients the way we do and related that back to the standards. The entire process was educational and seemed like a partnership to improving patient care than a review process.

Q: What tips would you give to other organizations considering Joint Commission Stroke Certification?

A: I believe the first thing anyone should do is read the standards. Learn what you don’t know, and read what you need to know. Give yourself the personal knowledge you need, then talk to your team. Learn what they are doing in the Emergency Department and on the floors and why. Once you have modified your processes and policies, run mock tracers. The tracers gave our nurses and doctors the opportunities to ask questions and understand the why behind the what.

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OUR RESULTS

IMPROVED RELATIONSHIPS WITH REFERRAL SOURCE

Regional West is in rural western Nebraska, so many critical access hospitals rely on the tertiary care offered here. The Primary Stroke Center Certification tells them that we are here for them, we have a process to expedite any issues and we will care for your patients with high-quality, consistent care.

CONSISTENT QUALITY CARE PRACTICES FOR ALL STROKE PATIENTS

The process of certification and the ongoing education has provided more consistent care practices for our patients. Every team member that treats a patient with stroke knows exactly the protocol that needs to be followed. Not only has it resulted in better patient care, but more confident staff.

IMPROVED QUALITY METRICS

The goal for ischemic stroke care is to make sure that eligible patients get the necessary tPA, blood clot dissolving drugs, within 60 minutes of arriving at the hospital. Before developing our stroke program, we were giving tPA less than 40 percent of the time within 60 minutes. At the time of certification, one year later, we had improved that to 50 percent of our patients received tPA within 45 minutes and 60 percent received tPA within 60 minutes. Those numbers continue to improve since being certified just 4 months ago.