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Joint Commission Stroke Update 2019

June 7, 2019

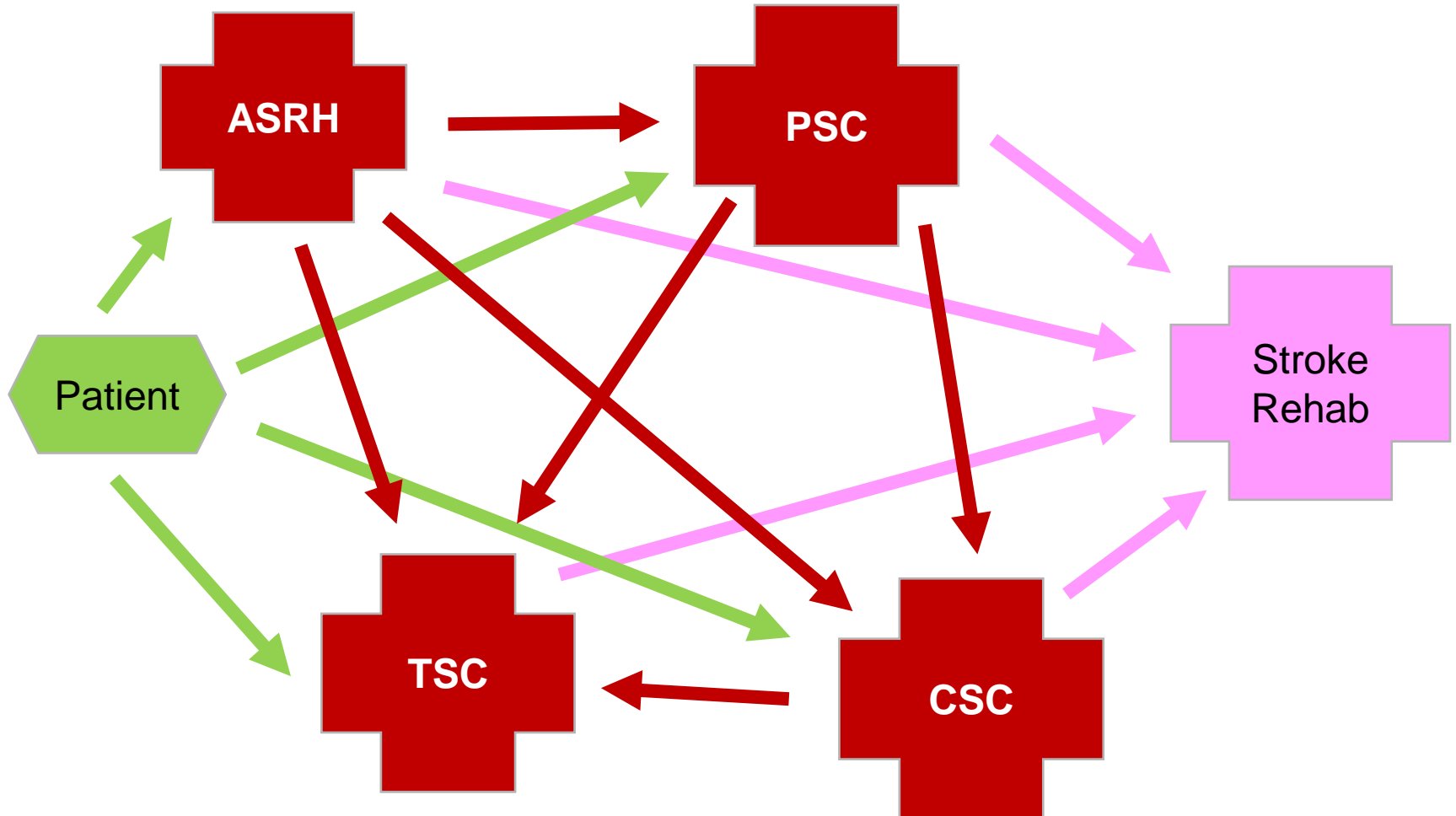


Today's Agenda

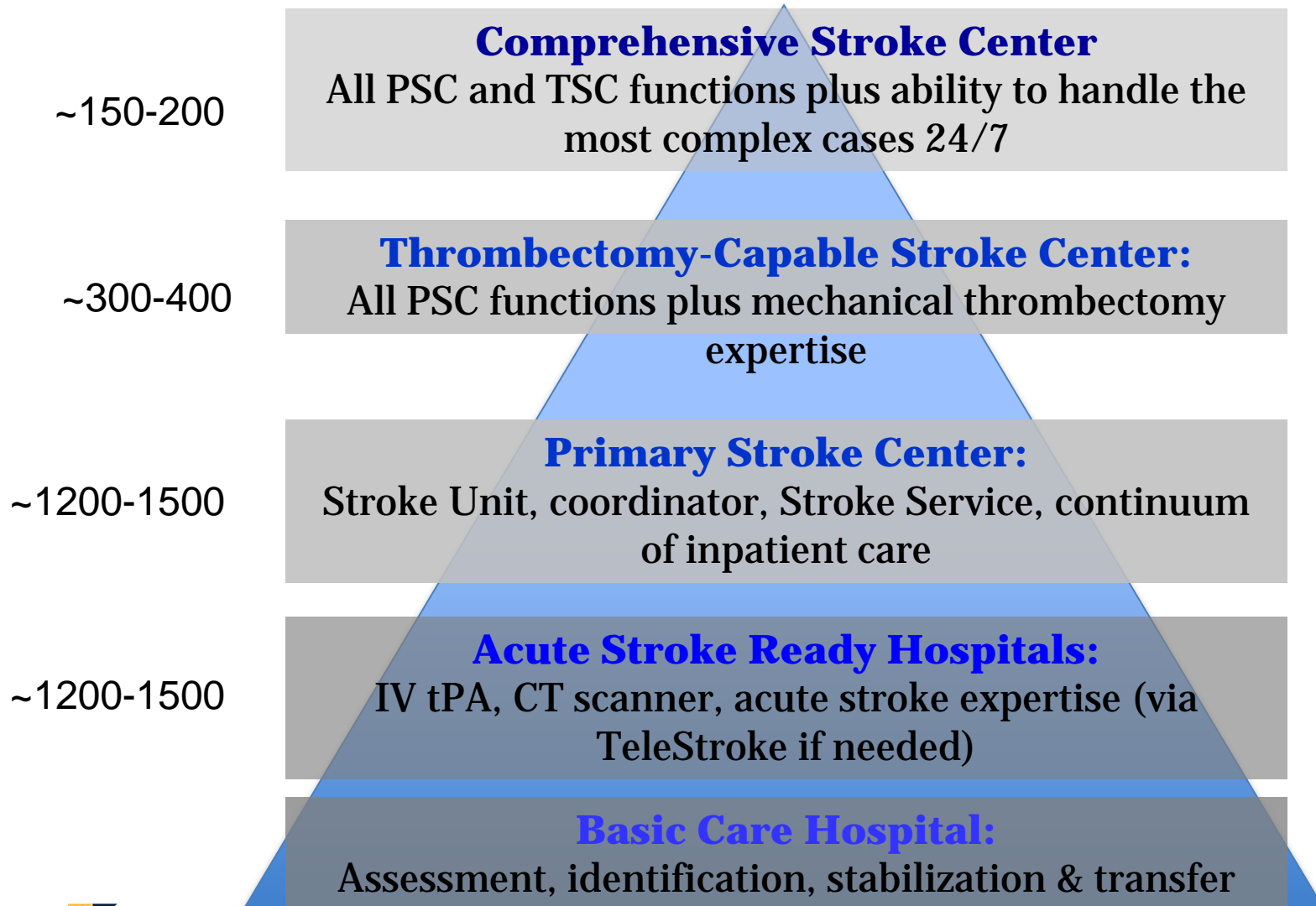
- The levels of stroke certification – key eligibility issues
- Foundational principles (standards, guidelines, measures)
- Most frequently cited standards issues
- Preparation steps and readiness assessment
 - Where are you in your preparation process?
 - What is your timetable?
- Application process
- The on-site review and follow-up
- General Q&A

The levels of stroke certification

Stroke Systems of Care Certification Options



The Stroke Care Pyramid



Stroke Certifications in Michigan

- Comprehensive Stroke – 10 (183)
- Thrombectomy-Capable – 1 (28)
- Primary Stroke – 31 (1103)
- Acute Stroke Ready – 0 (81)

Key Eligibility Issues

- Comparison Grid:

https://www.jointcommission.org/assets/1/18/StrokeProgramGrid_abbrev_010518.pdf

- PSC

- Designated stroke beds/stroke unit
- Ability to administer IV thrombolytic

- TSC

- Mechanical Thrombectomy – 15 per year for the hospital
- AND 15 per year for all physicians performing MT procedures (may count procedures from other hospitals.)

- CSC

- TSC volumes, plus...
- 20 SAH (caused by aneurysm) annually
- 15 coiling or clipping procedures annually
- IV thrombolytic therapy 25 times annually

Key Eligibility Issues

– TSC

- Dedicated neuro ICU care beds available 24/7
- On-site critical care coverage 24/7
- Neurologist 24/7 via in person or telemedicine
- Written call schedule for attending physicians providing availability 24/7
- CT, MRI, labs, CTA, MRA, catheter angiography 24/7

– CSC

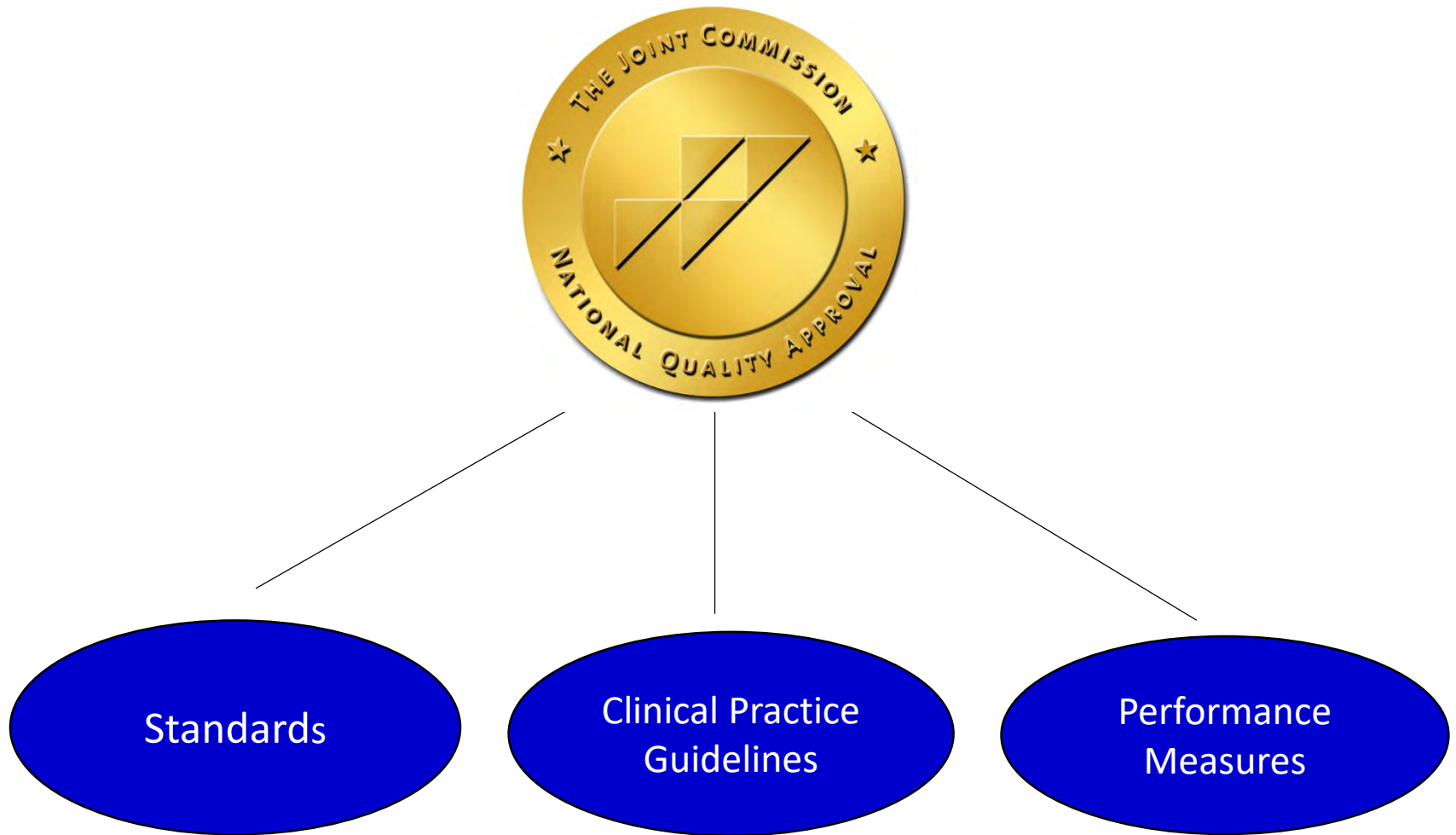
- Ability to meet concurrently emergent needs of multiple complex stroke patients
- 24/7 availability: Neurointerventionist; Neuroradiologist; Neurologist; Neurosurgeon

On-site Review

- PSC
- One reviewer for one day (1x1)
- TSC
- One reviewer for two days (1x2)
- CSC
- Two reviewers for two days (2x2)

Foundational principles of Certification

Core Program Components



Disease-Specific Care Standards

- Five chapters
 - Program Management
 - Delivering or Facilitating Clinical Care
 - Supporting Self-Management
 - Clinical Information Management
 - Performance Improvement and Measurement

Each level of stroke certification has specific elements of performance related to stroke care.

This is the framework for self-assessment.

Clinical Practice Guidelines

- Patient care must be based on guidelines / evidence-based practice
 - Program identifies the guidelines it uses
 - Most stroke programs use the AHA's Get With The Guidelines for stroke, but it is not specifically required
- Review your standards of care – do you have good evidence-based guidelines underpinning the steps you take with every patient?

Performance Measures

- Each level of stroke certification has a specified measure set.
- The *Specifications Manual* describes all of the measures in detail, including inclusion/exclusion criteria:
- https://manual.jointcommission.org/releases/TJC2019A/?_ga=2.19483770.356915625.1555531041-1831552855.1550162524

Changes for 2019 (PSC only)

- **Stroke Outpatient (STK-OP) Measures**
 - STK-OP-1 Door to Transfer to Another Hospital
 - Hemorrhagic Stroke
 - Ischemic Stroke; Drip and Ship
 - Ischemic Stroke; No IV Alteplase Prior to Transfer; LVO and MER Eligible
 - Ischemic Stroke; No IV Alteplase Prior to Transfer; LVO and Not MER Eligible
 - Ischemic Stroke; Ischemic Stroke; No IV Alteplase Prior to Transfer; No LVO
- **Comprehensive Stroke (CSTK) Measures**
 - CSTK-01 NIHSS Score Performed for Ischemic Stroke Patients
- For certified programs, required data collection starts with discharges on or after January 1, 2019
- Not yet certified – will be expected to have four months of data

Performance Measures

- For an initial organization, **no data** is required for the application
- Share a minimum of **four months** of trended data at initial onsite visit
- Monitor data monthly
- Submit data **quarterly** to The Joint Commission

Most frequently cited standards

How Frequently Cited in 2018

CSC	PSC
DSDF.3 – 94%	DSDF.3 – 59%
DSCT.5 – 57%	DSDF.2 – 42%
DSSE.3 – 57%	DSDF.1 – 22%
DSDF.2 – 56%	DSSE.3 – 17%
DSPR.1 – 52%	DSCT.5 – 16%

Most Frequently Cited Standards

- The program is implemented through the use of Clinical Practice Guidelines (CPG's) selected to meet the patient's needs **(DSDF.3)**
- The program initiates, maintains, and makes accessible a health or medical record for every patient **(DSCT. 5)**
- The program addresses the patient's education needs **(DSSE.3)**
- The program develops a standardized process originating in CPG's or evidence-based practice to deliver or facilitate the delivery of clinical care **(DSDF.2)**
- Practitioners are qualified and competent **(DSDF.1)**

Delivering or Facilitating Clinical Care - DSDF.3

- **Standard:** The program is implemented through the use of clinical practice guidelines selected to meet the patient's needs.
- **What Reviewers found**
 - Not following order set / policies / protocols concerning:
 - Vital signs
 - Neuro-checks
 - Blood pressure monitoring / management
 - Dysphagia screening
 - Documentation on Alteplase consideration
 - MD not contacted for changes in vitals signs / neuro-status
 - Transfer protocols

Clinical Information Management – DSCT.5

- **Standard:** The program initiates, maintains, and makes accessible a medical record for every patient.
- **What Reviewers Found**
- Missing documents and documentation in patients' medical records:
 - Consents for treatment missing or incomplete
 - Change in course of treatment due to change in neuro assessment not documented
 - Reasons for not administering tPA not documented
 - Documentation missing on reason for not initiating thrombectomy
 - Last known well not clearly documented
 - Start / end time of specific assessments and therapies unclear or missing

Supporting Self-Management – DSSE.3

- **Standard:** The program addresses the patient’s education needs.
- **What Reviewers Found**
 - No documentation of discussion with patient / family member about treatment options
 - No documented initial and ongoing assessment of patient’s comprehension of program-specific information
 - Lack of discussion of lifestyle changes
 - Patient education:
 - Education material not having appropriate health literacy level
 - Education booklets given to patient / caregiver not individualized to reflect patient needs / condition
 - Lack of education on current diagnosis and/or co-morbid conditions
 - No discussion of resources available for patient or care giver
 - Medication reconciliation documents not containing complete information

Delivering or Facilitating Clinical Care - DSDF.2

- **Standard:** The program develops a standardized process originating in clinical practice guidelines (CPGs) or evidence-based practice to deliver or facilitate the delivery of clinical care.
- **What Reviewers Found:**
 - CPGs not current and/or not reviewed to identify if current
 - CPGs not specific to all stroke sub-types (TIA, ICH, SAH)
 - CPGs unavailable or not being followed for comorbidities (i.e., diabetes)
 - Lack of valid, evidence-based dysphagia screening tool
 - Practitioners unable to find CPGs for reference
 - Order sets not being used when available
 - Order sets / protocols / policies not being followed as written

Delivering or Facilitating Clinical Care - DSDF.1

- **Standard:** Practitioners are qualified and competent.
- **What Reviewers Found**
 - Incomplete credentialing / privileging for procedures performed and/or treatment provided
 - NIHSS training not documented / certification expired
 - Specific stroke competencies not validated for specific job requirements, initially and ongoing
 - Education hours not documented for appropriate staff
 - The program does not assess practitioner competence on an ongoing basis

Transfer Agreements

- Part of the Leadership and Management discussion
- On-site review will also discuss
 - In-transit monitoring
 - Hand-off responsibility
 - Hand-off communications
 - 24/7 availability
 - Target time frames

Preparation steps and readiness assessment

Self-Assessment

- Split up the standards chapters among your team and perform self-assessments, with the standards as the organizing tool.
- Remember, the self-assessment is more than “do we meet the standard,” but also “how can we demonstrate to an outside person that we meet the standard?”

Self-Assessment

- If there is a requirement for a policy or documentation, place all in notebooks by chapter and EP to keep you organized.
- Mock tracers with staff.
- Review charts/documentation
 - Are the medical records complete as you expect or are you finding patterns of missing documentation?

Self-Assessment

- Develop work plans for areas that are not in compliance with standards
- Work with your team to develop a goal for when you expect you will be ready for certification – and focus your efforts on that shared timetable.

A Few Best Practice Tips

- Q. Best practices for using nurse practitioners, mid-levels and PA's as part of the stroke team. Are we seeing any trends in favor of using them – in what capacities? And do we have any best practices on how these staff function as part of the performance improvement teams?
- A. NP respond to code stroke in-house and in the ED, triage patients for therapies (IV TPA, MER), communicate with attending, round on inpatient stroke write orders, and in some places are credentialed to give IV TPA independently.
- Best Practice facilities: University of Louisville, Mt Sinai NYC, University of Kansas, Strong Rochester NY

A Few Best Practice Tips

- Q. Information on best practices for CSC's doing post-discharge follow-up calls. Including how do they record the data if the call isn't exactly at 30 days or 90 days?
- A. GWTG: Gives a window for the call around 30 and 90 days
- Best Practice: Schedule a day and time to call the patient.

A Few Best Practice Tips

- Q. And any updates or trends in EMS training?
- A. LVO scales are the trend. Most successful are city, county, regional
- Best Practice: ED staff completes chosen LVO scale in the ED with the EMS ----- hands on training with real time real patients.

The Application Process

Resources from The Joint Commission

- Call me! 630-792-5697
- I'll help you through questions about eligibility, the preparation process, data requirements, etc.
- deickemeyer@jointcommission.org
- Standards Interpretation Group answers questions about how individual standards are applied
 - www.jointcommission.org “Ask a Standards Question”



The Application Process

- Determine your desired timeline
 - When would you be ready for The Joint Commission to walk in your door?
- Contact Business Development to open the application about 5-6 months before the date you'd like the on-site review.
 - Actual date of review is negotiated with you.
 - Application stays valid for 12 months.

Transition Between Stroke Levels

- At your due date:
 - Confirm your eligibility in advance
 - Submit new application 4+ months before due date
 - We can extend your review window
- Off-cycle:
 - You can choose a new Readiness Date
 - Application 5-6 months before that date
 - Considered a new event in Joint Commission systems
 - Actual date of review is negotiated with you.
 - 30-days advance notice.

The Application Process

- Have the following information ready to go for the application
 - Basic demographic data about your program
 - Overall volume and procedure volumes
 - The name(s) of the clinical guidelines you have adopted
 - Answers to the seven-question PI Plan document – describe your program’s performance improvement activities
 - Your Readiness Date
- Please note: You DON’T need to submit any measurement data with the application!

Schedule the Review

- 30-days' notice of initial review for a program
- Plan how you want to present your program in the opening conference
 - Does not need to be elaborate
 - Tell us your story
- Decide who will accompany the reviewer for the day
- Assemble the four months of data on your measures
 - How do you look at your own data?

On-Site Review and Follow-Up

Disease-Specific Care Certification Review Process Guide

2019



[https://www.jointcommission.org/
/assets/1/6/2019_Disease_Specific
_Care_Organization_RPG.pdf](https://www.jointcommission.org/assets/1/6/2019_Disease_Specific_Care_Organization_RPG.pdf)

The Results of Your Review

- The SAFER Matrix (Survey Analysis for Evaluating Risk)
- A transformative approach for identifying and communicating risk levels associated with deficiencies cited during reviews
- Helps organizations prioritize and focus corrective actions
- Provides one, comprehensive visual representation of survey findings

The Joint Commission's Survey Analysis for Evaluating Risk (SAFER) Matrix™

Likelihood to Harm a Patient/Staff/Visitor

HIGH
(harm could happen at any time)

MODERATE
(harm could happen occasionally)

LOW
(harm could happen, but would be rare)

Immediate Threat to Life (a threat that represents immediate risk or may potentially have serious adverse effects on the health of the patient, resident, or individual served)		

LIMITED
(unique occurrence that is not representative of routine/regular practice)

PATTERN
(multiple occurrences with potential to impact few/some patients, visitors, staff and/or settings)

WIDESPREAD
(multiple occurrences with potential to impact most/all patients, visitors, staff and/or settings)

Scope

Follow-Up Actions

- All Requirements for Improvement (RFIs) require follow-up information within 60 days
- All findings require an Explanation of Standards Compliance (ESC)
- Findings of higher risk require 2 additional ESC fields involving leadership
- And then you receive your final certification award.



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STROKE CERTIFICATION

Questions?

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Want to learn more?

Stroke Certification Conference

June 20, Chicago

<https://www.jcrinc.com/stroke-certification-conference-june-20-2019/>