Comprehensive Stroke Center (CSC) Certification Quick Guide

Your inside track for applying, on-site process checklists, helpful tips, and more.
2017 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
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.
  o Discussion of risk factors and strategies for modifications.
  o Discussion of the patient’s willingness and ability to learn.
  o Discussion of support services: dietary, activity, medications, follow up appointments and other self-support requirements.

Key Areas for Review
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:
  o Physicians (ED, ICU, Neuro, IR)
  o Other staff (ED, ICU, step down units, IR, etc.),
  o OT/PT/Speech/Case Managers, if they are part of the core stroke team
  o 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).
  o Short term and long term goals must be documented in the MR after clinical rounding.
  o Documentation in the MR should demonstrate the patient is involved in goal setting.
  o Patient / care giver education regarding stroke care should be readily visible in every chart.
  o Reviewers will speak to EMS providers if they are in the ED at the time of the tracer.
  o Ensure your CMIP data is up to date
  o Provide for two teams with scribes and your observers.
o Limit the number of staff accompanying the reviewers for your staff’s comfort.

o Ensure a staff member comfortable with the EMR in open and closed records is available during open and closed chart reviews.

o Ensure all staff who support the stroke program minimally attend the opening and closing conferences.

• Data management tracer: the most successful organizations prepare a power point which allows all staff and reviewers to see the same data elements at the same time.
  o The staff who abstract, collect and analyze the data should attend the session.
  o 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.
  o Prepare to share education related to stroke for all categories of staff who provide stroke care.

  o 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.
  o 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.
  o 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.
  o 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 that will be 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
Documents to Prepare for the On-site Review:

- 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

- 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.
  o Ensure responsibilities as they relate to the stroke program are clearly defined.

• Provide 2 copies of the stroke alert process for your facility.
  o 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: Helping Health Care Organizations Help Patients

Contact us to receive complimentary resources/tips and an overview of the application process.
(630) 792-5291
certification@jointcommission.org