The Joint Commission

Acute Stroke Ready Hospital

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Perspective

Prior to ASRH certification, The Joint Commission provided two levels of stroke center certification—primary stroke and comprehensive stroke.

The literature indicated that many patients who have an acute stroke live in areas without ready access to a primary or comprehensive stroke center.

In fact, at least 50% of the population in the United States lives more than 60 minutes away from a primary stroke center.

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Perspective

Less than 5% of stroke patients receive t-PA (ineligible due to delay in treatment)

It was estimated that 1,200-1,500 rural facilities have the capability to complete a CT scan, access Neuro expertise (onsite or telemedicine), and administer t-PA

In November 2013, The Brain Attack Coalition published the “Formation and Function of Acute Stroke-Ready Hospitals Within a Stroke System of Care; Recommendations from the Brain Attack Coalition”

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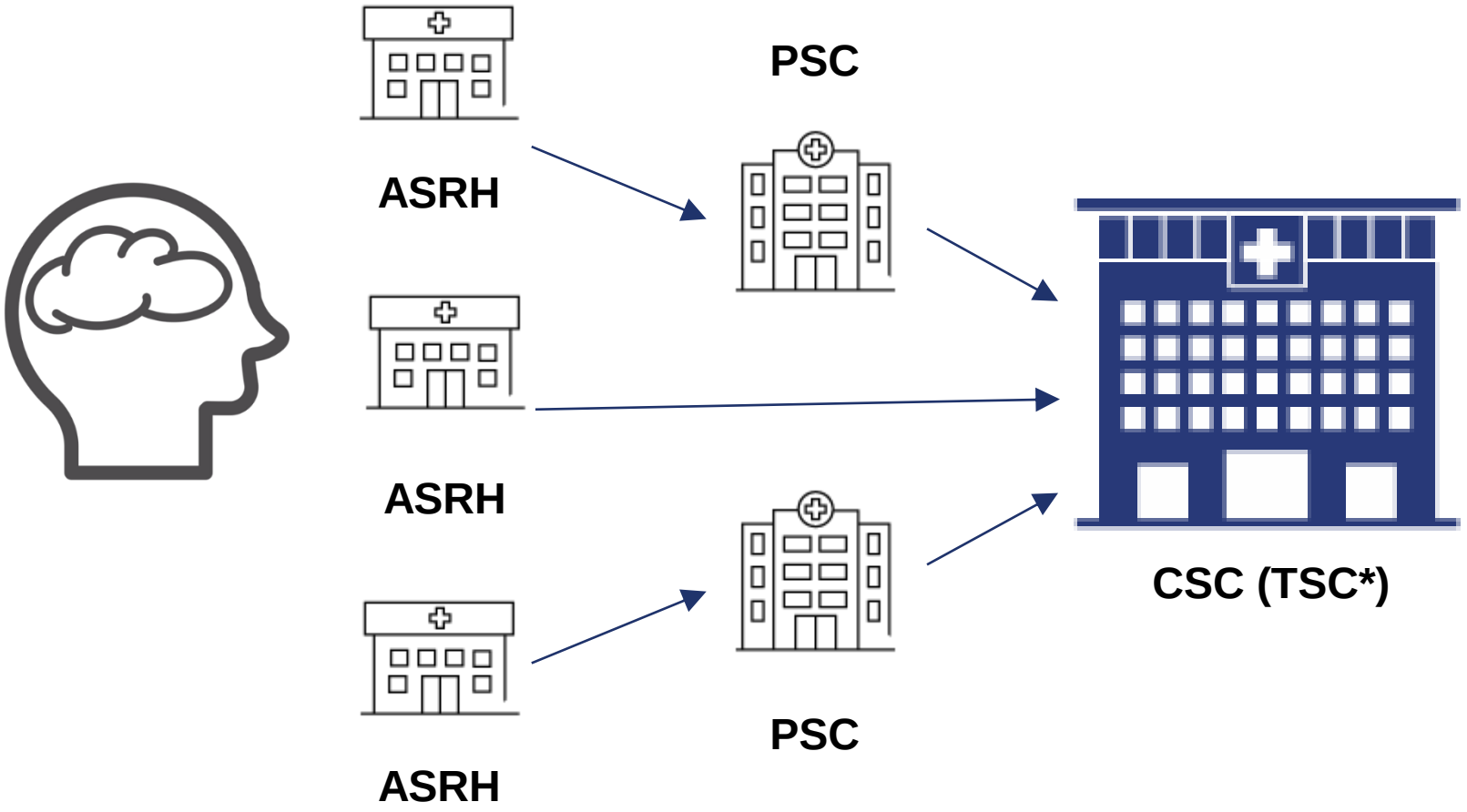
Critical Role in the System of Care



The Gold Standard in

Private Accreditation and Certification

Acute Stroke Ready Hospital certification

- Acute care, critical access and rural
- Receive acute stroke patients in ER
- Perform and interpret labs and CT
- Administer IV Thrombolytics
- Transfer patients to a PSC or CSC for ongoing care

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Certification with The Joint Commission

- 3,975 Disease Specific Care certifications, across 110 certification programs with TJC
- 1,379 Stroke Centers certified with TJC
- 177 CSC
- 23 TSC
- 1102 PSC
- ***Only 77 ASRH***

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Learning Objectives

- Introduction to ASRH Certification
- Eligibility Requirements
- ASRH Standards
- Performance Measures
- The Onsite Review
- Steps to becoming certified
- Benefits and Motivation to act

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Acute Stroke Ready Hospital Certification

- 2 Year Certification
- Biennial Onsite Reviews with Intracycle Calls
- Awarded after meeting requirements and standards, and participating in an onsite review
- Awarded at the site level
- The Joint Commission's Acute Stroke Ready Hospital Certification* program is based on the "Formation and Function of Acute Stroke-Ready Hospitals Within a Stroke System of Care Recommendations from the Brain Attack Coalition," published in the Stroke journal in December 2013.

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Acute Stroke Ready Hospital Certification

Eligibility Requirements

- In the United States, operated by the US government, or operated under a charter of the US Congress
- Served a minimum of 10 ischemic stroke patients
- Able to provide 4 months of Performance Measure data at time of onsite review
- Joint Commission Accreditation is *not* required
- Annual volume requirements are *not* required
- Pre-requisite certifications are *not* required

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Key Elements of Certification

Clinical Practice
Guidelines

Performance
Measures

Performance
Improvement

TJC ***Standards*** for Disease Specific Care

E-dition®

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Advanced Disease Specific Care Standards

There are 6 chapters of standards in E-dition® and the Comprehensive Certification Manual:

- CPR: Certification Participation Requirements
- DSPR: Program Management
- DSDF: Delivering and Facilitating Clinical Care
- DSSE: Supporting Self Management
- DSCT: Clinical Information Management
- DSPM: Performance Measurement

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Program Management (DSPM)

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Program Management (DSPM)

DSPR.1, EP.1 The program identifies members of its leadership team

- *The organization appoints an ASRH Medical Director*
- *Note: The director must have sufficient knowledge of cerebrovascular disease to provide administrative leadership, clinical guidance and input to the stroke program*

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Program Management (DSPM)

DSPR.1, EP.2 The program defines the accountability of its leaders

- *Written documentation showing support of the ASRH program by the hospital or healthcare administration*

DSPR.1, EP.4 The program leader(s) identifies, in writing, the composition of the interdisciplinary team

- *The organization appoints an* **Acute Stroke Team**

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Program Management (DSPM)

DSPR.2 The program is collaboratively designed, implemented & evaluated, EP.1; The **Interdisciplinary Team** designs the program

- *The interdisciplinary team composition reflects the needs of the patient population*

Program Management (DSPM)

DSPR.3, EP.4 The services provided by the program are relevant to the target population

- *The hospital collaborates with Emergency Medical Services (EMS) providers to ensure the following:*
  - EMS alerts hospital of suspected stroke patient
  - The organization has access to EMS treatment protocols
  - The organization and EMS use at least one field assessment tool
- The program has 24/7 access to a PSC or CSC
- There is a written transfers protocol

Program Management (DSPM)

DSPR.5, EP.1 The program defines in writing the care, treatment and services it provides

- *The organization's formulary or medication list must include an IV thrombolytic therapy medication approved by the USFDA for the treatment of ischemic stroke.*

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Program Management (DSPM)

DSPR.5, EP.3 The program provides care, treatment, and services to patients in a planned and timely manner.

- ***24/7* Acute Stroke Team** *with one member responding the to the patient's bedside within 15 minutes of being called*
- *An NP, PA or MD on-site to supervise patient care, order medication and manage emergent issues*
- *There must be a written process to notify the acute stroke team*

Program Management (DSPM)

DSPR.5, EP.3 The program provides care, treatment, and services to patients in a planned and timely manner (continued)

- ***24/7*** *on-site* **laboratory** *testing (CBC, plts, coags, chem 7, trop)*
- ***24/7*** *on-site ability to perform a* **CT** *scan of the brain*
- *An MRI brain may be performed in lieu of the CT brain*

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Program Management (DSPM)

DSPR.5, EP.7 The program provides the number and types of practitioners needed to deliver or facilitate the delivery of care, treatment and services

- *Neurosurgical services are available to patients within 3 hours of it being deemed necessary*
- *There is a written protocol for transfer that includes communication and feedback from the receiving facility*

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Delivering & Facilitating Clinical Care (DSDF)

Delivering & Facilitating Care (DSDF)

DSDF.1, EP.1 Practitioners have the education, experience, training and/or certification consistent with the program's scope of services, goals and objectives

- *The organization's Clinical Staff have knowledge of the process used to notify designated practitioners of the need to respond to patients with an acute stroke*

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Delivering & Facilitating Care (DSDF)

DSDF.1, EP.1 Practitioners have the education, experience, training and/or certification consistent with the program's scope of services, goals and objectives (continued)

- *ED Practitioners demonstrate knowledge of IV thrombolytic therapy protocols for acute stroke including:*
  - *Treatment during the first three hours after the patient was last known well*
  - *Indications /contraindications for thrombolytic therapy*
  - *Patient/family education regarding the risks and benefits of thrombolytics*
  - *Symptoms of clinical deterioration after thrombolytics*

Delivering & Facilitating Care (DSDF)

DSDF.1, EP.7 Ongoing in-service and other education and training activities are relevant to the scope of services

- *The Medical Director of the program: 4 hours annually, related to the care of patients with cerebrovascular disease.*
- *Members of the Core Stroke Team, as identified by the organization: at least 4 hours annually, related to the care of patients with cerebrovascular disease.*
- *Emergency Department staff, defined by the organization: twice a year, related to stroke diagnosis and treatment*
- *The above requirements do NOT apply to the Emergency Physicians*

Delivering & Facilitating Care (DSDF)

DSDF.2, EP.2 The selected clinical practice guidelines are based on evidence that is determined to be current by the clinical leaders

- *Emergent care for ischemic and/or hemorrhagic stroke*
- *Dysphagia screen*
- *IV thrombolytic therapy*
- *Time parameters for stroke workup*

Clinical Practice Guidelines

The organization is asked to identify the Clinical Practice Guidelines that it follows. Common examples include:

- *Recommendations from Brain Attack Coalition for Acute Stroke Ready Hospitals, 2013.*
- *American Heart Association/American Stroke Association Guidelines for the Early Management of Patients with Acute Ischemic Stroke, 2018*
- *Scientific Rationale for the Inclusion and Exclusion Criteria for Intravenous Alteplase in Acute Ischemic Stroke A Statement for Healthcare Professionals From the American Heart Association /American Stroke Association. AHA/ASA Scientific Statement (2016)*

Delivering & Facilitating Care (DSDF)

DSDF.2, EP.3 The program leader(s) and practitioners review and approve clinical practice guidelines prior to implementation.

- *Annual Review required, unless necessity dictates a shorter period*

DSDF.2, EP.4 Practitioners are educated about clinical practice guidelines and their use

- *67% of emergency department practitioners are educated on acute stroke protocols*

Delivering & Facilitating Care (DSDF)

DSDF.3, EP.2 Assessments and reassessments are completed according to the patient's needs and clinical practice guidelines

- *An ED MD, NP (with prescriptive authority) or PA (with prescriptive authority) performs an assessment for a suspected stroke patient within 15 minutes of patient arrival to the ED.*
- *Ongoing assessments are completed in accordance with the program's stroke protocol*
- *The NIHSS is used as an initial neuro-assessment (and performed by a qualified team member) of patients with acute stroke*
- *A blood glucose level is completed for any patient presenting with stroke symptoms*

Delivering & Facilitating Care (DSDF)

DSDF.3, EP.2 Assessments and reassessments are completed according to the patient's needs and clinical practice guidelines (CONTINUED)

- *The hospital has the ability to perform and read a non-contrast CT or MRI within 45 and 60 minutes respectively of being ordered*
- *Radiology reads may be done off-site but must be read by a board-certified radiologist or physician with expertise in reading brain CT/MRIs*
- *Lab tests, ECG and Chest X ray are completed and resulted within 45 minutes of patient arrival*
- *Patients with stroke symptoms are screened for dysphagia prior to any oral intake*

Delivering & Facilitating Care (DSDF)

DSDF.3, EP.3 The program implements care, treatment, and services based on the patient's assessed needs

- *Completion of lab tests, ECG and Chest X-ray should NOT delay the administration of IV thrombolytics*
- *Telemedicine / tele-radiology equipment is on site for transmission of information*
- *Telemedicine link is initiated within 20 minutes of the ED MD or stroke team determining it is necessary*

Delivering & Facilitating Care (DSDF)

DSDF.5, EP.1 The program coordinates care for patients with multiple needs

- *Protocols address policies for patient transfers*
- *Protocols geared to meeting patient and family needs – i.e. hospice or palliative care*
- *Goal to transport patients to a higher level of care within two hours of arrival or when medically stable*

Delivering & Facilitating Care (DSDF)

DSDF.6, EP.4 The program provides education and serves as a resource, as needed, to practitioners who are assuming responsibility for the patient's continued care, treatment, and services

- *The acute stroke ready hospital makes educational opportunities available to prehospital personnel, as defined by the organization.*

Delivering & Facilitating Care (DSDF)

DSCT.4, EP.2 The program shares information with relevant practitioners and/or health care organizations to facilitate continuation of patient care

- *CT, CTA, MRI, MRA*

DSCT.5, EP.4 The medical record contains sufficient information to justify the care, treatment, and services provided

- *Documentation indicates the reason eligible ischemic stroke patients did not receive IV thrombolytic therapy*

Delivering & Facilitating Care (DSDF)

DSCT.5, EP.5 The medical record contains sufficient information to document the course and results of care, treatment, and services

- *Stroke program practitioners document all assessments and interventions provided for stroke patients, including date and time, in accordance with the hospital's policy*

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Performance Measurement (DSPM)

Standardized Performance Measures

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For Outpatient:

- ASR-OP-1: Thrombolytic Therapy: Drip and Ship
- ASR-OP-2: Door to Transfer to Another Hospital

For Inpatient:

- ASR-IP-1: Thrombolytic Therapy: Inpatient Admission
- ASR-IP-2: Antithrombotic Therapy By End of Hospital Day 2
- ASR-IP-3: Discharged on Antithrombotic Therapy

Performance Measurement (DSPM)

DSPM.3, EP.2 The program collects data related to processes and outcome of care

Stroke Code Activations
Practitioner response times
Diagnostic testing
Acute treatments
Patient diagnosis
Door to IV Thrombolytic times
Patient complications
sICH and serious life-threatening events
Disposition

Performance Measurement (DSPM)

DSPM.1, EP.1 The program leaders identify goals and set priorities

- *The program monitors its ability to administer IV thrombolytics within 60 minutes to eligible patients presenting for stroke care*

Performance Improvement Plan

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Action Plan

Activities that are currently underway to achieve or meet the current year's Performance Improvement goals and objectives

Goals & Objectives

Common *Examples*

Performance Measures

Stroke Log Times

Stroke Alert

Transfers

Compliance

Education

Satisfaction

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The Initial Onsite Review

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Initial Onsite Review

Be able to demonstrate consistent application of Joint Commission Standards and Clinical Practice Guidelines you've identified

- The hospital determines a Ready-Date, *(ideally a minimum of 4-6 months after the time of application)*
- 30-day advance notice
- 4 months of data for Performance Measures will need to be uploaded prior to review *(Not at time of application)*
- 1 Reviewer, 1 Day

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Initial Onsite Review

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Elements of the Agenda

- Opening Conference and Program Orientation
- Tracer Methodology
  - Individual Patients
  - Data Management
- Competence Assessment and Credentialing Session
- Closing Conference
  - SAFER Matrix

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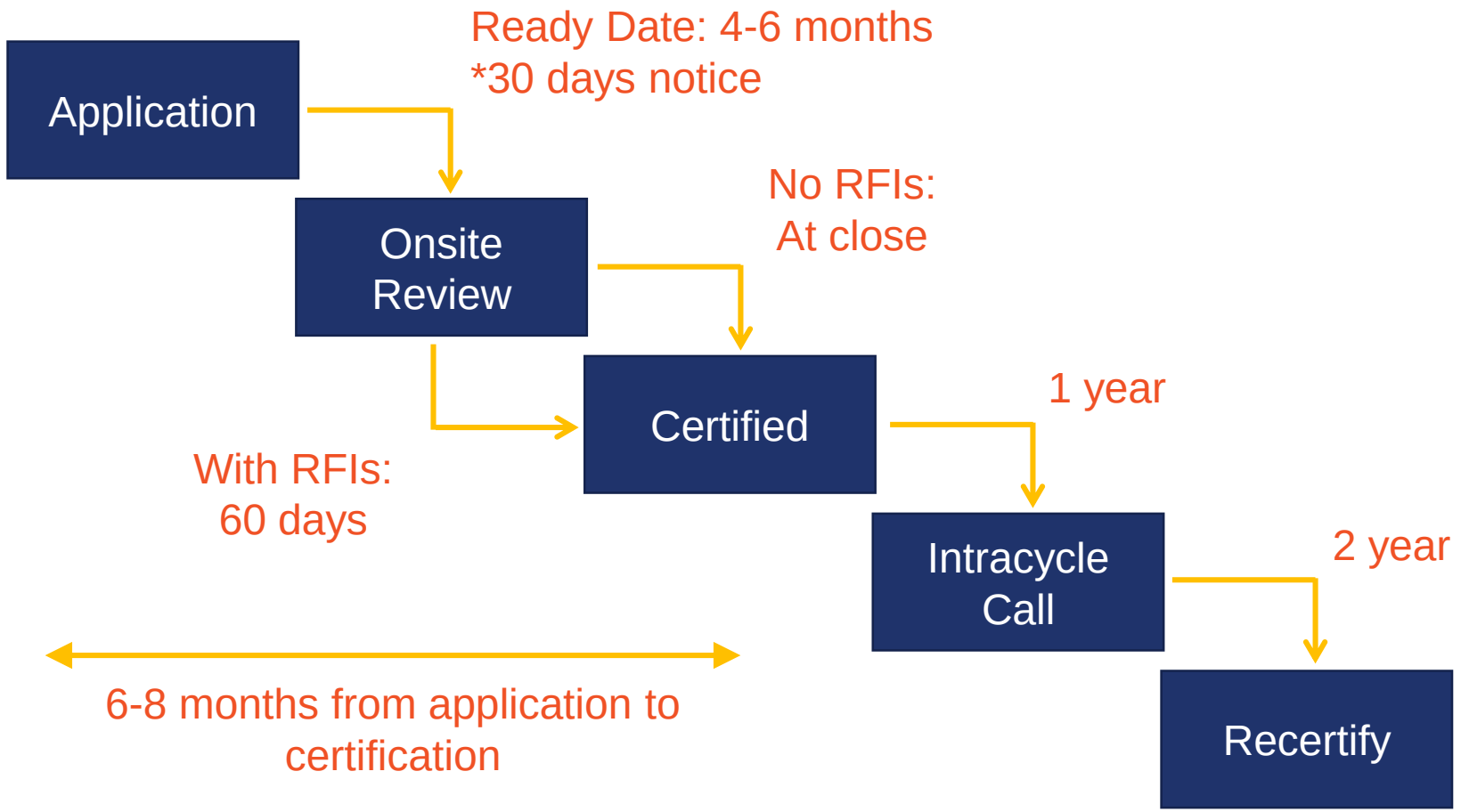
Becoming Certified

Timelines

The Application and Certification Cycle



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Associate Directors

Your Key Resources to Reply

To identify your **Associate Director**, obtain information and materials, and begin the process, contact us at certification@jointcommission.org.

Loren Salter lsalter@jointcommission.org	**David Eickemeyer** deickemeyer @jointcommission.org
Zachary George zgeorge @jointcommission.org	**Caroline Isbey** cisbey@jointcommission.org

Standards Interpretation Group, accessible through Connect® or https://www.jointcommission.org/standards_information/jcfaq.aspx

Steps to Become Certified

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Connect with your Associate Director

- Contact us a certification@jointcommission.org

Pre-Application

- Review Standards in E-dition® and analyze gaps
- Review Standardized Performance Measures
- Identify Clinical Practice Guidelines
- Complete Performance Improvement Plan
- Establish a Ready Date

Complete Application on Connect® portal

- No Performance Measure data required

Prepare for Onsite Review

- Use the Review Process Guide on Connect® portal
- Upload most recent 4 months of measure data

Onsite Review

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Advertise your Achievement!!!

Deciding to Become Certified

Benefits of Acute Stroke Ready Hospital Certification

Achieving certification through The Joint Commission sets your program above the rest with a Pathway to Excellence

- Framework to improve patient outcomes
- Efficiency throughout continuum
- Consistency and Sustainability
- Reducing Variation in care, and Risk of Error
- Competitive edge
- Staff recruitment

92% of our customers tell us that certification through The Joint Commission improves patient outcomes.

Source: Value of Certification, Market Research, 2016.

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Acute Stroke Ready Hospital Certification

Thank You!

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