

Hear a Reviewers Perspective on Primary Stroke Center Certification

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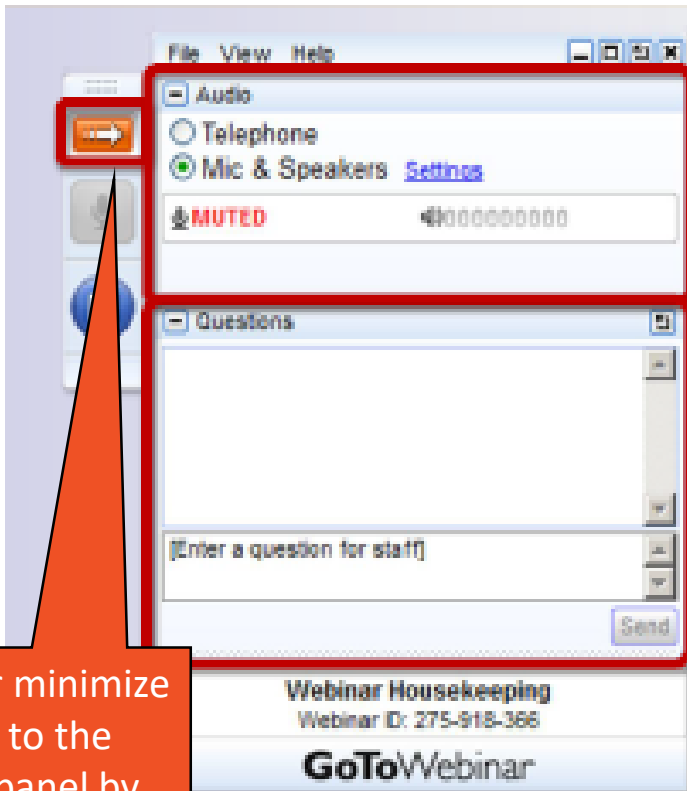
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February 19, 2019



Housekeeping Notes



Expand or minimize access to the control panel by clicking on this arrow

Your Participation

- Make sure to join audio choosing either the “Mic & Speakers” or “Telephone” option
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Objectives:

1. Identify the 3 components of Primary Stroke Center Certification
2. Learn how to prepare for stroke certification
3. Hear a Joint Commission Reviewer describe their perspective of an onsite review
4. Discuss the most frequently cited PSC standards

When it comes to accreditation, no organization can match The Joint Commission's experience and knowledge. This legacy of excellence and robust expertise is applied with equal passion and rigor to stroke certification programs.

– Accreditation is Just the Beginning

A Spectrum of Benefits

The Power of Single-Provider Partnership

With a suite of certification offerings covering your entire spectrum of services, The Joint Commission provides benefits no a la carte provider can, including:

- Seamless, logistical implementation
- Certification reports tailored to your specific needs
- A unified platform for consistent care delivery
- An efficient, affordable single process



Joint Commission in collaboration with the American Heart Association/American Stroke Association offer four Advanced Stroke Certifications.

Stroke Systems of Care

What is Stroke Certification?

Our comprehensive portfolio of stroke certifications meets the customized needs of every type of hospital within your system.

Certification is your organization's commitment to continuous performance improvement, providing high quality patient care and reducing risks. Stroke Certification options are evaluated under the Disease-Specific Care Certification manual and have three main components:

- Standards
- Clinical Practice Guides
- Performance Measurement

This structure provides a framework for consistency of care to improve patient outcomes.



Top 5 Reasons to Pursue Stroke Certification

- Designation for excellence in the care of stroke patients
- Creates a loyal, cohesive clinical team
- Assists organizations in establishing a consistent approach to care, reducing variation and the risk of error
- Demonstrates commitment to a higher standard of clinical service
- Provides a framework to improve patient outcomes



Roadmap to Certification

MEET YOUR ASSOCIATE DIRECTOR

- certification@jointcommission.org

STEPS TO APPLICATION

- Review Standards in E-dition® and analyze gaps
- Identify Clinical Practice Guidelines
- Identify Performance Measures
- Complete Performance Improvement Plan

ONLINE APPLICATION

- Complete through Connect® Portal *No Data Uploaded at Application*

ON-SITE REVIEW (typically occurs 4-6 months after application is submitted)

- 30 day advance notice
- Upload most recent 4 months of data for Performance Measures prior to visit
- One Reviewer, One Day

Why Choose The Joint Commission?



- Collaborative, educative review process
- Reviewers are clinical experts in the area of stroke
- Reviewers are employees, not contractors or volunteers
- Answers to your questions just a dial or click away
- Many resources available
- More hospitals choose Joint Commission stroke certification

PSC

Preparation for a Successful, Smooth and Meaningful Review

Karen B. Seagraves, RN, MPH
ACNS-BC, ANP-BC, FAHA
TJC Field Reviewer since 2009

February 19, 2019



Agenda:

1. Introduction to disease specific certification
2. Resources for preparation
3. Gap Analysis
4. Measures and standards
5. Day of review
6. Top Standards Compliance Data 1/18-6/18

Disease-Specific Care Certification Review Process Guide

2019



Preparation

What to expect

Read the guide

Use the standard agenda template

Invite the required attendees

Prepare the requested documents

Print a detailed list of in-house patients

Provide a list of discharged patients

Discuss specific needs with the reviewer

Map logistics and identify needed resources
for data session and competency
credentialing

Preparation

Developing the Program

- Build your team
 - Multidisciplinary- program leaders/ core team
 - Stakeholders- Who touches the patient?
 - EMS, ED, CT, MRI, IR, OR, PACU, ICU, OT, PT, SLP, Care Manager, Social Work, Dietician, Chaplain, Volunteer
- Perform gap analysis
 - DSC Standards-use the manual
 - Self-assessment tool/ Excel spreadsheet
- Assign team members responsibilities
- Create Timeline

Performance Improvement

Standardization

- Evidence based care demonstrated in written order sets/ policies/ protocols
 - Discussion, approval, ongoing review and updates of CPGs
 - Process to update all protocols/ ordersets/ policies with most current CPGs
 - Education of ALL department staff/ practitioners including MDs/Residents/ APPs that admit as well as provide consultative services
 - Ability of staff to access the CPGs
- Process in place to monitor, collect, disseminate and respond to:
 - Utilization of order sets/ policies/ protocols
 - Patient outcomes
 - Quality Measures
 - DIDO

Tracer and Record Review

Compliance

- Completeness? Does it tell you the patient story?
- Assessment for education needs based on etiology/ personal risk factors?
- Ongoing education provided based on assessed individualized needs/ discharge needs?
- Are stroke specific order sets/ protocols/ policies being used?
- Does patient care follow the ordersets/ protocols/ policies?
- Are patients/ caregivers being assessed for education needs/ discharge needs?
- Are written education materials provided?
- Documentation for treatments/ no treatments?
- Consents?

Competency and Credentialing

Education and Training

- Stroke-specific Orientation/ Education/ Competency completed (will look back at least 1 year)
- Current licensures/ certifications/ primary source verification process
- Orientation and competencies for requirements in job descriptions
- ACLS, Moderate Sedation, NIHSS
- Current electronic transcripts with content guides available for review
- Completeness of credentialing/ privileging including procedures performing/ treatment providing
- OPPE

Disease-Specific Care Certification

Top Standards Compliance Data from
January 1 through June 30, 2018

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Most frequently cited DSC standards: Requirements for Improvement

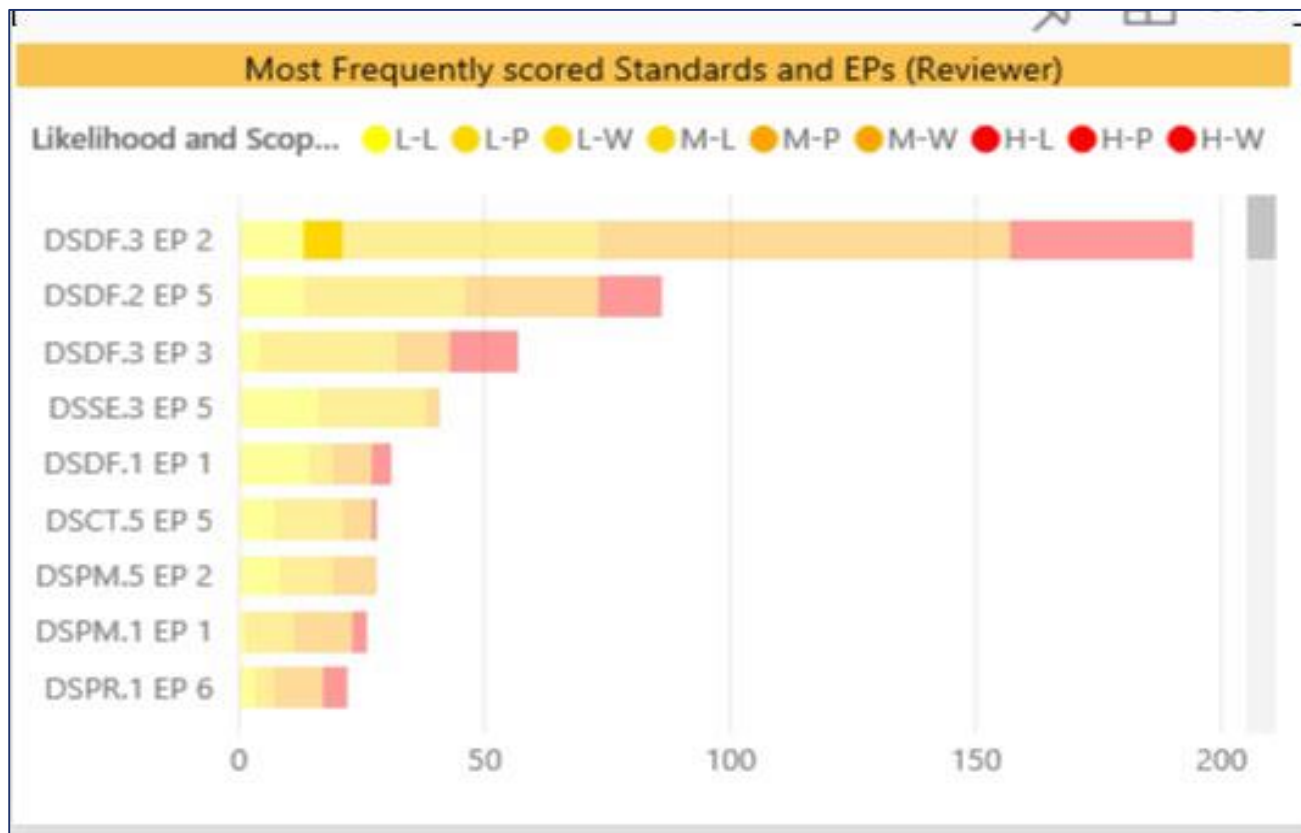
- 47% DSDF.3 The program is implemented through the use of clinical practice guidelines selected to meet the patient’s needs.
- 26% DSCT.5 The program initiates, maintains, and makes accessible a medical record for every patient.
- 22% DSDF.2 The program develops a standardized process originating in clinical practice guidelines (CPGs) or evidence-based practice to deliver or facilitate the delivery of clinical care.
- 22% DSSE.3 The program addresses the patient’s education needs.
- 21% DSDF.1 Practitioners are qualified and competent.

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Most frequently cited DSC standards: Requirements for Improvement

- 13% DSPR.1 The program defines its leadership roles.
- 10% DSDF.4 The program develops a plan of care that is based on the patient's assessed needs.
- 10% DSPM.5 The program evaluates patient satisfaction with the quality of care.
- 9% DSSE.1 The program involves patients in making decisions about managing their disease or condition.
- 6% DSPR.5 The program determines the care, treatment, and services it provides.

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Pearls of Wisdom

Take a deep breath

- No program (and no reviewer) is perfect
- Be open to learning and identifying unknown risk
- Help us to help and inspire you to improve
- Eliminate the term “continuous readiness” from your vocabulary
 - Do what is best for the patient and you will always be prepared for your review
- Join us in **Leading the Way to Zero Harm**
- **Thank you!**

Questions?



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