

A Reviewers Perspective on TSC and CSC Certification

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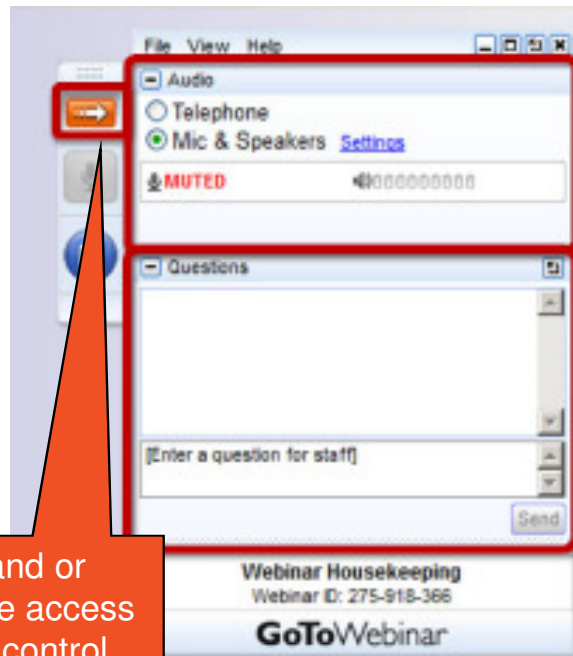
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February 19, 2019



Housekeeping Notes



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- Make sure to join audio choosing either the "Mic & Speakers" or "Telephone" option
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- If you're having audio difficulty Raise Your Hand or submit comments in the Questions module
- Presentation slides can be downloaded any time via the Handouts module
- You will be provided a recording of today's presentation

Objectives:

1. Identify the 3 components of Advanced 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 TSC/ CSC 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 and Improvement

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
- TSC – one reviewer, two days
- CSC – two reviewers, two days

Stroke Systems of Care

Featured Stroke Certifications



Comprehensive Stroke Center (CSC) Certification

CSC certification means a hospital is ready 24/7 to deliver advanced stroke care and recognizes the significant differences in resources, staff, and training that are necessary to treat complex stroke cases. In many areas, EMS routing protocols will dictate where the most serious cases are taken.

Some of the key requirements are:

- Acute stroke team and neurosurgical services available 24/7
- Dedicated neurointensive care unit beds for complex stroke patients 24/7
- Comprehensive diagnostic services
- Ability to concurrently meet the needs of two complex stroke patients 24/7

For a complete list of eligibility and requirements refer to the CSC standards

Trusted industry
leader certifying
75% of all CSCs.

Stroke Systems of Care

Featured Stroke Certifications



Thrombectomy-Capable Stroke Center (TSC) Certification

The new TSC certification identifies hospitals that meet rigorous standards in performing endovascular thrombectomy (EVT) and providing post-procedural care. The Joint Commission developed this addition to our stroke portfolio because (1) recent studies have shown the efficacy of mechanical thrombectomy for large vessel occlusive ischemic strokes, and (2) a diverse network of stroke-certified hospitals results in the best patient outcomes, as patients can get to the right location as soon as possible.

Some of the key requirements are:

- Acute stroke team available 24/7
- Access to a neurologist 24/7 via in person or telemedicine
- Designated stroke beds
- Sufficient diagnostic services
- Ability to provide IV thrombolytics

For a complete list of eligibility and requirements refer to the TSC standards

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

TSC and CSC:

Preparation for a Successful, Smooth and
Meaningful Review

Mary Kelly, MBA, RN, CNRN, FAHA

TJC Field Reviewer since 2009

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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

Preparation

Review Process Guide

Your Guide to the Review Process

- Required Reading – (to reduce anxiety)
- Publication will walk you through the review process
- Daily Agenda's included
 - TSC 2 day 1 reviewer
 - CSC 2 day 2 reviewer

Disease-Specific Care Certification Review Process Guide

2019



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 with
 - Goals
 - Team member responsibilities
 - 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/ order sets/ 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
 - D2N
 - D2G

Performance Improvement Standardization

Quality Measures

– TSC

- Data on PSC and TSC core measures
- Data on 2 additional data points
- Discuss data analysis
- Process Improvement Plans and methodology

– CSC

- Data on PSC and CSC core measures
- Data on 2 additional data points
- Data as indicated in DSPM for CSC
- Discuss data analysis
- Process Improvement Plans and methodology

TSC-CSC

IRR

Dissemination of data

Reporting

Opening Conference and Orientation to the Program

- Highlights of organization and program
 - Mission-Goals-Objectives
 - History of program
 - Structure of the TSC-CSC
 - Composition of the TSC-CSC interdisciplinary team
 - Scope of Services
 - Target Population
 - Continuum of care – EMS to post hospitalization
 - Identified needs of the target population
 - Community education
-
- TSC Presentation: 45 minutes
 - CSC Presentation: 60 minutes
 - Expect questions from Reviewer(s) after your presentation (Approx 30 minutes)

Reviewer Planning Session

Documents & Lists

- List of current inpatients
- Call schedules
 - NIR
 - Hyper acute Stroke
 - Neurosurgery
 - NCC
- 4 month list of discharged patients
 - AIS identify if thrombectomy or transferred from OSH
 - ICH
 - SAH include if clip or coil
 - CSC – CEA & CAS by discipline
- Education plan for Staff & Practitioners
 - Let reviewer know if files are kept off site

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 order sets/ protocols/ policies?
- Are patients/ caregivers being assessed for education needs/ discharge needs?
- Are written education materials provided?
- Documentation for treatments/ no treatments?
- Consents?

Individual Tracer

- TSC
 - 10-15 tracers
 - Will see stroke population patients (For example: TIA, AIS, MER, ICH, SAH)
 - Will also complete closed record tracers

- CSC
 - 15-25 tracer
 - Will concentrate on the most complex patients
 - AIS, MER, ICH, Clip, Coil, CEA,CAS, Hemicraniotomy
 - Need 2 teams (guide & scribe)
 - Informatics or abstractor can be helpful
 - Will also complete closed record tracers

Daily Briefing

- End of first day
 - Discuss issues
 - List of documents needed on day 2
 - Organization questions answered

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, ENLS
- Current electronic transcripts with content guides available for review
- Completeness of credentialing/ privileging including procedures performing/ treatment/ providing fluoroscopy
- FPPE/ OPPE

Competency and Credentialing Review Day



– TSC

- Combined session
- Multiple RN & interdisciplinary staff
- Physicians involved in care of TSC patients
- Orientation documented
- Competency to TSC program
- Ongoing in-service

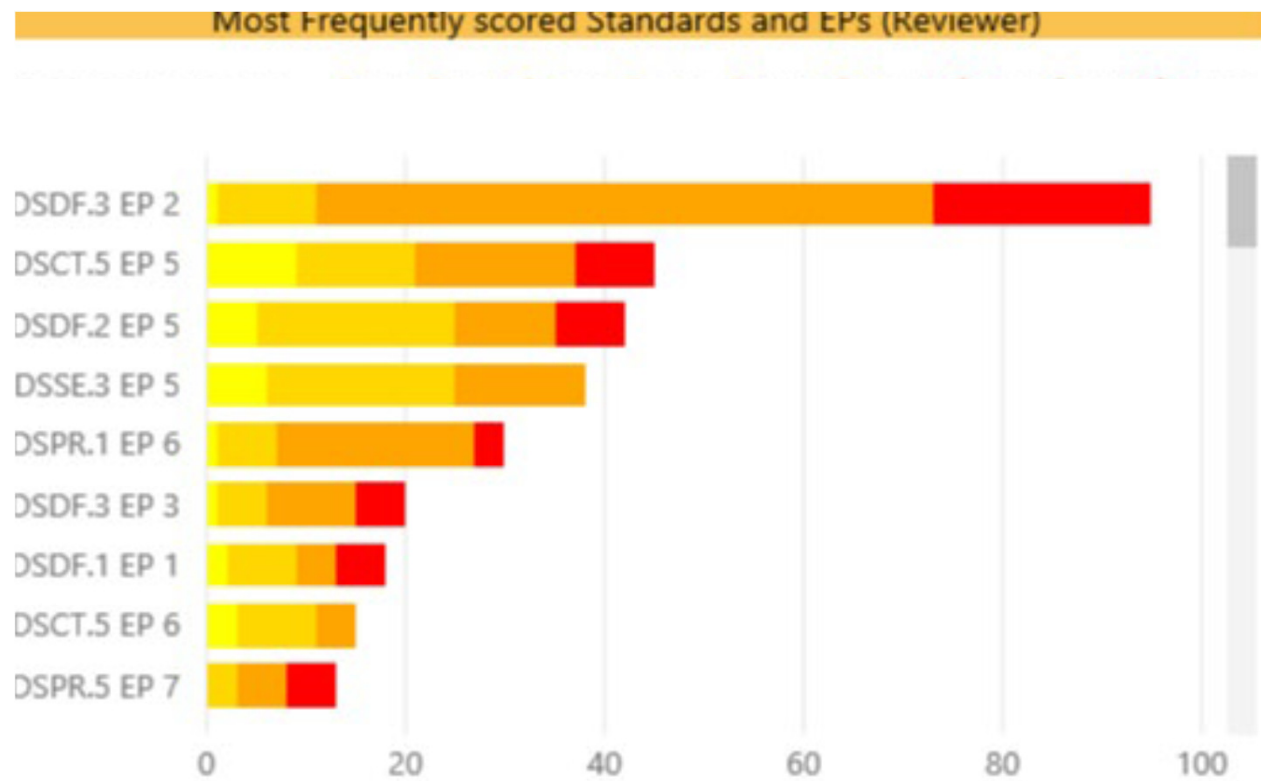
– CSC

- Separate session
- Multiple RN & interdisciplinary staff
- Physicians involved in care of CSC patients
- Orientation-- documented
- Competency to CSC program
- Ongoing in-service

Disease-Specific Care Certification

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

Frequently Scored Standards



Frequently Scored Standards

- DSDF.3 EP2 – #1 cited standard >90%
 - Missing VS, Neurological assessments, Post procedure wound, pulse

- DSCT.5 EP5 – 45%
 - EMR does not contain documentation of care
 - Missing, unclear or not capable to document

- DSDF.2 EP5 – 42%
 - Not following CPG

- DSSE.3 EP5 – 38%
 - Risk factor education
 - Education specific to care provided

Frequently Scored Standards

- DSPR.1 EP6 – 30%
 - Uniform care of patients (often CSC CEA & CAS)
 - Orders not used, if required

- DSDF.3 EP3 – 20%
 - Swallow screens and PO meds given while NPO
 - Testing based on patient needs (Labs, Imaging, medication)

- DSDF.1 EP1 – 18%
 - orientation
 - education

- DSCT.5 EP6 – 17%
 - Missing document of the course of treatment

- DSPR.5 EP7 – 15%
 - Call schedules
 - Rehabilitation availability

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
- **THIS IS YOUR DAY TO SHINE**
 - **Tell your story then show** all the great things that you do for your patients.
- Join us in **Leading the Way to Zero Harm**
- Thank you!

Questions?



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