DNV GL
Stroke Certification Program
Review and Update

Dee Behrens BSN, CNRN, SCRN
Surveyor/Technical Advisor Stroke Program
DNVGL

Disclosure

No Financial Disclosures

DNV GL Stroke Center Certification

DNV GL has three stroke center certification offerings

- Primary Stroke Certification – November 2009
- Comprehensive Stroke Certification – September 2012
- Acute Stroke Ready Certification – December 2014

DNVGL Stroke Center Certification

Basic Premises of the Development of the DNV GL Certification Program

- We are **partners** with our stroke centers to assure the best delivery of current health care possible.
- We believe our stroke centers are **the experts** in the care they are giving and we come in with a fresh perspective: we will listen, ask questions, discuss, share ideas, and verify.
- Certification is not accreditation, but a highly evolved, specialty clinical care within an accredited facility, so **focus on the expertise** is key.
- We are **thoughtful** and **reasonable**
- We are **inclusive**, not exclusive.
- Find a reason to **say yes**, just because we have not seen it before does not make it wrong

Always keep the patient in mind.

DNV GL Stroke Center Certification

Stroke Center Eligibility Criteria

Current Hospital Accreditation,

- Does NOT have to be DNV GL accredited
- Host hospital must be Medicare Certified Hospital – State or Accredited by one of the approved accreditation organizations with deeming authority
- Does not require non DNV GL hospitals to be ISO certified if they have a functional equivalent process in place within the host hospital
- Must be part of a data registry for public reporting - If in a hospital system, may participate in the system data if there is comparative data reports
- Must be involved in IRB research

DNV GL Stroke Technical Advisor Role

- Serve as a stroke clinical expert

- Advise DNVGL on changes to the standards
  - Ensures compliance with the latest in clinical practice evidence-based guidelines
  - CMS requirements
  - Guarantee that clinical practice adheres to national published guidelines

- Function as mentor to stroke coordinator while building a network of professional contemporaries

DNV GL Center Certification

Frequent Non-Conformities

- Informed Consent for tPA
- tPA vital signs and neuro assessment
- tPA Administration ≤60 minutes and ≤ 45 minutes from arrival
- Lack of flush/flush documentation/required order for flush post tPA infusion
- Risk of bleeding care plan (tPA)
- Dysphagia screen prior to po medication
- Post procedure groin and pulse checks
- Frequency of Nimodipine
- Individualized stroke education identifying stroke risk factors in treatment plans
- Downtime orders matching existing orders

DNV GL Center Certification

- DNVGL surveys are every year:
  - We assess stroke programs for compliance with the most current stroke guidelines
  - Assure the most current evidence based literature is addressed within the stroke program, working together to identify areas of concern based on national trends
  - We review the improvements concerning the previous year's findings
  - Formal process to focus on common themes observed nationwide in stroke care to help prevent/correct problems
- Collaborate with host hospitals to support stroke program certification
- Recognition and support for stroke nurse coordinators
- Working with state, local and national groups to advocate for patients, families and the systems that treat them.
- Initiatives for 2018 guided by the ongoing advancements in stroke care

The NorthEast Cerebrovascular Consortium

EST 2006

NECC

MA • CT • NH • RI • NJ • VT • ME • NY

QTime Question

The Joint Commission's Stroke Certification Enhancements for 2018

NEFF, October 27, 2017

David Eickemeyer, MBA; Associate Director,
Hospital Business Development

The Joint Commission
Certification
Disease-Specific Care

Disclosures

The Joint Commission
Certification
Disease-Specific Care

Current Stroke Certification Programs

Developed in Collaboration with AHA/ASA

- Primary Stroke Center – launched in 2003 (standardized performance measures in 2005); 1,116 certified programs
- Comprehensive Stroke Center – launched in 2012 (standardized performance measures in 2015); 144 certified programs
- Acute Stroke Ready – launched in 2015 (standardized performance measures coming in January 2018); 38 certified programs

The Joint Commission
Certification
Disease-Specific Care

Primary Stroke Center Certification

- Ability to care for patients with acute ischemic stroke
  - Rapid assessment, imaging, ability to administer intravenous thrombolytic therapy
  - Approximately 1/3 of Joint Commission Certified Primary Stroke Centers are able to provide mechanical thrombectomy
- Transfer protocols with a Comprehensive Stroke Center to care for neurosurgical emergencies/patients with hemorrhagic strokes
- 8 STK standardized performance measures

The Joint Commission
Certification
Disease-Specific Care

Comprehensive Stroke Center Certification

- Highest level of stroke care – in addition to providing all services available at a Primary Stroke Center:
  - Advanced imaging (CTA, MRA)
  - 24/7 availability of neurosurgical services, including ability to clip and coil aneurysms (volume requirements for clipping and coiling of aneurysms and treatment of SAH due to aneurysm)
  - Ability to meet concurrently emerging needs of multiple complex stroke patients
  - Participate in IRB research
  - Increased education requirements for staff
- 16 standardized performance measures
  - 8 STK measures
  - 8 CSTK measures (additional changes in January)

The Joint Commission
Certification
Disease-Specific Care

Acute Stroke Ready Hospital Certification

- Not likely candidates for primary stroke center certification due to a lack of resources to care for patients after IV thrombolytic therapy
- Ability to perform rapid assessment, head CT, labs, and administer IV thrombolytic therapy prior to transfer to a PSC or CSC.
- Five standardized performance measures beginning in January 2018

The Joint Commission
Certification
Disease-Specific Care

Revisions to Current Stroke Programs

- Maintenance occurs approximately every two years
- Current programs written at different times, by different project directors, based on different recommendations
- Contributions from Literature, feedback from stroke experts (TAP), feedback from the field

The Joint Commission
Certification
Disease-Specific Care

Revisions to Current Stroke Programs

- Maintenance for 2018 focuses on
  - Moving requirements that apply across all programs so they are located at the same standard and EP
  - Deleting redundant or low-value requirements
  - Revising requirements or adding notes for clarity
- Prepublication revisions are available on The Joint Commission's website. 2018 standards manual in November.

The Joint Commission
Certification
Disease-Specific Care

Examples of Revisions to Current Programs

- PSC/ASRH: note to clarify that telemedicine is not needed in the ED if ED practitioners are privileged in the diagnosis and treatment of acute stroke.
- PSC: language changed regarding the completion and interpretation of non-contrast head CT (45 minutes from time of patient presentation vs. 25 minutes for completion/20 minutes for interpretation)

The Joint Commission
Certification
Disease-Specific Care

Examples of Revisions to Current Programs

- CSC
  - Removal of depression screen prior to discharge
  - Staffing requirements revised for clarity
    - Who must be on-site vs. who can be available/on-call

The Joint Commission
Certification
Disease-Specific Care

Thrombectomy-Capable Stroke Certification - What do you know?

We're a CSC already

Heard about TSC - We're going for it!

Heard about TSC - Not for us.

Heard about TSC - Don't know yet.

Haven't heard about TSC

Start the presentation to activate live content

If you see this message in presentation mode, install the add-in or get help at PollEv.com/app

New for 2018:
Thrombectomy-Capable Stroke Center Certification

- Why Thrombectomy-Capable Stroke Center (TSC) Certification?
  - Not all PSCs are alike - 1/3 of Joint Commission certified PSCs perform mechanical thrombectomy
  - TSC certification recognizes primary stroke centers that have invested in extra capabilities, over and above the baseline PSC requirements
  - Importance of having a dispersed network of hospitals that are certified so patients can receive the care they need

The Joint Commission
Certification
Disease-Specific Care

Thrombectomy-Capable Stroke Center Certification Requirements

- In addition to meeting all requirements for a primary stroke center:
  - Minimum mechanical thrombectomy volume requirement
  - Ability to perform mechanical thrombectomy 24/7
  - Dedicated intensive care unit beds to care for acute ischemic stroke patients
  - Availability of staff and practitioners closely aligned with CSC expectations
  - A process to collect and review data regarding adverse patient outcomes following mechanical thrombectomy

The Joint Commission
Certification
Disease-Specific Care

Thrombectomy-Capable Stroke Center Certification Performance Measures

- TSCs will be required to submit data for standardized performance measures:
  - 8 stroke (STK) measures
  - 5 comprehensive stroke (CSTK) measures specific to ischemic stroke

The Joint Commission
Certification
Disease-Specific Care

Thrombectomy-Capable Stroke Center Certification Launch

- Prepublication Requirements/*Perspectives* Article: September 2017
- Pre-Application Process, for PSCs due for recertification before April 2018
- Application Open: January 2018
- Reviews Begin: potentially as early as January 2018

The Joint Commission
Certification
Disease-Specific Care

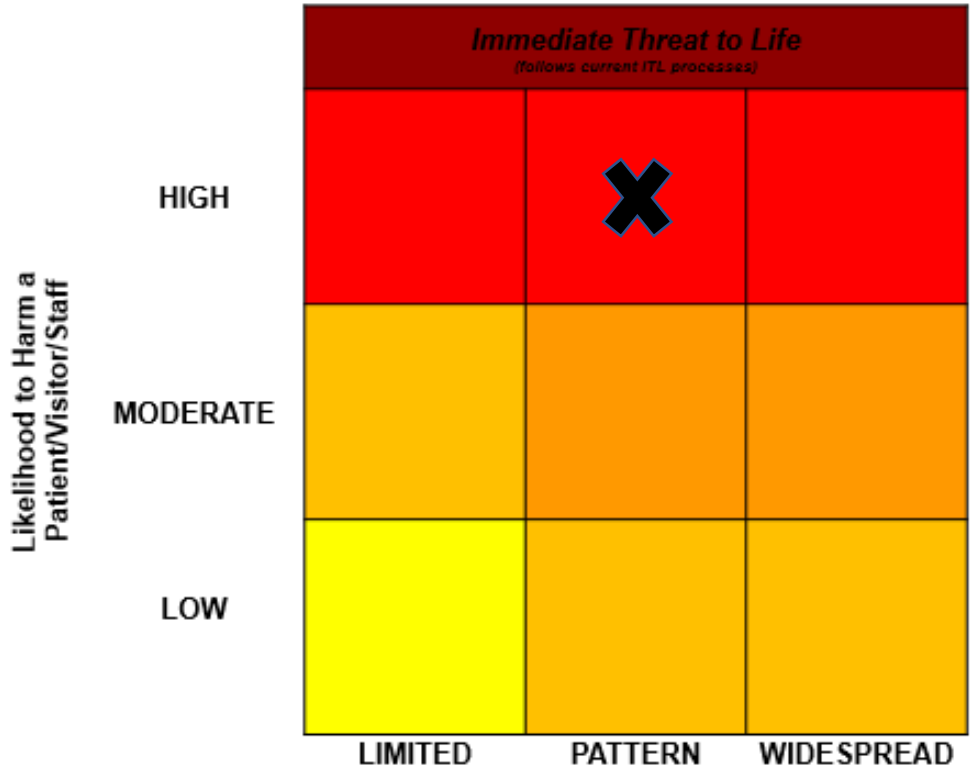
New for 2017: SAFER Matrix

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)**

Likelihood to Harm a Patient/Staff/Visitor	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)
HIGH (harm could happen at any time)			DSDF.5, EP 1
MODERATE (harm could happen occasionally)	DSPR.5, EP 3	DSPR.1, EP 6	
LOW (harm could happen, but would be rare)	DSDF.4, EP 2		DSCT.5, EP 5

Scope

Stroke Example



Care was not implemented according to clinical practice guidelines for patients presenting with acute ischemic stroke:

1. There was a delay by the neurologist to evaluate the patient and make a decision regarding the use of Alteplase. Alteplase administration was delayed approximately 45 minutes.

2. The program did not implement care and treatment according to assessed needs. Patient presented to ED with acute stroke symptoms. Blood pressure elevated, but treatment was not initiated in a timely manner to treat blood pressure.

Questions?

David Eickemeyer, Associate Director

630-792-5697

deickemeyer@jointcommission.org

The NorthEast Cerebrovascular Consortium
EST 2006
NECC

The Joint Commission
Certification
Disease-Specific Care

AAHHS / HFAP

Certifying the Stroke Continuum

Carol Roesch, RN, BSN, MBA, Fache
HFAP Certification Coordinator

AAHHS | HFAP

Advantages of Certification

Stroke Certification standards help to improve the quality of care using evidence based performance measures.

Why HFAP?

1. Standards are straight forward, easy to understand.
2. Standards are broken down into 3 parts:
   a) The actual standard
   b) Explanation-the intent and how the standard is demonstrated
   c) Scoring procedure-where the surveyor finds evidence of compliance
3. Partnership with client hospitals
4. Educational approach, surveyors active in stroke centers
5. Emphasis on hospital's success

AAHHS | HFAP

HFAP Stroke Options

Types of Certification are offered to stroke hospitals:

- Stroke Ready
- Primary Stroke
- Comprehensive Stroke

Coming soon

- Thrombectomy Proficient

HFAP Certification Process

- Contact Certification Coordinator for access to standards
- Determine level of eligibility-Stroke Ready, Primary, (Thrombectomy), Comprehensive
- Submit application online
- Documents to submit with application
- Data to submit with application
- Scheduling of survey
- Day of the survey

Support is available prior to survey, post-certification

AAHHS | HFAP

HFAP Organizational Support

- Standards interpretation assistance
- Teleconferencing with hospital staff, if needed
- Copies of policies, procedures, routine orders
- Mid-cycle review teleconference with no deficiencies
- Community of practice: quarterly teleconferences with other stroke coordinators
- No additional fee for these services

AAHHS | HFAP

estion: What free support is offered to HFAP Hospitals?

Standards Interpretation

Teleconferences

Sample policies, procedures, protocols

Quarterly Stroke Coordinators teleconferences

All of the above

Start the presentation to activate live content

If you see this message in presentation mode, install the add-in or get help at PollEv.com/app

References

- Alberts, M.J & Baranski, J. (2007) *Building the case for a primary stroke center: A resource guide*. Experience: New York.
- Alberts MJ, Latchaw RE, Jagoda A, Wechsler L, Crocco T, George MG, Connolly ES, Mancini B, Prudhomme S, Gress D, Jensen ME, Bass R, Ruff R, Foell K, Armonda RA, Emr M, Warren M, Baranski J, Walker MD. (2011). *Updated Recommendations for Primary Stroke Centers by the Brain Attack Coalition*. Stroke. 42: 2651-2665.
- Alberts, M.J., Latchaw, R.E., Selman, W.R., Shephard, T., Hadley, T.N., Brass, L.M., Koroshetz, W., Marler, J.R., Booss, J., Zorowitz, R.D., Croft, J.B., Magnis, E., Mulligan, D., Jagoda, A., O'Connor, R., Cawley, C.M., Connors, J.J, Rose-DeRenzy, J.A., Emr, M., Warren, M., & Walker, M.D. (2005). Stroke: *Recommendations for Comprehensive Stroke Centers. A Consensus Statement From the Brain Attack Coalition.* American Heart Association; American Stroke Association. 36: 1597-1616.
- Centers for Medicare & Medicaid Services. (2012). *Specifications Manual for National Hospital Inpatient Quality Measures*. Baltimore: Maryland.

AAHHS | HFAP


AAHHS
HFAP

AAHHS / HFAP

Email: info@hfap.org or carolroesch@frontier.com

Call: 312-202-8073

Visit: www.hfap.org

AAHHS / HFAP

Carol Roesch, RN
Certification Coordinator, HFAP

Financial Disclosure:
No relevant financial relationship exists