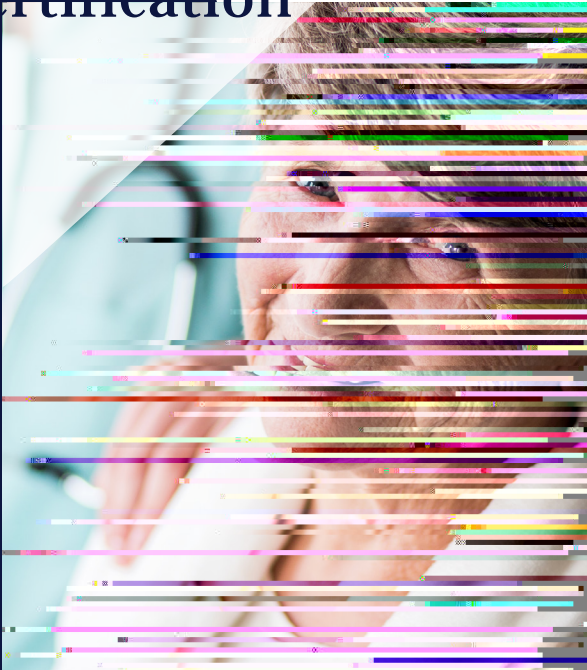# Stroke (PSC) rtification

Checklist, key focus areas, and tips for applying for PSC

The Joint Commission

American Heart Association
American Stroke Association

CERTIFICATION

Preparation Checklist
(Prepare prior to on-site review)

Individual list of all inpatients with a diagnosis of stroke (inpatients, hemorrhagic stroke, TIA, tPA). If you do not currently have inpatients, prepare a list of inpatients from the past four months. If you are unable to identify patients in each category, continue backwards to identify most recent patients f rst.

List should include the patient's name, age, gender, diagnosis, any interventional procedures (if possible), and the location in your facility.

Letter of support from leadership to the Medical Director of the program.

A copy of the stroke program's mission and scope of services.

List of core stroke team members and their disciplines, roles, responsibilities.

Job description or list of roles and responsibilities for Stroke Program Coordinator and Medical Director.

Document listing ED staf who participated in stroke education in the past year.

List of ED practitioners who are educated in the primary stroke center's acute stroke protocols.

A copy of your stroke alert process for inpatients and outpatients (ED).

Order sets and Clinical Practice Guidelines (CPG's).

A copy of the patient education binder, pamphlet, folder, etc.

Key Areas for Review

- Emergency Department
- EMS
- CT/MRI based on your model of care
- Pharmacy
- Laboratory
- ICU
- Stroke Unit
- Nursing staf
- Interventional suite/staf
- Physical Therapy
- Occupational Therapy
- Speech Therapy
- Palliative Care/Hospice
- Case Managers
- Social Workers
- Data Collection Abstractors
- Medical Staf /Of ce Staf
- Practitioners including Stroke Medical Director and or CMO/VPMA
- Educators
- Unit Managers
- Human Resources
- Additional staf : leadership, regulatory, quality improvement staf , volunteers, dietary

Opening Conference

– Ensure attendance of representatives from all areas that support the program including: leadership, all departments who provide care to stroke patients, EMS and, if possible, physicians (including the Stroke Medical Director).

– Orientation to the program and the open conference will be a total of 60 minutes. In your presentation to the reviewer, focus on providing an overview of your stroke program. Please keep your presentation to 15-20 minutes. Areas to consider include:

  – Mission

  – Target population (including unusual populations)

  – Volumes for each type of stroke patient

  – Emergency Department annual volume

  – Annual tPA volume

  – Identify your core stroke team members

  – Reporting structure for Stroke Program Coordinator and Medical Director

  – Model of care (ED, ICU, Stroke Unit)

  – Neurologists who participate in the program

  – Stroke alert processes

  – Rapid response team members, if you utilize such a team

  – Telemedicine as appropriate

  – Dashboard metric overview for key areas, such as door to needle, door to procedure, and door to CT (remember you have a full data session later in the day to share all data)

  – Volume for drip and ship patients received from or transferred to other facilities

  – Designated stroke inpatient beds

  – Inpatient services available to stroke patients

Primary Stroke Review Agenda

7:30 - 7:45 AM
The reviewer will arrive and will routinely report to
the main hospital entrance.

8:00 - 9:00 AM
Opening Conference and Orientation to the program

9:00 - 9:30 AM
Reviewer Planning Session (reviewer will need this time
to review your documents so please provide privacy)

9:30 - 12:30 PM
Patient Tracers (open records and closed records
as needed)

12:30 - 1:00 PM
Lunch

1:00 - 2:00 PM
Data Management Tracer

2:00 - 3:00 PM
Competency Tracer, Credentialing and Privileging, and
Peer Review Discussion

3:00 - 4:00 PM
Special Issue Resolution Session, as needed, and report
preparation

4:00 - 4:30 PM
Closing Conference

4:30 PM
The reviewer will exit your organization

Patient Tracers

- Designate an area out of the "arena" for the reviewer to interview staf (conference room, class room or break room, etc.)

- Introduce the reviewer to the Director/ Manager, Charge RN on the unit so they know they are present.

- RN should be ready to start the tracer when the reviewer arrives. If you use an EMR, a staf member familiar with navigating the EMR should accompany the team.

- All staf on the unit should be able to speak to their stroke orientation and on-going stroke education

- As available, additional staf should join the group: pharmacy, OT, PT, Speech, physicians, APN, dietary, social workers, case managers, lab, palliative care and others

- Staf should be prepared to speak to their formal processes for care and multi-disciplinary care practices

- Assessments and re-assessments will be a focus

- Patient procedures and hand-of communication are reviewed

- Patients provided tPA (neuro checks, vital signs)

- All staf should be able to speak to PI processes

- Individualized patient goal setting

- Behavior modif cation for risk factors

- Stroke alert process

- Patient and caregiver education

- Assessing the patient's ability and willingness to learn

- Preparing the patient and caregiver for discharge

- Follow-up care coordination when the patient returns to their own community or to your organization for care after discharge

Emergency Department Topics for Discussion

– Reviewers will trace the patient from the perspective of the walk-in patient and the patient delivered via EMS

– EMS discussions will take place if EMS personnel are in the ED

– Use of NIH Stroke Scale

– Be prepared to discuss telemedicine practices, as appropriate

– The reviewer will speak to nursing, ED MD, pharmacy, lab, communications nurse and EMS

– Decision for tPA (Rapid Response team, neurologist, ED MD)

– Inclusion and exclusion criteria for tPA

– tPA: weights, mixing, provision, double checks, documentation and s

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- – Be prepared to speak about how you assure the EMS provider transporting the patient has the level of expertise to ensure that the level of care is not decreasing during transport, especially with patients provided tPA or with a hemorrhagic stroke
- – Ensure staf can speak about how the PSC works with the Acute Stroke Ready Hospital or CSC to coordinate the care of the patient. Be prepared to discuss how the

Data Management System Tracer

– PowerPoint presentation with ALL data collected as it relates to your stroke program. This is the best method for The Joint Commission to view your data. Method allows for all team members to see and discuss the same data points at the same time.

– Ensure reports have date range and "N" noted with volumes.

– Tracer will start with a discussion of how you utilize the data you collect in your hospital to improve your program.

– Prepare to speak to how you collect, analyze and share data to make improvements in your program on a continuous basis.

– Attendees from across the hospital who are involved in the collection or interpretation of the data should attend the session.

– Include your patient satisfaction data in this session

– Present all core measures

– Data on the administration of IV-tPA within 60 minutes should be included

– Share all data collected for your program (this should indicate how you are interested in improving different aspects of your program)

– Prepare questions for the reviewer on how to improve your data collection methods, changing your measures, areas to focus on, etc. (ask about best practices seen in other Primary Stroke Centers)

Credentialing and Privileging and the Peer Review Discussion System Tracer

– This discussion will include the number and types of patients selected to review via your peer review process. Sampling versus 100 percent of cases. Criteria should be clear and should not just include outliers.

– The Licensed Independent Practitioners (LIPs) for stroke need to meet on a routine basis to discuss the provision of stroke care (monthly, quarterly, etc.) provided to patients at the health care organization. LIPs include Medical Director, neurologists, ED MD, APNs, intensivists, etc.

– Medical Directors should not be reviewing their own cases

– The process for resolving identif ed issues should be clear including the peer review process route and the areas identif ed for fn

Competency System Tracer

– Staff identified through tracers (open and closed records)

– All core stroke team members

– RN, technicians, case workers, social workers, pharmacists, OT, PT, speech, and others

– Documents:

   – License / certificate per job description

   – Current job description

   – Copies of all education records related to stroke per organization hour/course requirement

– The reviewer will review education on a rolling annual basis

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Tips for Customers

– The Joint Commission will provide a 30 day notice for initials and a 7 day notice for recertification customers

– Ensure your Certification Measure Information Process (CMIP) data is up to date

– Ensure your CPG's are reviewed annually

– Ensure your organization's website is up to date with staff, services, certification as a Primary Stroke Center, etc.

– During the planning session, the reviewer will identify which patients will be traced during the patient tracers. Notify your staff on the inpatient units which patients will be traced so they can prepare for their day.

– Closed records should be ready for our review during the late morning (approximately 11:00 a.m., depending on the number of closed records that need to be reviewed). The reviewer will need at least two computers on wheels (charged) and staff who are able to easily access and maneuver through closed records. In order to assure an efficient review process, we may ask two staff members to find different information on the same patient at the same time.

– Ensure that your team is ready to accompany the reviewer during tracers at the beginning of the day and after lunch.

– Please consider limiting the number of staff who accompany the group. This is for your clinical staff's comfort.

– Suggested staff you may want to consider to accompany the reviewer:

    – Stroke Program Coordinator

    – Stroke Medical Director

    – Stroke team member

    – Scribe

- Make sure you have a secured locked area for the reviewer's personal items

- The reviewer will eat their lunch alone. This provides an opportunity for the customer and the reviewer to have downtime. The reviewer will also take this time to assimilate their thoughts, review documents, call the Central Office Standards Interpretation Group if needed, or check on other items needed for your review.

- Patient satisfaction data for the stroke program will be reviewed. This is specific to the program, not

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Value for you, Our Customer

– We are committed to ensuring that subject matter experts review your program. Our reviewers currently work in the area of stroke in a health care organization. This ensures that they are current, contemporary and relevant when reviewing your program.

– Our reviewers consist of Stroke Neurologists, Advanced Practice Nurses, Clinical Nurse Specialists,

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Thank you for choosing The Joint Commission for all of your program certif cation needs. We appreciate the opportunity to work with you to provide high-quality care to your patients.

The Joint Commission Advanced Certif cation for Primary Stroke Centers is of ered in collaboration

CONTACT US

Receive complimentary resources/tips and an overview of the application process.
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