Becoming a Comprehensive Stroke Center: A Guide to Certification

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Disclosure

• Speakers Bureau – Genentech, Inc
What is the current status of your hospital?

1. TJC - Primary stroke center
2. State designation – Primary stroke center
3. TJC Comprehensive stroke center
4. No certification at present time
• 56 sites currently certified as CSC
• 78 applications submitted/65 on site reviews conducted
• 10 reviewers – Advanced Practice Nurses
• Currently recruiting Physician reviewers – (as of 9/25/13 - 2 hired to support review process)
• Recently closed comments/field reviews for proposed changes

• There are currently 1014 PSC’s in Nation
CSC Certification - process

• Centers seeking certification must be able to demonstrate that they meet eligibility criteria

• In initial reviews – this was conducted prior to onsite visit by 2 surveyors – at the start of the day prior to opening conf.

• Currently – TJC is verifying eligibility criteria by phone - 30 days prior to the onsite visit
  – Phone call prior to this to review schedules

• **Plan to have all data supporting eligibility gathered and available during on site visit because it will be reviewed/requested during the site visit as the standards are addressed.**
CSC Preparation

- New document now available on the TJC extranet
- Updated Disease specific Care Certification Review Process Guide July 2013
  - Appendix D -  

  - Very thorough and descriptive
  - Details disciplines, documents and expectations of each session
CSC Visit

• Onsite Visit will be conducted by 2 surveyors – over 2 full days
  – Opening presentation
  – Reviewer planning session and Protocol Review
  – Individual patient tracer
  – System Tracer – Data use
  – Competence assessment, Credentialing Process, and Education session
  – Issue Resolution and Reviewer report preparation
Eligibility Criteria

1. Volumes
   – 25 IV tPA cases/year
     • Includes cases treated at facility
     • (Proposed change to include Telemed treated cases Drip/ship cases)
   – 20 SAH cases/year (proposed change to 35)
     • 15 or more endovascular coiling or surgical clipping for aneurysm/year
       – (Proposed change to 10 clip/20 coil cases)
Eligibility Criteria

2. Advanced imaging
   – 24/7 availability of the following services
     • CT angiography
     • Catheter angiography
     • MRI/MRA
   – Carotid duplex/extracranial ultrasonography
   – Transcranial doppler
   – Echocardiography – TEE and TTE
Eligibility Criteria

3. Post hospital coordination of care for stroke patients
   – Assessment of care requirements post hospital
   – Patients family is assessed to determine readiness to provide care to the patient
   – Patients referred to community resources to facilitation integration into the community
   – Palliative care or hospice care when indicated
   – Problem solving strategies are provided to the family for post hospital care
Elig criteria 3 cont.

- Post hospital care is coordinated based on the assessment of the patients and families identified needs
- For patients returning home, the family members receive a comprehensive assessment to determine skills, capacities, and resources to provide post hospital care
- Education on respite care and resource information on respite care
4. Dedicated Neuro ICU for complex stroke patients
   – Staff and licensed independent practitioners with expertise and experience to provide neuro critical care 24/7 (proposed language change to include fellows/residents, APN/PA with acceptable training and expertise)
   – ICU RN education and expertise
Eligibility Criteria

5. Peer review process
   – To review and monitor the care provided to patients with
     • Ischemic stroke
     • Subarachnoid hemorrhage
     • Administration if IV tPA

   – Proposed change to incl – part of PI process, and includes review of complications, unanticipated deaths, hem post stroke, disability.
Eligibility Criteria

6. Participation in stroke research
   – IRB, patient centered stroke research
   – (proposed change - written research protocol for current stroke research)
Eligibility Criteria

7. Performance measure - data collection and reporting
   - Eight PCS measures
   - 7 new CSC measures - pilot is completed – 10,000 records included - measures expected to be finalized in 2014
Please indicate if you currently collect hemorrhage scores on admission?

1. Hunt & Hess
2. ICH score
3. Both of above
1. NIHSS on arrival
2. MRs at 90 days
3. Severity measurement on arrival (H&H, ICH score)
4. Median time to treatment with Procoagulant reversal agent (for ICH on anticoag)
   – Median time to INR reversal
5. Hemorrhagic complication for pts treated with IV tPA, w/out catheter based reperfusion
   – Hem complic for pts treated with IA tPA or mechanical - w/ or w/out IV tPA
6. Nimodipine treatment initiated
7. Median time to recanalization therapy
   – TICI reperfusion grade
Most common challenges as reported by TJC – for CSC

- Case volumes
- Neuro ICU care coverage
- Peer review process
- Current participation in IRB approved patient center stroke research
- Endovascular coverage
Other resources – CSC services

- GWTG Outcome – CSC form – for additional data
  - Able to benchmark against other CSC centers
- AHA is heavily invested in recognizing and promoting CSC’s
  - USA today ads with CSC listed by state
  - Social medial tools
  - Quarterly CSC forum webinar
The UPMC Journey

- Well suited for CSC – with well developed programs in stroke, endovascular, critical care and Neurosurgery

- Provided an opportunity to look at work flows and roles of departments involved

- Opportunity to engage other departments and shift some responsibilities

- Make all depts involved accountable for their data/case logs, etc.
The UPMC Journey

- Additional data collection – already in place
  - Databases for all thrombolytics/acute interventions
    - IV, IA, Mechanical,
    - Include symp ICH, all complications, and 90 day MRs for all cases
  - Telemedicine database
    - To track patients evaluated and treated/by site
    - Track complications and treatment times
    - 90 day MRs for all IV tPA cases
  - In both data sets – compare our results to nationally reported complications, treatment times, and outcomes.
Integrated team approach is vital
- Stroke Team (MD, RN, APN’s, research)
- Neurosurgery
- Vascular surgery
- Emergency Dept
- Radiology
- Nursing involvement - From leadership to bedside
- Quality improvement – from data abstractor – to hospital QI dept
The UPMC Journey

• Not prepared for the level of detail
  – IR process – Nursing care
  – Discharge process
    • Assessment for family readiness – to care for stroke survivor
    • Respite care

• Education of ALL employees – re stroke
  – Don’t forget about rehab therapies
  – Security
  – Etc.

• Adherence to ordersets/protocols

• Leadership (MD) and multidisciplinary component
• Peer Review data
  – Need cooperation and data sharing from many disciplines
  – Department specific M&M sessions
    • With sign in sheets
    • Documentation of cases discussed
  – Tracking of unexpected outcomes and/or complications related to:
    • IV tPA
    • IA interventions
    • SAH clip/coiling
    • Carotid endarterectomy and Carotid stenting
  – Closing the loop – to identify preventable errors and communicate with all team members. Engagement of leadership.
• Monitoring of periprocedure complication rates
  – EVD
  – Decompressive Craniotomy
  – Performance of Endovascular recanalization
  – Complication rates for CEA
  – Complication rates for Carotid Stenting
  – Periprocedure stroke and death rate for diagnostic angiography

• Participated in Pilot for CSC measures
  – Dramatically increased amount of data abstracted
  – Currently using CSC GWTG forms
• Measuring the effectiveness and impact of your care
  – 7 day post discharge phone call f/u on complex stroke patients
  – 30 day patient satisfaction phone calls
    • Also assess compliance with medications, therapies, etc
  – Feedback and results are fed back to clinical team

• Being a center of excellence means you provide education
  – Health care professionals – on All levels
  – EMS/prehospital
  – Public – on stroke risk factor reduction and recognizing symptoms
  – Telemedicine sites
CSC Preparation

• Should **not be approached** like a checklist
• Must look at the processes, protocols, and support needed
• Involves multiple disciplines working together
• Time Consuming
• Hospital/Institutional support is essential - $$\$\$$
Thank You

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