## Objectives

- Identify the rationale for the creation of the Primary Stroke Center certification
- Explain the basis of the addition of a chapter relating to “supporting self management” in Primary Stroke Center standards
- Briefly describe the purpose of the use of Clinical Practice Guidelines in care of the stroke patient
Primary Stroke Center Certification

• Established in 2003 in collaboration between The American Heart Association/American Stroke Association and the Joint Commission
• Designed to improve outcomes for stroke patients
• Recognizes best practices/evidence based care and a standardized performance measures
Primary Stroke Center Requirements

- Use a standardized method of delivering care based upon AHA/ASA clinical practice guidelines
- Individualize care to patient needs & goals of care
- Support patient self-management activities
- Promote the flow of information across settings and providers
- Use standardized performance measures to continually improve treatment care delivered to the stroke patient population
Primary Stroke Certification Standards

- Standards updated in January 2014 - effective date 7/1/14
- Only minor changes after effective date
- Clarifications – experience based (interpretation vs. intent)
A Story of Two PSCs Journey to Recertification
PSC Standards Chapters

- Certification Participation Requirements
- Clinical Information Management
- Program Management
- Delivering or Facilitating Clinical Care
- Supporting Self Management
- Performance Measurement
CERTIFICATION PARTICIPATION REQUIREMENTS
Certification Participation Requirements

Apply to certification process & be maintained to retain certification

• Examples include:
  1. JC accreditation requirements
  2. Reporting requirements
  3. Environmental safety
  4. Integrity of data
Clinical Information Management

Providing care requires exchanging and sharing information

- Patient information is confidential and secure
- Information management processes meet the program's internal and external information needs
- Patient information is gathered from a variety of sources
- Medical record is maintained and accessible for all patients
Program Management Requirements

Requirements focus on an organization infrastructure that supports care:

1. Program design, implementation, evaluation
2. Providing adequate, safe access to care
3. Standardize reference materials
4. Program conducted in ethical manner
Program Management Requirements

DSPR.1: The program defines its leadership roles

- Program infrastructure
  1. Organizational support of the program
  2. Roles/responsibilities of Stroke Core Team
Program Management Requirements

DSPR.5: EP 7 – The program provides the number and types of practitioners needed to facilitate the delivery of care, treatment, and services.

1. Documentation of neurosurgical coverage & transfer protocol(s)
2. The program evaluates services that are provided through contractual agreement
3. Outcomes of care not impacted by staffing, setting or payment source
Program Management Requirements

DSPR.7, EP-7: The program identifies activities to minimize risks associated with medical equipment utilized in the program (new August 2015)

1. Telemedicine
2. IV Pumps
3. Stretcher Scales
DELIVERING OR FACILITATING CLINICAL CARE
Delivering or Facilitating Clinical Care

Delivering, facilitating, and improving care is the cornerstone of illness management:

1. Practitioner competence
2. Use of Clinical Practice Guidelines to direct care
3. Individualize care to patients’ needs and goals
4. Management of comorbid conditions
5. Care transition processes
Delivering or Facilitating Clinical Care

DSDF.1, EP-1: Practitioners have education, experience, training/certification consistent with the program's scope of services

1. Knowledge of IV thrombolytics including indication, contraindications, and patient education
2. Orientation materials and annual disease specific updates
Delivering or Facilitating Clinical Care

DSDF.2: The program develops a standardized process originating in clinical practice guidelines to deliver or facilitate care

1. CPGs are relevant to target population
2. Reviewed at least annually
3. Providers are educated in use of CPGs
4. Program demonstrates that practice aligns with CPGs
Examples of Stroke Clinical Practice Guidelines
Delivering or Facilitating Clinical Care

DSDF.3: The program is implemented through the use of clinical practice guidelines selected to meet the patient’s needs.

- EP.2 – The assessments and reassessments are completed according to patient’s needs and clinical practice guidelines
- EP.3 – The program implements care, treatment, and services based upon patient’s assessed needs

Most cited standard at surveys
DSDF.3 EP 2 & EP 3

• Each requires a MOS, and encompasses a broad range of measures

• Extensive number of clarifications have been issued by TJC

• Best practice: maintain all metrics as part of stroke logs – identify barriers, challenges and allows for ongoing performance evaluation

• CPGs, Stroke Policy, ED policy (frequency of reassessments according to ESI)
Delivering or Facilitating Clinical Care

DSDF.6 EP.1 – In preparation for discharge, the program discusses and plans with the patient and family, the care, treatment, and services that are needed to achieve mutually agreed upon self-management plans and goals.

- Record must reflect care coordination from the perspective of the patient/caregiver/family etc. – measure of success
- MOS evaluates for congruity between patient/family wishes, recommendations, and ultimate disposition
SUPPORTING SELF MANAGEMENT
Supporting Self Management
Supporting Self Management

DSSE:1 – The program involves patients in making decisions about managing their disease or condition

- EP.1 – Patient and family participate in planning post acute care
- EP.2 – Program assesses the patient’s readiness, willingness and ability to engage in self-management activities
- EP.3 – Family/caregiver willingness/readiness to support patient
Supporting Self Management

DSSE:1 (cont’d)
• EP.4 – The program utilizes the assessment of patient and family and/or caregiver to guide development of a self management plan
• EP.5 – Patients and practitioners mutually agree on goals

All EPs have a measure of success
Supporting Self Management

DSSE.2 The program addresses the patient’s self-management plan

- EP-1 Program promotes lifestyle changes that support self-management activities
- EP-2 Program evaluates barriers to lifestyle changes
- EP-3 Program engages families and community support structures in patient’s self management plan, as directed by the patient
Supporting Self Management

DSSE.2 (cont’d)

• EP-4 The program assesses and documents the patient’s response to recommended lifestyle changes
• EP-5 Program addresses the education needs of the patient regarding disease progression and health promotion
• EP-6 Program revised the self management plan according to the patient’s assessed needs

EP 2, 4 & 5 require a MOS
Supporting Self Management

DSSE.3: The program addresses the patient’s education needs

- EP-1 Education materials comply with recommended elements of care, treatment, services and are supported by literature and promoted through CPGs
- EP-2 Content is presented in an understandable manner according to patient’s level of literacy
- EP-3 Content is presented in a manner that is culturally sensitive
DSSE.3 (cont’d)

- EP-4 Program makes initial and ongoing assessments of the patient’s comprehension of program-specific information
- EP-5 Program addresses the education needs of the patient regarding his/her disease or condition and care, treatment, and services

EP-2,3,4, & 5 require MOS
Supporting Self Management

- Evidence supports patients that are engaged and empowered to manage their own health have better outcomes – DSSE measures were established upon this.
- How do we as health care providers accomplish all that standards require during an acute hospitalization?
Supporting Self Management

Best practices for success with DSSE requirements:
• Assess patient during multi-disciplinary care rounds
• Standard documentation – patient-centric and realistic for time frame and setting
• Daily education with organization approved and supplied materials
• All interventions documented in record – satisfies MOS requirements
PERFORMANCE MEASUREMENT
Performance Management

Performance management is an ongoing, continuous process that is necessary for program growth and improvement

- Approach to PI must be organized
- PI plan is required - identifies priorities
- Data trending to evaluate both processes and outcomes
- Involves both outcomes and patient perceptions of care
Performance Management

DSPM.1 The program has an organized, comprehensive approach to performance management

• EP.1 The program leaders identifies goals and sets priorities for improvement in a PI plan

- As of 3/1/15, the program will meet its administration of IV thrombolytic within 60 minutes to eligible patients presenting for stroke care at least 50% of the time
Performance Management

DSPM.3 – The program collects measurement data to evaluate processes and outcomes

- EP.2 – The program collects data related to processes and/or outcomes of care
  - Stroke Log vs. Stroke Registry - definition
Performance Management

DSPM.5: The program evaluates patient satisfaction with the quality of care

- TJC is evaluating patient experience (PE) improvement efforts specific to stroke patients
  1. Priorities identified through PE data specific to stroke patients (HCHAPS, phone survey, etc.)
  2. PE efforts may extend beyond specific patient group
Summary

Resources for further questions:
1. Regulatory staff at your facility
2. Joint Commission
   - Certification account representative
   - E-Edition - online
3. List Serv – AANN & others
Questions?
References


The Joint Commission. Advanced Disease-Specific Care Certification Requirements for Primary Stroke Centers (PSC). Oak Brook, IL: Joint Commission Resources, 2016