DNV·GL

BUSINESS ASSURANCE

DNV GL - Healthcare

Stroke Center Certification

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DNV GL Comprehensive 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

Ungraded

Benefits of Stroke Center Certification

- Objective assessment and evaluation of services against a standard based on nationally recognized organizations focused on care of stroke patients.
- Accountability of the Stroke Center to ensure consistency of treatment and care of patients by demonstrating compliance and excellence in stroke care.
- Improves the quality of care provided to patients

Benefits of Stroke Center Certification

- An accreditation organization that is also accountable to state agencies to preserve the integrity of administering a certification program for awarding designation to the Stroke Center.

- Demonstrates a commitment to a higher level of care

Basic Premises of the DNV GL Certification Program

- We are *partners* with the centers to assure the best health care possible.
- We believe *you are the experts* in the care you are giving and we are the third eye that will listen, ask questions, discuss and verify.
- Certification is not accreditation, but a highly evolved, specialty clinical care within an accredited facility so focus on the expertise is key.
- Be *thoughtful* and *reasonable*
- Be *inclusive*, not *exclusive*.
- Find a reason to say *yes*.
- *Always* keep the *patient* in mind.

DNV GL Stroke Center Certification

- **Basic Premises of the DNV GL Certification Program con't**

- **We partner by:**
  - Being available to answer questions
  - Supporting stroke coordinators
  - Offering guidance on newest guidelines, order sets etc
  - Providing discussion and staff involvement in the survey process
  - Valuing and supporting the clinical process
  - Being less prescriptive yet staying adherent to the AHA recommendations
  - Having passion

Certification Standards

- Core Structure of the three program standards sets are much the same but increases in requirements matching the intensity of service provided

- This allows an organization to look ahead and see the next level of service requirements as they are developing their programs

- Consistency between levels of programs in an organizational system or in a state wide system or network

- **New issue:** State EMS programs are making decisions to bypass PSCs for CSCs, so PSCs are evaluating if they can upgrade their certifications to CSCs.
  - Continuing structure of standards support the evolution

DNV GL Stroke Center Certification

Stroke Center Basic Eligibility Criteria (all 3 programs)

- Current Hospital Accreditation,
  - does **NOT** have to be DNV GL accredited
  - host hospital must be Medicare Certified Hospital by State or accredited by one of the approved accreditation organizations with deeming authority
  - does not require non-DNV GL hospitals to be ISO certified. They will have a functional equivalent process in place within the host hospital

DNV GL Stroke Center Certification

Stroke Center Basic Eligibility Criteria cont.

- Must be able to show compliance with appropriate stroke center standards during the survey process
- Data submission to a stroke registry will still be mandatory for PSCs and CSCs (GWTG, In-Stor, Coverdell etc.) Data into a state run or corporate data base is acceptable.
- Stroke data will be expected to be incorporated into the hospital wide quality program scheme (QAPI)
- No submission of quality data to DNV GL – annual survey
- On survey will review last 12 months from previous survey

- **NEW for January 2017**
  - Will have DNV GL tab in GWTG

Stroke Certification Survey Process

- **Application**
  - Note that for organizations with multiple stroke sites, each stroke site must be listed with the level of service noted for each

- **Determination of Eligibility**
  - Required Volume for Specific Program
  - Equipment Requirements
  - 24/7 Availability of services and practitioners

- **Scheduling**
  - Surveys will be planned and announced – at least 30 days notice
  - Notice to give an opportunity to have the stroke team leaders present
  - Agenda will be developed and sent to organization

Scope of the Survey Components

- **Leadership and Management of the Stroke Center**
- **Staff and staffing management** (Competency/Qualifications/Evaluation)
- **Policies/Procedures/Stroke Pathway** (Protocol)
- **Pre hospital Process** (EMS involvement)
- **Emergency Department Process** (Assessment/ Treatment/transfer/admission)
- **Stroke Unit** (ICU/Stroke unit/designated bed area)
- **Medication Management** (tPA preparation, administering, monitoring)
- **Quality** (Monitoring/Measuring/Analysis/use of data/research)
- **Rehabilitative Services** (as applicable)
- **Medical Records/ documentation**

Stroke Certification Survey Process

- **Survey activity emphasis is on stroke services such as:**
  - Development of protocols based on national guidelines (Brain Attack Coalition, American Heart/ Stroke etc.)
  - Capabilities for diagnostic and treatment of stroke patients will match the level of stroke program
  - Stroke Alert development and performance
  - Competence and engagement of care providers
  - Timelines for response, labs and imaging
  - tPA and other treatments within specified timeframes
  - Physical rehabilitation evaluation and therapy initiation
  - Data review for trending, analysis and use of data

Stroke Certification Survey Process

- **Leadership and Program Management**
  - **Administration support of the Stroke Center**
  - **Responsibilities and authority**
    - (ex. Organizational chart of the stroke program)
  - **Appropriate resources available for the program**
    - (ex. staff, information management, equipment, etc.)
  - **Identification of the Medical Director**
    - a Neurologist, Neurosurgeon, or
    - other medical professional with qualifications for diagnosis and treatment of cerebrovascular disease that are determined by the medical staff

Stroke Certification Survey Process

- **Areas included in the assessment are those involved with stroke**
  - ED, ICU, Stroke Unit, Interventional and surgical areas,
  - Rehabilitation Areas
  - additional areas related to the stroke center services will also reviewed.

- **People to be interviewed will include but not be limited to:**
  - Stroke coordinator
  - Members of the stroke team
  - Credentialing coordinator
  - ICU/Stroke Unit Nurses
  - CT/MRI Technicians
  - Medical Director
  - Human resources personnel
  - Emergency Room MDs and Nurses
  - Rehabilitation providers
  - Patients

Protocols

- References used to develop the protocol will include those published by the Brain Attack Coalition, American Stroke Association, American Heart Association, and others recognized professional organizations for the care of stroke patients
- Protocols shared with emergency department practitioners, EMS providers and ICU and/or Stroke Unit
- Review/Update (as necessary) at least annually

Stroke Protocols

There shall be written protocols for:

- TIA
- Ischemic stroke
- Hemorrhagic stroke
- Telemedicine/Telestroke consultation
- tPA therapy administration and post monitoring
- Dysphagia screening (evidence based tool)
- Blood pressure and oxygenation management
- Transfers
- In house stroke alerts

- **NEW for this coming year / addition of interventional assessment and provision of services (PSC to CSC)**

Stroke Protocols

- **The stroke protocols (pathways) will include:**
  - standardized order sets for the diagnosis, evaluation and management of the acute stroke patient following current AHA guidelines
  - vital signs and neurological function checks
  - blood pressure management parameters
  - blood glucose control
  - parameters to treat fever
  - oxygenation management parameters
  - blood tests (including point of care)
  - brain imaging
  - inclusion and exclusion criteria

Diagnostic Testing

- **Magnetic Resonance Imaging (MRI) and computed tomography (CT) available**
- **Brain imaging studies are interpreted by a physician with expertise in reading CT or MRI studies**
- **Documentation indicating that on a 24/7 basis, acute stroke patients have a diagnostic brain image completed within 20 minutes of being ordered and results reported to or reviewed by a member of the stroke team within 45 minutes of it being ordered**
- **Initial lab tests are availability on site 24/7 and:**
  - lab tests are reporting in less than 45 minutes from being ordered
  - If ordered, perform an ECG and chest x-ray within the same time frame as laboratory testing
  - Blood Glucose essential
  - INR , when assessed as needed

Staff (Competence / Qualifications)

- **Qualifications for those involved with Stroke Care**
  - Job descriptions (may be in addendum or competency specifications)
  - Licensure, experience, etc.
  - Education (specific for care of stroke patients)
    - Stroke Team
    - Nursing staff not assigned to the Stroke Team need education on accessing the Stroke Team / care of stroke patients
  - Orientation
  - Ongoing education
  - Defined criteria and qualifications required for designation of qualified practitioners, professionals and other personnel as a Stroke Team

Stroke Team

Identification of Core Stroke team members up to hospital but must include at least:

- Medical Director
  - Neurologist or Neurosurgeon or Physician with expertise in cerebrovascular disease
- Stroke Coordinator
- Emergency department representative

Hospital can decide / include others as Core team members

Stroke Team

- **Define Core Team / Stroke Team / Response Team**
  - Many different models
  - Define and describe who does what
    - Which group is responsible for the monitoring and policy making?
    - Which group reviews and monitors practice?
    - Who responds to codes?

Define members of the Acute Stroke Team

- **Should reflect the services provided by the program**
  - Emergency Department
  - Interventional
  - Neuro surgery
  - Nursing Staff
  - Radiology (MRI/CT)
  - Lab
  - Rehabilitation
  - Case Manager / Social Worker
  - Other qualified professionals (NPs, PAs)
  - EMS

Emergency Department

- Effective system in place for communicating with inbound Emergency Medical System for activation of the acute stroke team
- Emergency Department practitioners clearly demonstrate the recognition, assessment, and management of acute stroke complications
- Collaboration of ED personnel, emergency physicians and nurses, and stroke professionals to identify capabilities to improve facilitation with EMS responders for triage and transport of acute stroke patients
- Stroke centers offer EMS providers the opportunity to participate in education and training programs offered by the stroke center

Emergency Department

- Early implementation of stroke protocol and notification to the Stroke Team upon entry to the ED or prior upon notification from EMS personnel.

- Evaluation and management of the acute stroke patient;

- A log documenting call times, response times, patient diagnoses, treatments and outcomes will be kept and used for quality improvement projects.

Staffing Management

- **Care of the patient under:**
  - Neurologist or Neurosurgeon
  - Physician with expertise in cerebrovascular disease
  - A qualified professional with expertise defined by the medical staff and PSC
  - Doctor of medicine or osteopathy (with expertise in cerebrovascular disease) on duty or on call at all times
  - Call schedule with contact information of the physicians on staff and/or available for the PSC
  - 24-hour nursing services
  - Registered nurse must supervise and evaluate the nursing care

Patient Management

- Standard Plan of Care expected in the Emergency Department with additions for individual assessed needs (may be included in protocols)
- Plan of Care in place and maintained by qualified individuals for each patient within 24 hours of admission
- Involvement of the patient (and/or family members) in making their own informed decisions about managing their disease or condition
- Information is offered to the patient (and/or family members) regarding treatment regarding lifestyle changes that supports self management regimens
- Aspect of Patient Rights for privacy, confidentiality, grievance process, advance directives, communicating with the patient, consent

Monitoring, Measurement & Analysis

- **Specific performance measures in place for measuring, refining and reassessing:**
  - evaluating community outreach initiatives
  - exchange between EMS, ED and the Stroke Team
  - effectiveness of the acute treatment of both ischemic and hemorrhagic stroke
  - patient outcomes and avoidance of complications and recurrent strokes
  - evaluation of patient outcomes regarding the rehabilitation of patients
- **Data collection for all Core Measures**

Monitoring, Measurement & Analysis

- **Survey activity emphasis on stroke services such as:**
  - Data review for trending, analysis and use of data
  - Development and use of protocols based on national guidelines (Brain Attack Coalition, American Heart/ Stroke etc.)
  - Physical Rehab Evaluation and therapy Initiation
  - Timelines for response, turn around for labs and rad reads
  - tPA within specified timeframes

DNV GL Comprehensive Stroke Center Certification

Survey Team

- Team of two surveyors
- Licensed physician or nurse
- Current stroke coordinators as Technical Adviser
  - Current working experts
  - Opportunity to network with other program coordinators
  - Opportunity for inclusion in review of requirements on an on-going basis
  - Potential to see other programs

Comprehensive Stroke Centers Criteria

- Volume Requirements for Eligibility
  - Greater than or equal to 20 SAH patients per year
  - Greater than or equal to 10 clippings/coilings
  - Greater than or equal to 25 tPA

- Each neurosurgeon should participate in greater than or equal to 10 surgical intervention cases per year.

Remember:

- Lower volume centers can have excellent outcomes
- High volume centers are not assured of excellent outcomes

DNV GL Comprehensive Stroke Center Certification

- Survey is over two days
- Starts with an overview from the Stroke center leadership
- Both surveyors usually visit the emergency room
- Technical advisors tend to focus on the stroke clinical aspects
- DNV clinical surveyor focus is on supportive services
  - Credentialing
  - Competency
  - Rehab
  - Radiology
- Both surveyors will do chart review and quality sessions

DNV GL CSC Stroke Program Education Requirements

- Requirement of eight (8) hours of initial/annual education for the Medical director and Stroke Coordinator's
- Requirement of eight (8) hours of initial/annual education for the ICU and ER Nurse Manager.
- Requirement of eight (8) hours of initial/annual education for the staff of a dedicated stroke unit (four (4) hours if a mixed ICU)
- Requirement of four (4) hours of initial/annual education for the ED staff .
- Other staff members (contracted or employed)
  - (Radiology technicians, Pharmacology , Rehabilitation , Other) receive one (1) hour of education specifically related to diagnosis / assessment and management of acute stroke and cerebrovascular disease
- **NEW JANUARY 2017 Physicians will be required to have 8 hours CME.**

Specific requirements for CSC - Services

- Endovascular Services will be provided for the treatment of cerebrovascular diseases.
  - microsurgical clipping and coiling must be available
  - ability to perform intracranial angioplasty or IA infusions of vasodilators is recommended. If therapy cannot be provided, protocols for the rapid transfer of patients is required
- Surgical interventional services will be available for management of stroke patients 24/7
- The CSC shall have the facilities and appropriate qualified neurosurgical staff within a minimum of two hours when determined to be needed .
- For decision to transfer due to periodic gaps in Neurosurgical or Endovascular coverage that the CSC will promptly make both referring PSC's and EMS aware of the situation.

DNV GL Stroke Program Top Findings for 2015

- Monitoring of vital signs after tPA
- Pain Assessments
- Consents
- Plan of care (Patient education)(Risk of bleeding)
- Protocols
- Medication Management (Nimodipine)
- Dysphagia Screens

PRIMARY STROKE

- **All surveys are announced**
- **PSC surveys are one and a half days**
  - More time for chart review
  - More time for data discussion
  - Time included for meeting with stroke team

PRIMARY STROKE

- **Volume requirements for PSC**
  - 10 or more tPA given in last year
  - SAH, ICH and TIA case volume for last year
  - CT available 24/7
  - Plans for MRI, when needed
  - Lab testing available 24/7
    - Use of point of care testing

- **NEW for January 2017**
  - If PSC is doing interventional, neuro surgical procedures they will now be required to follow the same guidelines as in CSC. There will be an addendum added with the pertinent requirements.

Acute Stroke Ready Hospital Certification (ASRH)

- Typically smaller or rural hospitals and CAHs
- Far from PSC or CSC
- Limited staffing
- Survey is one day with one surveyor

- **FOCUS**
  - Initial diagnosis
  - Stabilization
  - Use tele-technologies
  - Acute treatment (Drip and Ship)
  - Transfer to contracted PSC/CSC
- **Most ASRs do not admit but are encouraged to follow PSC guidelines for inpatients if they do admit for other than palliative or end of life care.**

Acute Stroke Ready Hospital Certification (ASRH)

- **Developed on recommendations from**
  - the Brain Attack Coalition
  - American Stroke Association
  - Several state policies and initiatives
- **An ASR has fewer overall capabilities than a Primary Stroke Center, but has staff and resources able to diagnose, stabilize, treat, and transfer most patients with stroke.**

- **NOTE:**
  - Be aware that not all states recognize Acute Stroke Ready Certification such as Florida.
  - Stroke Leadership is expected to know their own state rules regarding designation

Acute Stroke Ready Eligibility Requirements (ASRH)

ASR Eligibility Requirements

- Very low numbers of stroke patients- no volume eligibility requirement
- Contract/Agreement with PSC and/or CSC
- Transfer Protocols
- Tele-stroke to PSC/CSC
- Acute stroke team
- Defined medical director (may be ED physician or non- neuro)
- Stroke program Coordinator
- Staff training
- Stroke Protocols
- Has at least one physician on site to supervise and direct emergent patient course of treatment, order medications, confer with tele-medicine

ASR staff education requirements

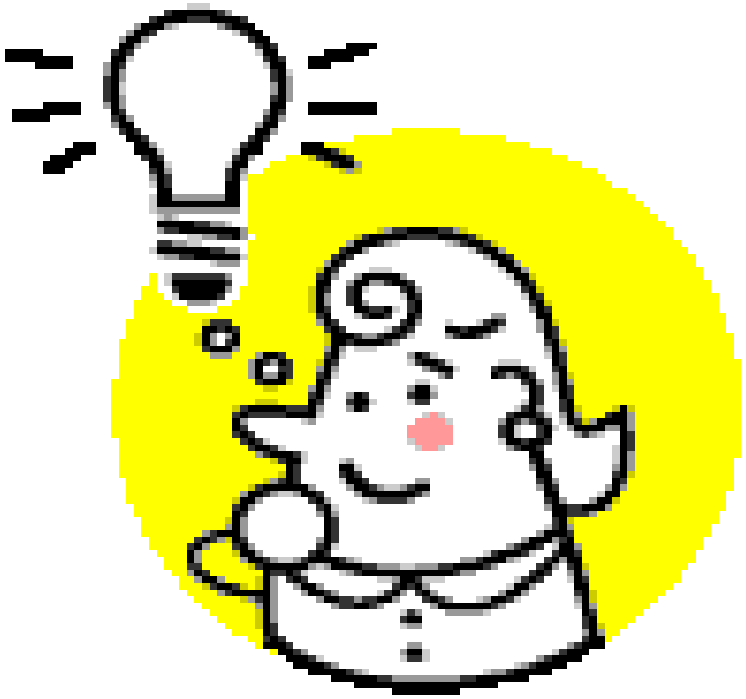
Requirement of four (4) hours of initial and annual education for the Stroke Coordinators

Requirement of four (4) hours of initial and annual education for nurses in the ED.

Requirement of four (4) hours of initial and annual education for ASR medical director

DNV GL Stroke Programs

– QUESTIONS ?



Resources

Stroke Care Certification Programs

Certification by DNV GL Healthcare is key step toward establishing your hospital's reputation for excellence.

Visit our **Stroke Care Certification Programs** page to download our Stroke Programs Brochure, Primary Stroke, Acute Stroke, and Comprehensive Stroke Center Standards.

2016 Healthcare Symposium

The DNV GL Healthcare Symposium is designed to be a learning and networking experience.

Find out more about our **Annual Healthcare Symposium**

Orlando World Center Marriott
October 12 – 14, 2016

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