

Primary Stroke Center Certification for Small Hospitals

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Disclosures:

- I provide consultant support to hospitals in the mid-atlantic and mid-west that are seeking Joint Commission certification as a primary stroke center.
- I serve on the AHRQ Regional Board on Quality Improvement
- I am a Board Member of the North Carolina Healthcare Quality Alliance

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Goals

- To provide some strategies that can support a successful journey to Joint Commission advanced certification as a primary stroke center.
- Identify opportunities that can help to save time as this important journey is undertaken.

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What resources are needed for small hospital seeking advanced primary stroke center certification

- Administration support and understanding that this is not a one man process.
- Approval for a designated stroke program coordinator to shepherd the program and facilitate efforts of the team.
- Development of a working multidisciplinary clinical team.
- ED medical and nursing staff focused on positive stroke care outcomes

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Key Steps

- Acquire the most current DSC Manual for JCR
- Update order sets and pathways using the current clinical practice guidelines and the BAC recommendations
- Identify area programs that have reached certification and ask to them to share the materials they used. You do not have reinvent the wheel. Many facilities will share, leaving your team with only the need to reformat for use at your hospital.

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Key Steps cont'd

- Develop resource guides for the nursing units that include stroke order sets and the pathways that your program uses.
- These guides should be available at all times and updated as guidelines are changed.

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Technology

- Determine if the Core measure process will capture data needed to meet the data registry requirements of Joint Commission.
- In the event that the current data collection resource does not meet the needs of this DSC program efforts should be made to utilize a program that serves this need. Such as AHA/ASA's "GetWithTheGuidelines"- Stroke or the Paul Coverdell Stroke Care Registry

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Team/Resources

- CT or MRI and Lab services must be available 24/7. These studies must be completed within 25 minutes of the order and results resulted within 20 minutes of completion. In the event that your hospital does not provide these services on site currently it is imperative that they be immediately implemented

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Procedures

- Establish a formal schedule for the multidisciplinary team to meet to review standards, protocol development, and process compliance. Keep accurate minutes. Complete mock tracers to determine practice versus protocol. Use tracer results to establish teachable moments.

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Schedule

- Keep a schedule to track progress to milestones. It is imperative that the team commit to work together to reach the ultimate goal.
- Make sure that feedback on progress and barriers is provided to senior leadership on a timely basis.
- This process takes time as well as effort, regardless of the size of your facility.

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Spread the Message

- Develop message boards throughout the facility focusing on your stroke program and the journey to certification. This will serve a both a teaching tool for staff and visitors.
- Take advantage of the support materials available from Genentech. These are available at no cost.

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Education is Key

- Educate the public and Market your program
Share why advanced certification is important for your facility
- Grow your partnership with the local EMS providers
- Make sure that your messages are understandable to your patient base
- Identify area support groups who can share in the community education efforts as well as provide support to patients and families after they leave your facility

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Educational Requirements

- Core Team Members, need 8 hours of stroke specific education annually
- ED staff, physicians and nurses, need 2 hours of stroke specific education annually*
- ICU, Step down unit and stroke unit staff, physicians and nurses need 8 hours of stroke specific educational annually*
- * = proposed 2013 standard

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Education Requirements cont

- All clinical staff and non clinical staff should have stroke basic education as part of their annual updates
- At least one formal community education event that includes a stroke focus must be held annually.
- There should be at least 2 formal EMS stroke educational events provided annually.

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Finding Educational Resources

- Take advantage of the talent that you have on staff. Many of your clinical staff members can and will provide teaching support, with good planning and expectations.
- There are many stroke specific online education resources available at low or no cost from AHA/ASA(learn2live@heart.org) and NSA (stroke.org)

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Education Resources

- Updates to the DSC standards are routinely provided by Joint Commission.
- A subscription to Perspectives will prove invaluable
- The Joint Commission DSC resources can be found at joint.commission.org

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Take Away

- Joint Commission Disease Specific Certification is a process that takes a committed team.
- The size of your facility should not impede your efforts to gain Primary Stroke Center Certification.
- Care planning, coordinated efforts and teamwork lead to a successful positive result.

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Questions

- Thanks very much!

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