



# Stroke Center Certification Update

MJ Hampel  
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		<b>American Heart Association American Stroke Association CERTIFICATION</b> Meets standards for <b>Acute Stroke Ready Hospital</b>
		<b>American Heart Association American Stroke Association CERTIFICATION</b> Meets standards for <b>Primary Stroke Center</b>
		<b>American Heart Association American Stroke Association CERTIFICATION</b> Meets standards for <b>Comprehensive Stroke Center</b>



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## What's Hot Now

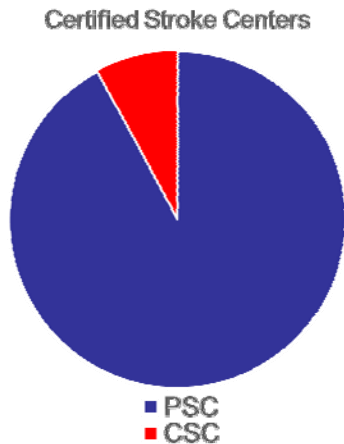


- ▶ ASRH Launched
- ▶ New CSC Measures added as of 1/1/15
- ▶ Challenges of Recertification

## Stroke Center Background

	Launch Date	Count
PSC	November 2003	1079
CSC	September 2012	94
ASRH	July 2015	0

# Stroke Certification by the Numbers



1079 PSCs certified in 49 states

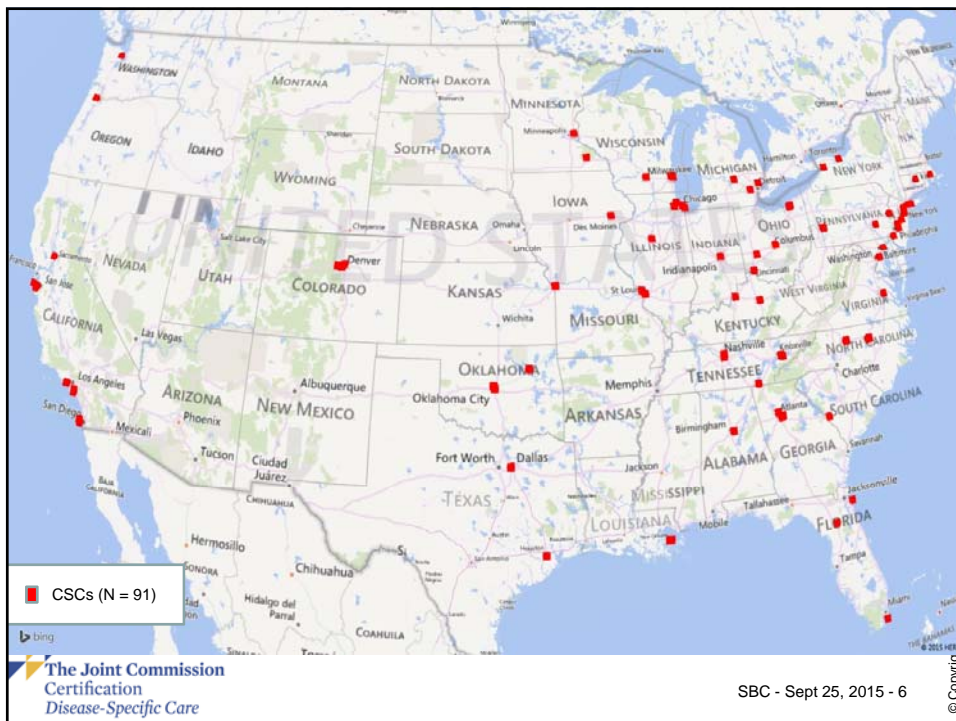
94 CSCs certified in 31 states

144 Stroke Rehab programs certified in 31 states

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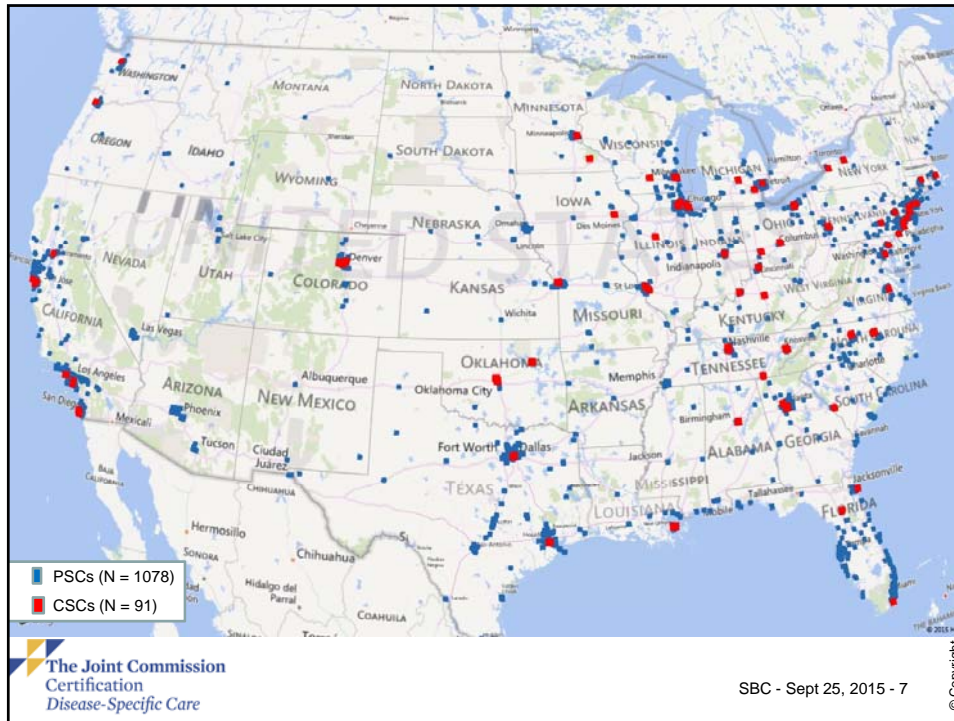
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Stroke Certification Programs – Program Concept Comparison			
Program Concept	ASRH	PSC	CSC
Program Medical Director	Sufficient knowledge of cerebrovascular disease	Sufficient knowledge of cerebrovascular disease	Has extensive expertise, available 24/7; 8 hours of stroke education annually
Acute Stroke Team	Available 24/7, at bedside within 15 minutes; at least 4 hours of stroke education annually	Available 24/7, at bedside within 15 minutes; at least 8 hours of stroke education annually	Available 24/7, at bedside within 15 minutes; at least 8 hours of stroke education annually
Emergency Medical Services Collaboration	Access to protocols used by EMS	Access to protocols used by EMS	Access to protocols used by EMS, routing plans, records from transfer
Stroke Unit	No designated beds for acute care of stroke patients	Stroke unit or designated beds for the acute care of stroke patients	Dedicated neuro intensive care beds for complex stroke patients available 24/7
Initial Assessment of Patient	Emergency Department physician, nurse practitioner, or physician assistant	Emergency Department physician	Emergency Department physician
Diagnostic Testing Capability	CT, MRI, labs 24/7	CT, MRI, labs, CTA, MRA 24/7, and cardiac imaging when necessary	CT, MRI, labs, CTA, MRA, other cranial and carotid duplex ultrasounds, TEE, TTE, catheter angiography 24/7 and cardiac imaging when necessary
Neurologist Accessibility	24/7 via in person or telemedicine	24/7 via in person or telemedicine	Meets concurrently emergent needs of multiple complex stroke patients; Written call schedule for attending physicians providing availability 24/7
Neurosurgical Services	Within 3 hours (provided through transferring the patient)	Within 2 hours; OR is available 24/7 in PSCs providing neurosurgical services	24/7 availability: Neurointerventionalist, Neuroradiologist, Neurologist, Neurosurgeon
Telemedicine	Within 30 minutes of it being necessary	Available if necessary	Available if necessary
Treatment Capabilities	IV thrombolytics; Anticipate transfer of patients who have received IV thrombolytics	IV thrombolytics; May have the ability to perform the following: Neurovascular interventions for aneurysms, Stenting of carotid arteries, Carotid endarterectomy, and Endovascular therapy	IV thrombolytics; Microsurgical neurovascular clipping of aneurysms; Neuroendovascular coiling of aneurysms; Stenting of extracranial carotid arteries; Carotid endarterectomy; Endovascular therapy
Transfer protocols	With one PSC or CSC	For neurosurgical emergencies	Receiving transfers and circumstances for not accepting transferred patients
Staff Education Requirements	ED staff – a minimum of twice a year	ED staff – a minimum of twice a year	Nurses and other ED staff – 2 hours annually; Stroke nurses - 8 hours annually
Provision of Educational Opportunities	Provides educational opportunities to prehospital personnel	Provides educational opportunities to prehospital personnel; Provides at least 2 stroke education activities per year to public	Sponsors at least 2 public educational opportunities annually; LPIs and staff present 2 or more educational courses annually for internal staff or individuals external to the comprehensive stroke center (e.g., referring hospitals)
Clinical Performance Measures	Non-Standardized Measures: Organization chooses 4 measures, at least 2 are clinical measures related to clinical practice guidelines	Standardized Measures: 8 core stroke measures	Standardized Measures: 8 core stroke measures and 8 comprehensive stroke measures for a total of 16
Research	N/A	N/A	Participates in patient-centered research that is approved by the IRB
Guidelines	Recommendations from Brain Attack Coalition for Acute Stroke Ready Hospitals, 2015	Recommendations from Brain Attack Coalition for Primary Stroke Centers, 2011	Recommendations from Brain Attack Coalition for Comprehensive Stroke Centers, 2005
Review	One Reviewer, One Day	One Reviewer, One Day	Two Reviewers, Two Days

## ASRH Certification Requirements

- Initial Assessment
- Telemedicine
- Transfer Protocol
- Staff Education
- Performance Measurement

## Stroke Certification Performance Measurement

- |             |   |
|-------------|---|
| <b>ASRH</b> | <ul style="list-style-type: none"><li>Non-standardized measures</li><li>Program identifies <b>4</b> performance measures, at least two must be clinical and related to clinical practice guidelines</li></ul> |
| <b>PSC</b>  | <ul style="list-style-type: none"><li>Standardized measure set</li><li>PSC collects, analyzes, and reports data on <b>8</b> core stroke measures</li></ul>  |
| <b>CSC</b>  | <ul style="list-style-type: none"><li>Standardized measure set</li><li>CSC collects, analyzes, and reports data on <b>16</b> measures: 8 core stroke measures and 8 comprehensive stroke measures</li></ul>   |

## ASRH:

### Performance Measurement Criteria

- Four process or outcome measures to monitor on an ongoing basis
  - Select from the universe of measures; or
  - Create your own measures
- Two of the measures must be clinical
- Other two measures can be clinical, administrative, utilization, or satisfaction

## ASRH Performance Measurement

- Potential choices include
  - Door to needle time
  - Turn around time for head CT/laboratory tests
  - Practitioner response time to code stroke
  - Patient complications
  - Time to telemedicine link initiation
  - Any of the core stroke measures
- Resource for measures:  
<http://www.qualitymeasures.ahrq.gov/>

## CSC Measures


- ▶ PSC measures required since launch
- ▶ CSC measures added 1/1/15
- ▶ Due to complexity of the CSC set, use of a performance measure vendor is strongly encouraged
- ▶ Pilot of CSC measures showed substantial room for improvement

## CSC Performance Measures


All 8 core stroke STK measures are required.

- CSTK-01 NIHSS Score Performed for Ischemic Stroke Patients
- CSTK-02 Modified Rankin Score (mRS) at 90 Days
- CSTK-03 Severity Measurement Performed for SAH and ICH Patients (Overall Rate)
- CSTK-04 Procoagulant Reversal Agent Initiation
- CSTK-05 Hemorrhagic Transformation (Overall Rate)
- CSTK-06 Nimodipine Treatment Administered
- CSTK-07 Median Time to Revascularization
- CSTK-08 Thrombolysis in Cerebral Infarction (TICI) Post-Treatment Reperfusion Grade

## Comprehensive Stroke Performance Measurement Implementation Guide



[http://www.jointcommission.org/certification/advanced\\_certification\\_comprehensive\\_stroke\\_centers.aspx](http://www.jointcommission.org/certification/advanced_certification_comprehensive_stroke_centers.aspx)




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## Pilot Test Results

6 month Pilot Test. n = 66 stroke centers. Data from 9720 patients.

Stroke Pilot Measure (CSTK)	CSTK Measure	Overall Measurement Rate
CSTK01	NIHSS score performed for ischemic stroke pts.	71.6%
CSTK02	Modified Rankin Score at 90 days	27.0%
CSTK03	Severity score for SAH and ICH pts.	19.6%
CSTK04	INR reversal achieved	52.6%
CSTK05	Hemorrhagic complication rate for IV tPA and endovascular treatment of ischemic stroke	10.2%
CSTK06	Nimodipine treatment administered	70.6%
CSTK07a	TICI reperfusion grade	32.7%



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## Recertification Challenges

Percent Noncompliant	Standard	Requirement
31%	DSDf.3	The program is implemented through the use of clinical practice guidelines selected to meet the patient's needs.
15%	DSDf.2	The program develops a standardized process originating in clinical practice guidelines or evidence-based practice to deliver or facilitate the delivery of clinical care.
14%	DSCT.5	The program initiates, maintains, and makes accessible a medical record for every patient.
14%	DSDf.1	Practitioners are qualified and competent.
12%	DSDf.4	The program develops a plan of care based on the patient's assessed needs.



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