

Update on Stroke Certification

Jean Range, MS, RN
The Joint Commission
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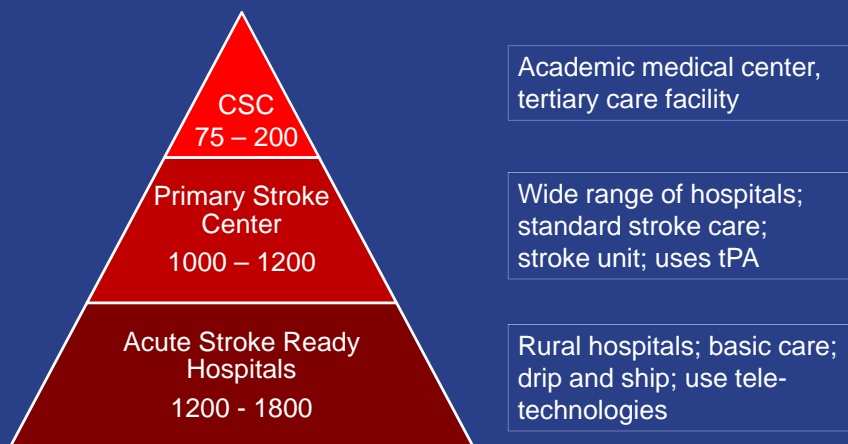
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Models of Stroke Care



Two Stroke Certification Options for Hospitals

Primary Stroke Center

Acute care hospital in the U.S., operated by U.S. government, or operated under a charter of the US Congress

Joint Commission accredited hospital

Use a standardized method of delivering clinical care based on AHA/ASA's Acute Stroke Treatment Protocol or other equivalent evidence-based guideline

Treatment provided to at least 10 stroke patients

Comprehensive Stroke Center

Acute care hospital in the U.S., operated by U.S. government, or operated under a charter of the US Congress

Joint Commission accredited hospital

Use a standardized method of delivering clinical care based on AHA/ASA's Acute Stroke Treatment Protocol or other equivalent evidence-based guideline

Minimum case volumes (as of 7-1-14) :

Subarachnoid hemorrhage caused by aneurysm:	35/year
Microsurgical clippings:	10/year
Endovascular coiling:	20/year
IV-tPA	25/year

Stroke Certification – By the Numbers

- ▶ Primary Stroke Center Certification
 - Launched November 2003
 - Today, 1023 certified PSCs in 49 states, Washington DC, and Puerto Rico

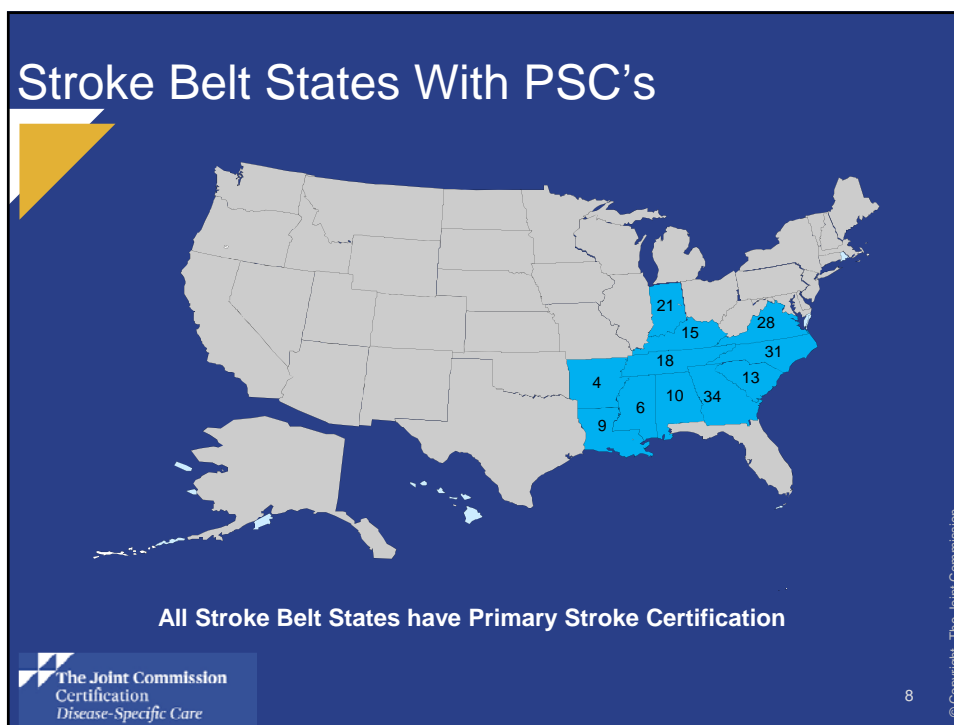
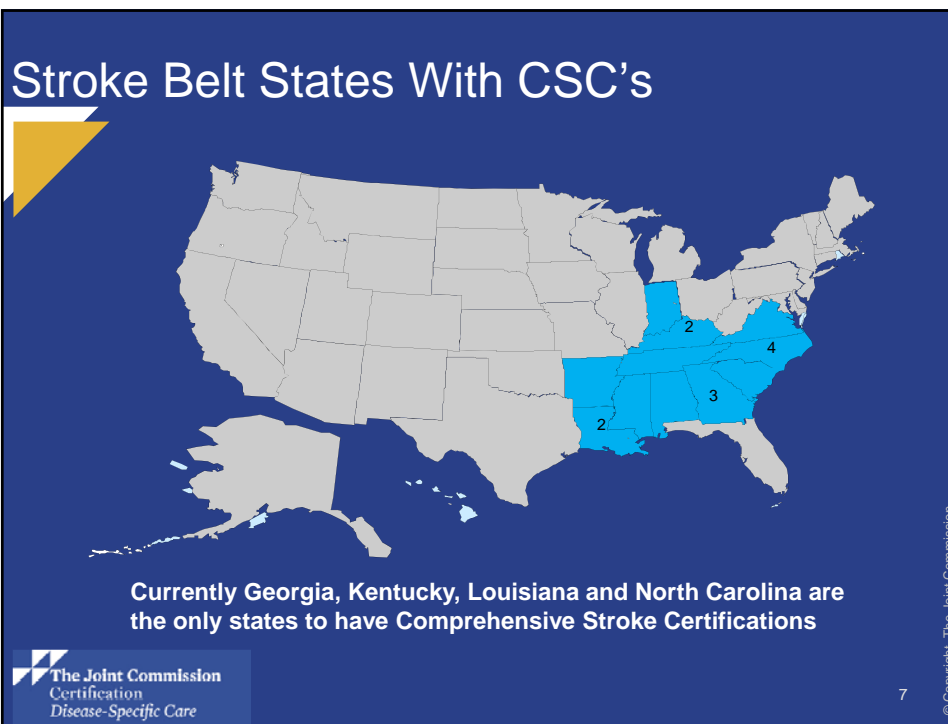
- ▶ Comprehensive Stroke Center Certification
 - Launched September 2012
 - Today, 66 certified CSCs in 24 states

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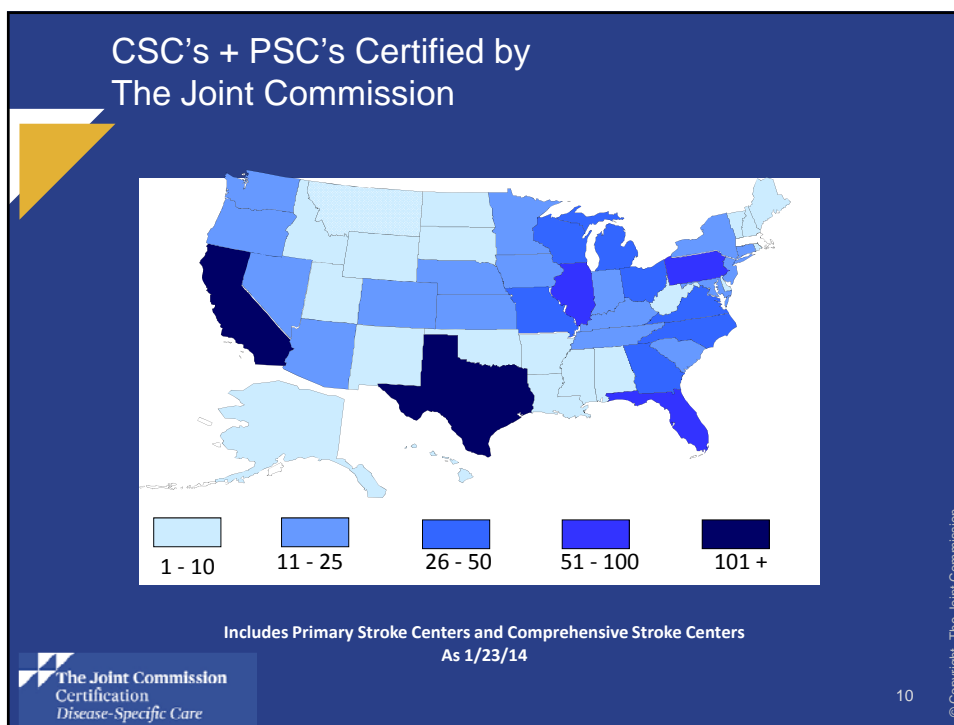
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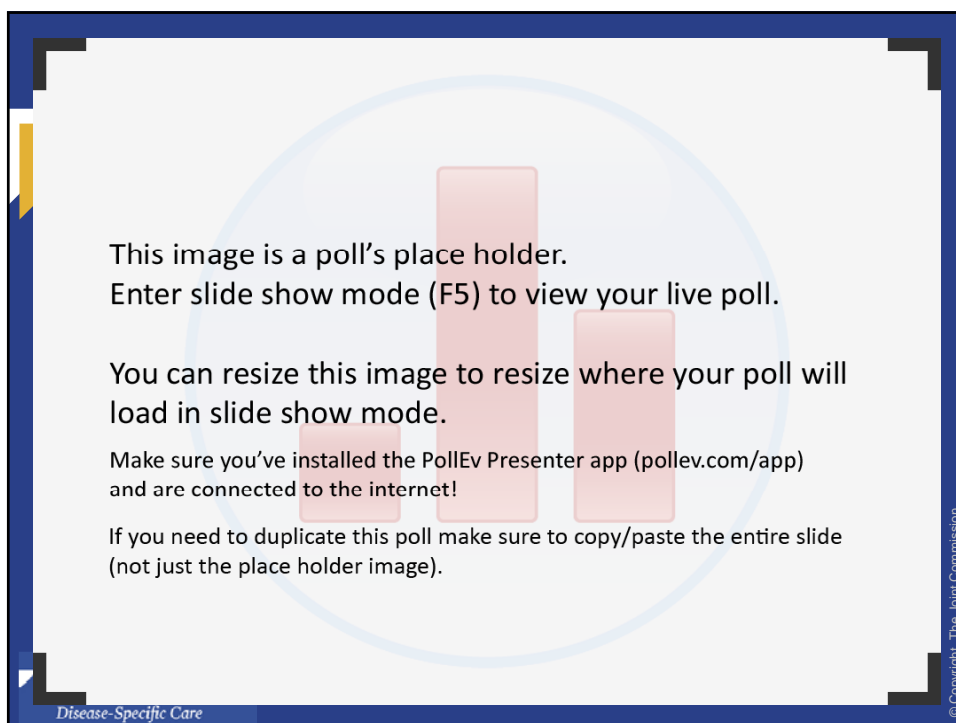


Update on Primary Stroke Center Requirements

- Standards revisions effective with reviews on 7/1/2014:
 - Time frame for the administration of IV thrombolytic therapy
 - Necessary diagnostic tests prior to IV thrombolytic therapy administration
 - Endovascular procedures for patients who are not eligible for IV thrombolytic therapy

Comprehensive Stroke Center Certification Updates

- Standards revisions effective with reviews on 7/1/14:
 - CSC volumes for aneurysmal clippings, coilings and SAH
 - Neuro-ICU coverage models for physicians and mid-level practitioners
 - Peer review activities
 - Complication rate specifications
 - Stroke research requirements



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CSC Survey Results

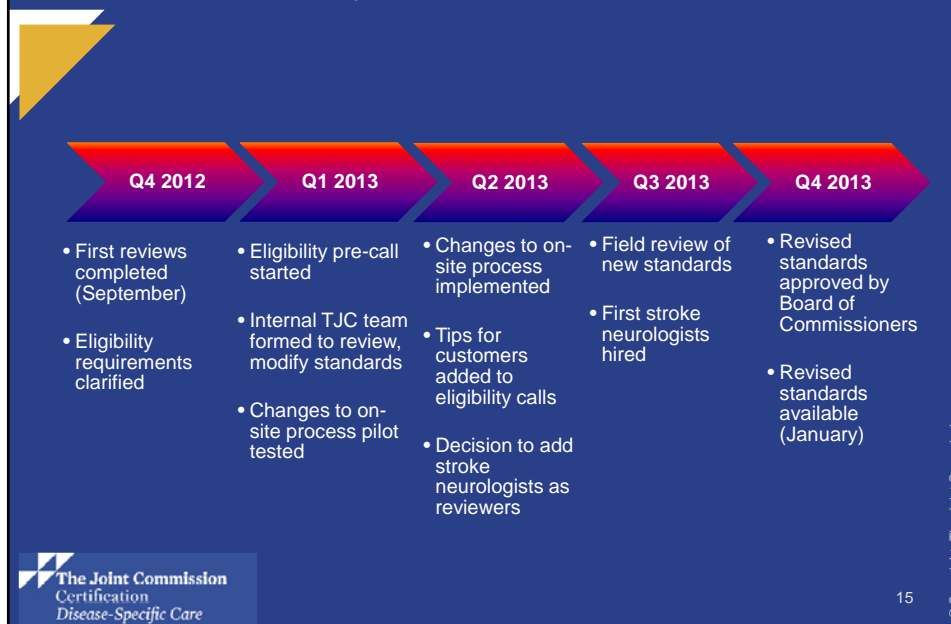
- Frequently scored standards:
 - EMS protocols and engagement
 - Neuro-ICU coverage
 - Use of CPG's in care delivery (e.g., neuro assessments)

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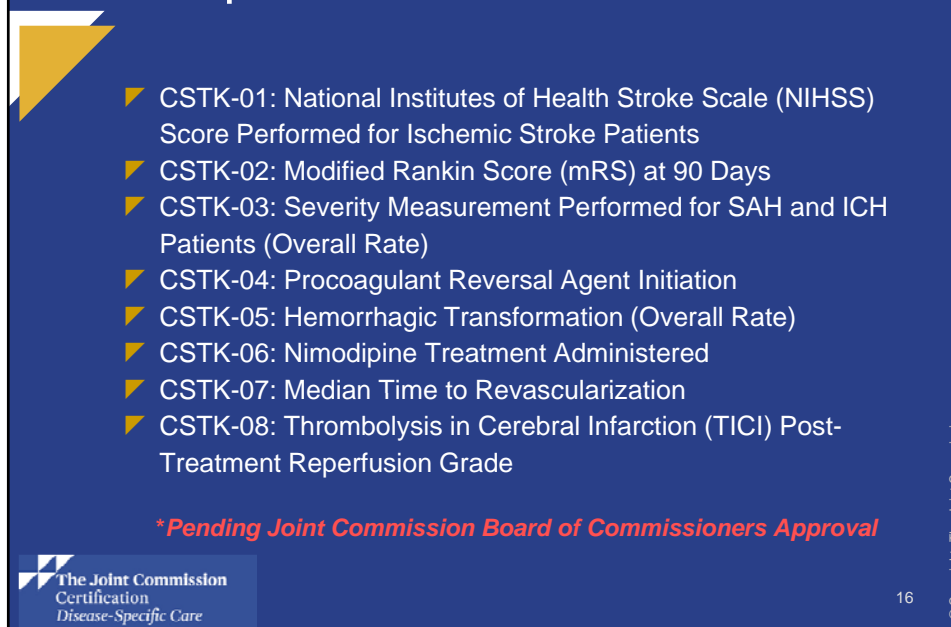
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CSC Survey Improvement Activities



Comprehensive Stroke Measures



Use of Endovascular Therapies at Primary Stroke Centers

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ABSTRACT

Background: Endovascular treatment (EVT) is used for treating acute ischemic stroke (AIS) patients with large vessel occlusion. There is little data about the availability of such services at stroke centers and how services are tracked. This information may help assess if these services may be available at Primary Stroke Centers (PSCs), but that outcome tracking may be sub-optimal.

Methods: We conducted an Internet-based survey of hospitals certified by The Joint Commission (JC) as PSCs in the U.S. The survey inquired about EVT and AIS. We assessed if data tracking, availability of services, and current standard training, physician training, coverage models, hospital type, and outcomes. The final objective was to identify differences between academic and community PSCs.

Results: Data were available from 441 certified PSCs, of which 73% were community hospitals. 27% of these centers, and 6% were currently offering EVT to AIS patients. 15% of these centers, and 1% were currently offering EVT to AIS patients. A majority of centers provided some or all EVT services, while 27% had some services and plans to add them. Among the respondents offering EVT, 97% offered training of stroke vendors, 80% LA, 67% EP-LS, 64% mechanical, and 74% interventional training. There was no significant difference in EVT service availability between academic and community PSCs. Most centers provide coverage for percutaneous transluminal angioplasty (PTA), followed by endovascular therapy (EVT), and intravenous alteplase (tPA), and some centers offer deep vein thrombosis (DVT) coverage. The majority of hospitals (87%) did not participate in an audited national registry for EVT, but 15% did track outcomes internally.

Conclusions: EVT services are offered at both academic and community-based PSC hospitals. There are services to provide available 24/7. Increasing participation in national registries may be an opportunity to track and evaluate outcomes. More EVT availability at PSCs will support the formation and number of PSCs nationwide.

RESULTS

The majority of responding PSCs were community hospitals, not academic facilities

Most of the responding organizations had an average daily census of 100-499 patients

54% of the PSCs provide some type of Endovascular Service

Among PSCs offering EVT, most were available 24/7/365, although this varied by technique

RESULTS

Training of EVT Physician

Hospitals Covered

Number of hospitals in their System

Facilities participating in an audited National Registry for EVT

Only one comparison was statistically significant by chi-square: IA mechanical EVT 34.4% at academic vs 68.1% at community PSCs
P = 0.027

DISCUSSION

A significant number of PSCs offer some or all types of EVT services. In most cases these services were offered on a 24/7/365 basis.

Physicians performing these procedures had a variety of training backgrounds. Over a third of physicians covered more than 2 hospitals for EVT procedures.

In general the availability of EVT services was similar between academic and community hospitals.

The vast majority of PSCs do not participate in an audited registry of EVT intervention.

LIMITATIONS

As with all survey type studies, the overall results may be biased by the number and type of respondents. These biases may have been partially mitigated in our study by the high response rate of 46.5%.

CONCLUSIONS

- A significant number of PSCs offer a variety of EVT services to their patients.
- In many cases these services are available 24/7/365.
- The availability of EVT services is similar among hospital types.
- The vast majority of organizations do not participate in an audited registry, which might be an area for future improvement.
- How the growth of CSCs will impact these results is unclear.

We thank all of the participants for sharing their data with us.

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On The Horizon...

- ▶ Acute Stroke Ready Hospital Certification
 - BAC Paper published in late 2013
 - The Joint Commission currently developing proposal
 - Anticipate possible development in 2014/2015
 - Three levels of stroke certification will generate additional interest in establishing standards for stroke systems of care

Questions or Discussion?



Thank you for your participation.



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