Comprehensive Stroke Center Certification: The Joint Commission Perspective

Daniel Castillo, MD, MBA
Medical Director
Healthcare Quality Evaluation
Effectiveness of Medical Care

“Until the second quarter of this century, therapy had very little effect on morbidity and mortality. One should, therefore, 40 years later, be delightfully surprised when any treatment at all is effective, and always assume that a treatment is ineffective unless there is evidence to the contrary.” Archie Cochrane (1972)
Knowledge Translation

Diagram: Basic research leads to Human research, which leads to Clinical research. Clinical research then produces a Guideline, which leads to Practice. There are two time points, T1 and T2, indicating the process of knowledge translation.
From Clinical Research Into Practice
A Brief (and Selective) History of Health Care Quality

- **1970s**: Quality “assurance” begins
- **1980s**: Data begin to show that evidence from RCTs is not guiding practice
- **1990s**: The era of “guidelines”
  - 1992: 48% of AMI pts get β blockers
  - 1998: Median state = 72% β blockers (AMI)
  - 1998: Median state = 55% warfarin (afib)
  - 1996-00: RAND: 47-55% get effective Rx
The Joint Commission Certification - Goals

- Improve quality of patient care by reducing unwanted variation in clinical processes
- Provide framework for program structure and management
- Provide an objective assessment of clinical excellence
- Improve knowledge translation and access to excellent care
Abstract 192: Impact of Primary Stroke Center Certification on Rt-PA Utilization

Dawn Kleindorfer1; Michael Mullen2; Christopher Hogan3; Opeolu Adeoye1; Pooja Khatri1; Jason Mackey4; Edward Jauch5

1 UNIV OF CINCINNATI HOSP, Cincinnati, OH
2 Univ of Pennsylvania, Philadelphia, PA
3 Direct LLC, Inc, Washington DC, DC
4 Indiana Univ, Indianapolis, IN
5 Med College of South Carolina, Charleston, SC

Introduction: In 2003, the Joint Commission (JC) began certifying hospitals as Primary Stroke Centers (PSC). One of the key components of PSC certification is preparedness to administer rt-PA. Data regarding the impact of stroke center certification on rt-PA utilization is limited. We sought to compare rates of rt-PA

Date of PSC Certification

TJC Stroke Centers

Joint Commission PSCs continue to improve the rate of t-PA administration

MEDPAR Data FY 2001- 2010 n=3275 hospitals

Not TJC PSC
PSC vs. CSC

Primary Stroke Center (>1000)
- Stabilize and provide emergency care for patients with acute stroke
- Either admit or transfer to a CSC

Comprehensive Stroke Center (>70)
- Provide all needed levels of care to patients with strokes, including
  - Special interventions
  - Highly technical procedures
Models of Stroke Care

- **CSC**
  - 75 – 200
  - Academic medical center, tertiary care facility

- **Primary Stroke Center**
  - 1000 – 1200
  - Wide range of hospitals; standard stroke care; stroke unit; uses tPA

- **Acute Stroke Ready Hospitals**
  - 1200 - 1800
  - Rural hospitals; basic care; drip and ship; use tele-technologies
CSC Certification Program Development & Continuous Improvement


- A 21-member Technical Advisory Panel including representatives nominated by AHA, AACCN, ACEP, SSCM, ENA, CMS, SVIN, AAN, SVS, AANS/CNS, ASN participated in development

- Field reviews were conducted for broad national feedback

- First reviews September, 2012
Criteria for Standards Development

- Focus on standards that research & leading practice guidelines have shown to be effective in improving quality and safety.

- In the eyes of the customer:

\[
\text{Value} = \frac{\Delta \text{in Quality & Safety}}{\text{Resources Consumed}}
\]
Stanford Hospital & Clinics Awarded First Comprehensive Stroke Center Certification

(OAKBROOK TERRACE, Ill. – November 16, 2012) The Joint Commission and the American Heart Association/American Stroke Association together announced that The Stanford Stroke Center at Stanford Hospital & Clinics in Palo Alto, California, is the first hospital in the country to meet The Joint Commission’s standards for Disease-Specific Care Comprehensive Stroke Center Certification. Comprehensive Stroke Certification is the third Disease-Specific Care program on which The Joint Commission and the American Heart Association/American Stroke Association are collaborating. The other programs include Primary Stroke Center Certification and Advanced Certification in Heart Failure.

The new level of certification recognizes hospitals that have state-of-the-art equipment, infrastructure, staff and training to diagnose and treat patients with the most complex strokes. Comprehensive Stroke Center Certification was derived from the Brain Attack Coalition’s “Recommendations for Comprehensive Stroke Centers,” (Stroke, 2005), and “Metrics for Measuring Quality of Care in Comprehensive Stroke Centers,” (Stroke, 2011), and on recommendations from a multidisciplinary advisory panel of experts in complex stroke care.
Program Components

Structure

JC DSC Standards + BAC CSC Recommendations

Quality & Safety of Care

Process

Clinical Practice Guidelines

Outcome

Standardized Performance Measures

The Joint Commission Certification
Disease-Specific Care
Structure:
Disease-Specific Care Standards

- Program Management
  - 10 Standards

- Delivering or Facilitating Clinical Care
  - 4 Standards

- Supporting Self-Management
  - 3 Standards

- Clinical Information Management
  - 5 Standards

- Performance Measurement and Improvement
  - 6 Standards
Structure:

BAC Recommendations

- Personnel and Clinical Expertise including Interventional Neurology
- Diagnostic Imaging: Techniques and Personnel
- Neurosurgery and Vascular Surgery
- Infrastructure

Process:
Clinical Practice Guidelines

- Current evidence-based guidelines are embedded in the CSC standing orders.
- Evaluated with patient tracer activity
- Most frequently-cited requirement for improvement: 21% of reviews in 2012 cited for not delivering care according to CPGs
Outcome:
Performance Measurement

- CSCs are currently required to collect and report data on the PSC Measure Set
- Effective January 1, 2015, CSCs will begin data collection on 8 new CSC performance measures
- Include management of both ischemic and hemorrhagic stroke patients
Comprehensive Stroke Center Certification

- Goal is to improve stroke care and recognize elite group of centers treating complex stroke patients

- Exclusive benefits from both AHA and TJC:
  - National agenda thru CSC quarterly networking events
  - Special recognition at International Stroke Conference
  - Standardized performance measures (1/2014)
  - National advertising
  - Ability to promote CSC with exclusive AHA/TJC Service Marks
American Heart Association
American Stroke Association
CERTIFICATION
Meets standards for
Comprehensive Stroke Center

THERE IS NO HIGHER STROKE CERTIFICATION.
AND NO DEEPER COMMITMENT
TO STROKE PATIENT CARE.

Only 32 hospitals have earned the highest level of stroke care certification by meeting standards for treating the most complex stroke cases. We salute their extraordinary efforts and congratulate the communities that will reap the rewards. Comprehensive Stroke Center certification is one of many hospital certifications and accreditations identified by the American Heart Association/American Stroke Association Heart-Check mark. Learn what they can mean to you at heart.org/myhospital.

ALEXIAN BROTHERS MEDICAL CENTER
Elk Grove Village, IL

ALLEGHENY GENERAL HOSPITAL
Pittsburgh, PA

CEDARS-SINAI MEDICAL CENTER
Los Angeles, CA

CENTRAL DUPage HOSPITAL
A member of CADENCE HEALTH
Winfield, IL

EMORY UNIVERSITY HOSPITAL
Atlanta, GA

FORT SANDERS REGIONAL MEDICAL CENTER
Knoxville, TN

FROEDTERT HOSPITAL
Milwaukee, WI

GEORGIA HEALTH SCIENCES MEDICAL CENTER
Augusta, GA

GOOD SAMARITAN HOSPITAL
San Jose, CA

HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA
Philadelphia, PA

JFK MEDICAL CENTER
Edison, NJ

LEHIGH VALLEY HEALTH NETWORK CEDAR CREST
Allentown, PA

MERCY HOSPITAL
Oklahoma City, OK

NOWANT HEALTH FORSYTH MEDICAL CENTER
Winston-Salem, NC

OREGON HEALTH & SCIENCE UNIVERSITY
Portland, OR

OSF SAINT FRANCIS MEDICAL CENTER
Peoria, IL

RIVERSIDE METHODIST HOSPITAL
OhioHealth, Columbus, OH

RONALD REAGAN UCLA MEDICAL CENTER
Los Angeles, CA

SCRIPPS MEMORIAL HOSPITAL
La Jolla

SPARROW HOSPITAL
Lansing, MI

STANFORD HOSPITAL & CLINICS
Stanford, CA

SWEDISH MEDICAL CENTER
Englewood, CO

THE OHIO STATE UNIVERSITY WEXNER MEDICAL CENTER
Columbus, OH

THE UNIVERSITY OF KANSAS HOSPITAL
Kansas City, KS

THE UNIVERSITY OF TENNESSEE MEDICAL CENTER
Knoxville, TN

TRISTAR SKYLINE MEDICAL CENTER
Nashville, TN

USOD MEDICAL CENTER
San Diego, CA

UNIVERSITY OF COLORADO HOSPITAL
Aurora, CO

UHMC - UNIVERSITY HOSPITALS CASE MEDICAL CENTER
Cleveland, OH

UNC HEALTH CARE
Chapel Hill, NC

UNIVERSITY OF LOUISVILLE HOSPITAL
Louisville, KY

UNIVERSITY OF WISCONSIN HOSPITAL AND CLINICS
Madison, WI
For Standards/NPSG question:

- 630-792-5900, Option 6 or

- [http://www.jointcommission.org/Standards/OnlineQuestionForm/](http://www.jointcommission.org/Standards/OnlineQuestionForm/)

Daniel Castillo

- 630-792-5937

- dcastillo@jointcommission.org
The Joint Commission Disclaimer Statement

These slides are current as of November 6, 2014. The Joint Commission reserves the right to change the content of the information, as appropriate.

These slides are only meant to be cue points, which were expounded upon verbally by the original presenter and are not meant to be comprehensive statements of standards interpretation or represent all the content of the presentation. Thus, care should be exercised in interpreting Joint Commission requirements based solely on the content of these slides.

These slides are copyrighted and may not be further used, shared or distributed without permission of the original presenter or The Joint Commission.
Thanks!