

Healthcare Facilities Accreditation Program Stroke Ready Certification

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Overview



- HFAP Background
- Stroke Ready Standards
- Frequently cited standards
- Stroke Ready Framework
- Timeline
- Cost and Reporting

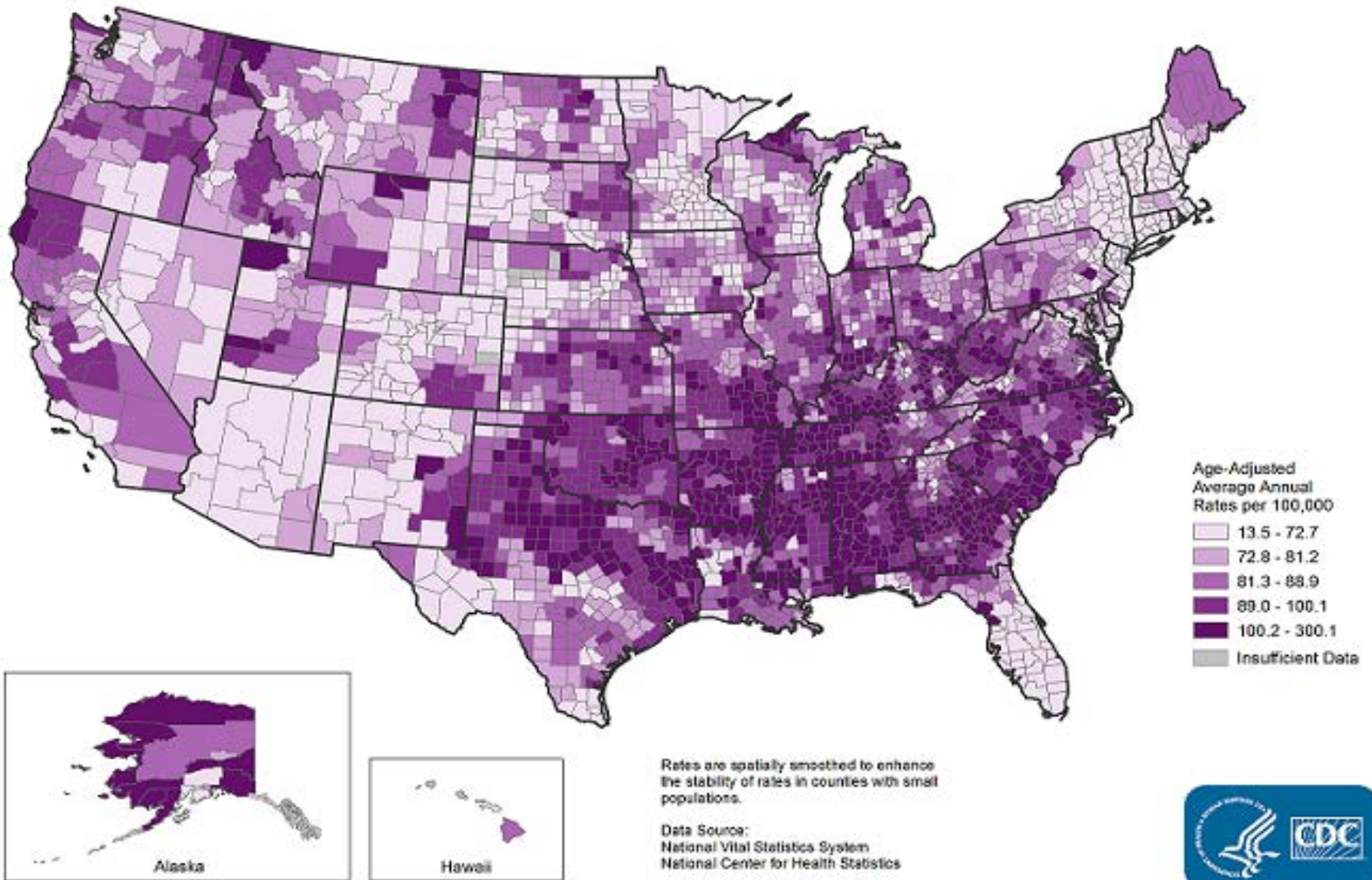


Why HFAP



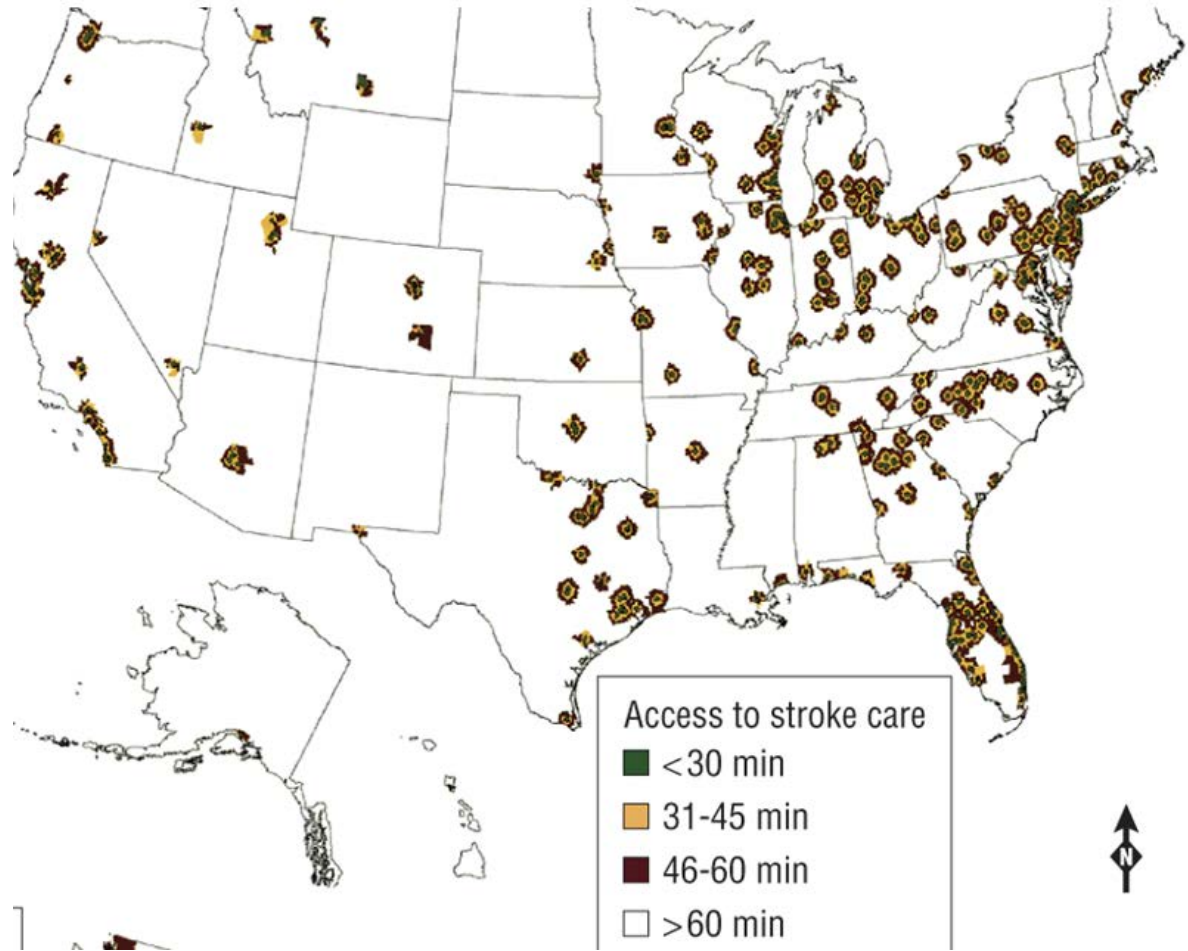
- HFAP Standards provides organizations with:
 - A free manual that facilitates an accurate self assessment with surveyor scoring procedure.
 - Resources and tools provide guidelines for patient safety, quality improvement and governance.
- Transition support is made available with a timeline tailored to your needs
- Certification is for three years with mid-cycle desktop review

Stroke Death Rates, 2008-2010 Adults, Ages 35+, by County



Access to PSCs

- 1 in 4 Americans (22.3%) have access to a PSC within 30 minutes
- Less than half (43.2%) have 45-minute access
- Just over half (55.4%) have 60 minute access if ground ambulances not permitted to cross state lines



Stroke Ready Hospitals



ASRH form the foundation of local or regional stroke systems of care

- Typical bed count– 30-100 beds
- Annual stroke admissions - 25-50
- Typically serve small cities or rural populations
- May have limited staffing and bed availability
- Educational programs
- May establish a relationship/telemedicine link with a PSC or CSC
- Have protocols for transfers and referrals
- Transfer agreements (informal)
- Track transfers and outcomes

The Framework

The following standards may not apply

- 02.00.02
- 02.00.03
- 02.02.04

GOVERNANCE
01.00 Strategic Direction
01.00.01 Governance Plan
01.00.02 Licensure
01.00.03 Grievance Process
01.01 Credentialing
01.01.01 Medical Director
01.01.02 Medical Staffing
01.02 Safe Physical Environment
01.02.01 Safe Environment & Infection Control
01.03 Social Responsibility
01.03.01 Health Promotion
01.03.02 Partnerships

HFAP Data Submission

SM-1 to SM-14 to be collected

Hospitals who participate in GWTC / PCR are exempt from completing the HFAP Stroke Data Tool.

However, must submit GWTC /PCR quarterly report to the HFAP office.

Hospitals must maintain record of measures not in the GWTC/PCR report and make them available to the reviewer at time of onsite review and at the mid-cycle review event.

CLINICAL
02.00 Service Infrastructure
02.00.01 Emergency Department
02.00.02 Stroke Unit
02.00.03 Intensive Care Unit
02.00.04 Neuroimaging
02.00.05 Laboratory Services
02.00.06 Medication
02.00.07 Neurosurgical Services
02.00.08 Telemedicine
02.01 Standards of Care
02.01.01 Target Population
02.01.02 Access
02.01.03 Patient Rights
02.02 Delivery of Care
02.02.01 Program Design
02.02.02 Assessments
02.02.03 Plan of Care
02.02.04 Rehabilitation:
02.02.05 Discharge Coordination
02.02.06 Patient Education and Significant Other
02.03 Safe Care Systems
02.03.01 Emergency Medical Services
02.03.02 Clinical Deterioration
02.03.03 Rapid Response System

SUPPORT
03.00 Human Resources
03.00.01 Nursing Services
03.00.02 Non-Physician Professionals
03.00.03 Orientation and Education
03.01 Integrated QI/RM System
03.01.01 Quality & Risk
03.01.02 Data Collection
03.01.03 Clinical Measures
03.02 Information Management
03.02.01 Register
03.02.02 Medical Records

PSC Performance Measures	
SM-1	Stroke team arrival
SM-2	Laboratory studies
SM-3	Neuroimaging studies
SM-4	Neurosurgical services
SM-5	t-PA Administration 0-3hrs
SM-6	Antithrombotic therapy Day 2
SM-7	Antithrombotic therapy @ DC
SM-8	Anticoagulant therapy AF
SM-9	VTE Prophylaxis
SM-10	Statin @ DC
SM-11	Stroke education
SM-12	Dysphagia screen
SM-13	Assessed for rehabilitation
SM-14	Door-to-needle time

HFAP Standards



Rapid Response Team	Bedside within 15 minutes Neuro consult by telemedicine within 20 minutes
Protocols	Developed in conjunction with partnering PSC
Transfer agreements	To CSC or PSC with neurosurgical capability.
Leadership	Governance Structure <ul style="list-style-type: none">• Medical Director• Stroke Coordinator
Quality	Stroke Measures 1 Stroke quality projects

Departments

Emergency Department	Staffed 24/7 Education and experience
Stroke Unit	Not applicable
Imaging	Turn-around-time 45 minutes Available 24/7
Laboratory	Turn-around-time 45 minutes Available 24/7
Pharmacotherapy	IV t-PA Must have available DTN = 60 minutes Reversal of coagulopathy

Education

Core stroke leaders	8 CME/CEU
Physicians & Nurses in the ED	Competency in a recognized neurological assessment tool 4 hours - may be protocol / competency driven
EMS	2 education sessions per year
Community	2 education sessions per year

Metrics



- Door to physician assessment
- Door to imaging times
- Evaluation of stroke severity
- Time to initiation of anticoagulation reversal
- Time to initiation of telemedicine link
- DTN times < 60 minutes for IV tPA
- Time to transfer of patient to PSC or CSC

HFAP Stroke Measures



HFAP ID	Performance Measures and Indicators	Threshold	Stroke Ready	Primary	Comprehensive
SM-1	Stroke team arrival	85%	Required	Required	Required
SM-2	Laboratory studies	85%	Required	Required	Required
SM-3	Neuroimaging studies	85%	Required	Required	Required
SM-4	Neurosurgical services	85%	Required	Required	Required
SM-5	Thrombolytic Therapy 0-3 hr	85%	Required	Required	Required
SM-6	Antithrombotic Therapy By End of Hospital Day 2	85%	Required	Required	Required
SM-7	Discharged on Antithrombotic Therapy	85%	Required	Required	Required
SM-8	Anticoagulation Therapy for Atrial Fibrillation/Flutter	85%	Required	Required	Required
SM-9	Venous Thromboembolism (VTE) Prophylaxis	85%	Required	Required	Required
SM-10	Discharged on Statin Medication	85%	Required	Required	Required
SM-11	Stroke Education	85%	Required	Required	Required
SM-12	Dysphagia screening	85%	Required	Required	Required
SM-13	Assessed for Rehabilitation	85%	Optional	Required	Required
SM-14	Door-to-Needle time	85%	Required	Required	Required
SM-15	NIHSS scores for ischemic stroke or TIA	85%	Optional	Optional	Required
SM-16	Initial severity measures for SAH, ICH & AVM	85%	Optional	Optional	Required
SM-17	Clipping/coiling w/in 48hrs	85%	Optional	Optional	Required
SM-18	Nimodipine Treatment w/in 24hrs to <21days	85%	Optional	Optional	Optional*
SM-19	INR reversal with procoagulant preparation	85%	Optional	Optional	Optional*
SM-20	Diagnostic neuroangiography within 24 hrs	85%	Optional	Optional	Optional*
SM-21	Discharge physical rehabilitation referral	85%	Optional	Optional	Optional*

Optional* the Comprehensive Stroke Center must select at least one optional measure and submit with required data.

The Manual

Section Heading

GOVERNANCE Strategic Direction

01.00.02 | Licensure **Standard**

Standard

The program has the required license and applicable accreditation/certifications.

Explanation

The program has the required license and applicable accreditation/certification, in addition to any posted evidence of such licensure. There is an agency letterhead communication to verify the status.

- Current state license
- Hospital accreditation
- Commission on Accreditation of Rehabilitation Facilities (CARF)
- Laboratory accreditation
- Radiology accreditation

Explanation of Standard

Scoring Procedure

Document Review and Interview

Prior to the onsite review, determine whether any aspect of the program is subject to licensure requirements and verify that the licensing agency has approved the hospital, as meeting the standards for licensure, as set forth by the agency of the state, or, locality responsible for licensing hospitals.

Review a copy of the state license to meet the standard.

Surveyors Scoring Procedure

 Evidence: Full Compliance Partial Compliance No Compliance Review Date:

Facility Self Assessment

Review Schedule



Allow 5 hours for the review

- Opening and Introduction
- Reviewer Planning Activity
- Tour the following areas:
 - Emergency Department
 - Laboratory
 - Imaging Departments
- Medical Record Review
 - Open files
 - Closed files

Review Schedule



- Staff Review Activity
 - Credentialing & HR files
 - Education
- System Review Activity
 - QAPI, Logs, schedules, letters of cooperation
- Issue Resolution / Closure Activity
 - Conclusions & evaluations
- Exit Conference

After The Review



- Organizations may begin “Plan of Correction” immediately after survey
- HFAP submits formal report electronically within 10 business days of last day of survey
- Facilities have 10 calendar days to submit Plan of Correction (PoC)
- Bureau of Healthcare Facilities decision
- Letter of certification and award sent

Mid-Cycle Review



- Account Manager emails notification and self-assessment
- Facility nominates dates and times
- Once completed submit the following:
 - Self-assessment
 - Required attachments
 - Last 12 months of data
- Teleconference with reviewer to discuss:
 - Documents above and plans of corrections
 - Plan for 1-2 hour session

Frequently Cited Standards



HFAP staff work closely with facilities to ensure readiness prior to on-site review. As a result, number of initial survey citations is low and include:

- **Laboratory** turn-around-times
- **Neuroimaging** turn-around-times
- **Education**

Once the hospital has been operating a certified stroke center with quarterly reporting of measures the following has been observed:

- Improved measures as a result of improved patient flow and staff confidence in protocols

Applying for Certification



1. Complete the application
2. Prepare and submit required documents:
 - Copy of State License
 - Stroke protocols
 - EMS Protocols
 - Neurological evaluation tool
 - Four months of Stroke Measure data

Cost & Reporting



1. Cost

- Current Cost =\$7500 three years all inclusive
- HFAP willing to discuss cost for systems

2. HFAP Reporting Requirements

- Quarterly measures



We Partner With You

- Our focus is on education, support and collaboration.

Design of our Manual is Clear

- Surveyor scoring procedure is provided.

Practical, Achievable & Field Driven

- Designed by clinicians and surveyed by field experts.

Personalized Partnership

- A dedicated account manager.

Expert Standards Interpretation

- Expert clinicians and life safety specialists available.

Our Survey Methodology is Unique

- 100% of standards are surveyed.

We Maximize Value and Minimize Risk

- Thorough survey process, assuring compliance with recognized standards.



HFAP Connect



Email: certification@hfap.org

Call: 1800-621-1773

Visit our Website: www.hfap.org