STANFORD HOSPITAL & CLINICS

STANFORD STROKE CENTER

How to Survive and Thrive at the *Joint Commission Comprehensive Stroke Survey*

Greg Albers, MD

Director, Stanford Stroke Center

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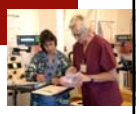
Welcome to Stanford Hospital & Clinics

Joint Commission Comprehensive Stroke Survey
October 18, 2012





Certification on October 20, 2012

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CERTIFICATE OF DISTINCTION

has been awarded to

Stanford Hospital and Clinics
Stanford, CA

for Advanced Certification as a

Comprehensive Stroke Center

by

The Joint Commission

based on a review of compliance with national standards, clinical guidelines and outcomes of care

October 20, 2012

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How to Survive and Thrive

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- Preparation
  - Hospital Administration
  - Stroke Interdisciplinary Team
  - MD preparation
  - CSC Dashboard
- During the visit
  - Opening Session
  - Show of Force
  - Monitoring the visit
  - Closing session

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Hospital Administration

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- Primary vs. Comprehensive?
  - Advantages to Hospital
- Commitment from Administration
  - Funding- Advanced Practice RNs to lead the team
  - Personnel- dedicated time required from large multidisciplinary team
  - Presence
  - Willingness to address unmet requirements

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Stroke Interdisciplinary Team (SIT)

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Stroke Interdisciplinary Team (SIT)

- Stroke Interdisciplinary Team
  - Dedicated leader
  - Monthly meetings
  - Large multidisciplinary team
  - "Time to Shine" practice sessions

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Team Leader (the head coach)

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Stanford Stroke Center Interdisciplinary Team

- Physicians
- Nursing
- Nursing Leadership
  - F3 Neurology
  - B2 Intermediate Cardiac Care
  - G1 Neurosurgery
  - E2 ICU
  - Emergency Department
- Rehabilitation
- Laboratory
- Radiology
- Pharmacy
- Nutrition
- Quality Improvement
- Cath Lab / OR

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MD Preparation

- MDs informed, invested and involved
  - Neurosurgery / Vascular Surgery
  - Neuro Intervention
  - ER
  - Rehab
  - All Vascular Neurologists

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CSC Dashboard

- AKA "the notorious Excel Sheet"
  - **Every** requirement listed (N=222)
  - Written documentation needed?
  - Has it been achieved?
  - If not, who is responsible?
  - Talking points- "What is the company line?"

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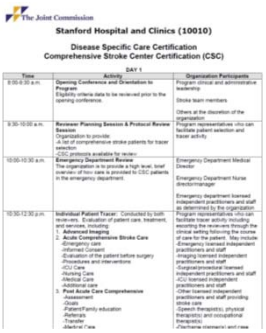
CSC Dashboard (names have been changed to protect the innocent)

#	Metric	Category	Written documentation needed?	Level of responsibility	Status	Talking Points
1	Written documentation shows that hospital administration supports CSC	DSPR 1- Program defines its leadership roles	Yes	Hospital		Letter coming from Margaret or Amir
2	Program defines accountability of its leaders	DSPR 1- Program defines its leadership roles	No	Neuroscience		Intro ppt
	Leaders participate in designing, implementing, and evaluating care,	DSPR 1- Program defines its				
72	informed consultation about the use of IV thrombolytic therapy, obtained from a MD privileged in the dx and tx of ischemic stroke (this could be a bedside consultation or telemedicine)	DSPR 9- Comparable care across severity and type of disease	No			Stroke Code
73	Documentation indicates that on a 24/7 basis, 80% of acute stroke patients have a diagnostic brain image completed (and results reported to or reviewed by a member of the stroke team) within 45 minutes of it being ordered, when clinically indicated (in acute hemorrhagic or ischemic stroke resuscitation candidates). Note the brain image can be obtained by CT or MRI and needs to definitively rule out/detect intracranial hemorrhage, or other causes of the stroke syndrome. The imaging needs to be available on site 24 hours a day/365 days a year. However, review of images does not have to be done on site.	DSPR 9- Comparable care across severity and type of disease	Yes			names of responsible people listed here
74	Program defined enrollment and/or participation requirements	DSPR 10- Access to care	Yes			AIS, SAH, ICH - phamplets sent to OSH
75	Programs uses a methodology based on perceived needs to identify	DSPR 10- Access to care	Yes			names of responsible
217	A process exists for analyzing sentinel events if and when they occur	DSPM 4- Sentinel Events	No	Quality dept		
218	The program implements changes based on its analysis of sentinel events	DSPM 4- Sentinel Events	No	Quality dept		
219	The program tracks data variances at the individual participant level	DSPM 5 - Variation in Care	No			Midas
220	The program uses outcomes analysis to determine modification to the clinical practice guidelines and their use	DSPM 5 - Variation in Care	No			Midas - PPEC
221	The program evaluates patient/participant satisfaction and perception of quality of care	DSPM 6- Percipient Perception of Quality	Yes			Press Ganey
222	The program uses patient/participant satisfaction results to analyze quality of care and make improvements	DSPM 6- Percipient Perception of Quality	No			reported through SIT

How to Survive and Thrive

- During the visit
  - Opening Session
  - Show of Force
  - Monitoring the visit
  - Closing session


The Joint Commission

Stanford Hospital and Clinics (10010)

Disease Specific Care Certification
Comprehensive Stroke Center Certification (CSC)

DAY 1

Time	Activity	Organization Participants
8:00-8:30 a.m.	Opening Conference and Orientation to Program Eligibility criteria data to be reviewed prior to the opening conference.	Program clinical and administrative leadership Stroke team members Others at the discretion of the organization
8:30-10:00 a.m.	Reviewer Planning Session & Protocol Review Session Organization to provide: -A list of comprehensive stroke patients for tracer activity -CSC protocols available for review	Program representatives who can facilitate patient selection and tracer activity
10:00-10:30 a.m.	Emergency Department Review The organization is to provide a high level, brief overview of how care is provided to CSC patients in the emergency department.	Emergency Department Medical Director Emergency Department Nurse director/manager Emergency department licensed independent practitioners and staff as determined by the organization
10:30-12:30 p.m.	Individual Patient Tracer. Conducted by both reviewers. Evaluation of patient care, treatment, and services, including: 1. Initial Assessment 2. Acute Comprehensive Stroke Care -Emergency care -Informed Consent -Evaluation of the patient before surgery -Procedures and interventions -ICU Care -Medical Care -Additional care 3. Post Acute Care Comprehensive -Assessment -Goals -Patient/family education -Referrals -Transfer -Medical Care	Program representatives who can facilitate tracer activity including escorting the reviewers through the care, treatment, and services of care for the patient. May include: -Emergency licensed independent practitioners and staff -Imaging licensed independent practitioners and staff -Surgical/procedural licensed independent practitioners and staff -ICU licensed independent practitioners and staff -Other licensed independent practitioners and staff providing stroke care -Speech therapist(s), physical therapist(s) and occupational therapist(s) -Discharge planner(s) and case

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Opening Session

Game Time!





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Opening Session

- Sets the tone for the next 48 hrs
- Small team of key players
- Well organized play-book (the binders)
- The running back (gopher)
- Pass defense on alert (data finders)

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Show of Force

- Session #2: Full interdisciplinary team
  - "Time to Shine"


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Who We Are and OUR Community

- Founded in 1959, Stanford Hospital & Clinics (SHC) is known worldwide for advanced patient care provided by its physicians and staff, particularly for the treatment of rare, complex disorders in areas such as:
  - Cardiac Care
  - Cancer treatment
  - Neurosciences
  - Surgery
  - Organ transplants
- As part of the Stanford Medicine, Stanford Hospital & Clinics has a close relationship with both the Stanford University School of Medicine & Lucile Packard Children's Hospital
- SHC is the primary teaching hospital for the Stanford University School of Medicine
- In addition to our main campus, our other facilities include:
  - Stanford Medicine Outpatient Center, Redwood City
  - Stanford Cancer Institute
  - Blake Wilbur Building
  - Boswell Building
  - Outpatient Psychiatry

- SHC is located 40 miles south of San Francisco and 20 miles north of San Jose market area and represents 21 counties within 5 regions:
  - Local Market
  - North Bay
  - East Bay
  - Central Coast
  - Central Valley

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Hospital Organizational Chart

Hospital Awards & Recognition

A few of Stanford Hospital & Clinic's many achievements:

- *U.S. News Best Hospitals 2011-2012*
- *Magnet Designated by the American Nurses Credentialing Center*
- *U.S. News Best Regional Hospital 2011-2012*
- *The Joint Commission Certified programs: Stroke & VAD*
- *National Cancer Institute (NCI) Designated Cancer Center*
- *The Leapfrog Group 2011*
- *Stage 7 Award Paperless and Proud of IT 2010*

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Stanford Stroke Center

MISSION

- To be the best comprehensive organization in the country focused on stroke diagnosis, treatment, research, and education.

FOCUS

- Patient care plus contributions to worldwide research efforts aimed at understanding the complex mechanisms of stroke injury, treatment and prevention.

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Stanford Stroke Center

- Established in 1992 with a multidisciplinary approach: neurology, neurosurgery and neuroradiology
- Provided care for more than 22,000 inpatients with cerebrovascular disorders
- 9 MD team on call for stroke emergencies 24/7
- Pioneered major advances in medical therapies, neurosurgical techniques, and interventional neuroradiologic procedures
- Participated in >170 Clinical Stroke Trials
- More than 800 publications in scientific journals
- Extensive NIH Grant support
- Among the largest number of research contributions to the AHA's International Stroke Meeting each year

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Stanford Stroke Center

Greg Albers, MD
Director
Stanford Stroke Center

Michael Marks, MD
Chief
Stroke Neuroradiology

Gary Steinberg, MD, PhD
Co-Director
Stanford Stroke Center

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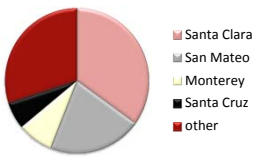
Serving the Needs of the Community

Percent of Cases for Q1-3, 2012



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Stroke Diversion Systems

Bordering two counties, Stanford participates in two county stroke diversion systems

Stroke patients diverted to closest PSC. If symptoms > 3.5 hours, diverted to PSC with interventional capabilities.

Stroke patients are diverted to closest PSC

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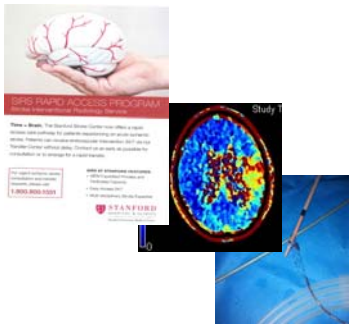
Unique Approach to Urgent Stroke Transfers: the SIRS Rapid Access Program

- For Acute Emergent Endovascular Therapy
- Guaranteed NICU bed and Cath lab access 24X7
- Ultra RAPID transport coordinated by Transfer Center
- Possible destination on arrival:
  - CT or MRI then direct to cath lab



Educational Programs

- **To the Patient**
  - Stanford Stroke Brochure
  - Micromedics
- **To the Staff**
  - Health Stream
  - Stroke Matters Class
  - Adult Critical Care: Neurologic Dysfunctions
  - Planning for the Future of NeuroScience
  - Stroke Savvy Newsletter
  - Stroke 911 during the month of May
- **To the Community**
  - San Mateo County Matter of Time
  - PSA sponsored ad for San Mateo
  - SAF sponsored ad for Santa Clara
  - SAF Stroke Walk
  - SAF Stroke Busters event
  - PSA-sponsored cards to hand out at train station
  - Peninsula Stroke Association
  - Stroke Awareness Health Fair
  - Regional Stroke Care Symposium

Quality Improvement

- Utilize PDCA methodology in the A3 format
- Currently Assess
  - 8 Performance Measures
  - Patient Satisfaction
  - Complications of Care
- Improvement Activities include
  - Improving Door to Needle Times
  - Improving compliance with documentation post IVtPA
  - Rehabilitation (order to initial visit)

Monitoring the Visit

- Listen for clues / feedback / concerns
- How to respond to difficult questions: “Are your neurologists credentialed to read CT scans?”… “I believe that is correct, we can provide documentation of the specific details to you later today”
- Huddle after Day 1
- Communication plan
- Email notifications

Closing Session

- Review deficiencies (items where correction is required prior to certification)
- Suggestions for improvement

Stanford Suggested Improvements

E2

1. Combine the interdisciplinary rounds with the daily rounds outside of the patient rooms and include the Interventionalists
2. Clarify the STAT Radiology times
3. ICU Consent form: Too broad; Need to specify that it’s not routine care
4. Stroke Education Brochure:
   a. Increase the risk reduction information
   b. Update the Care Team picture
5. Combine the risk assessment with the physiological data during the acute phase of discharge

Cath Lab

6. Neuro Assessment: The documentation on the cath lab and on the floor should be the same
7. Monitor the patient’s vital signs during transport
8. The post-procedure vital signs should also be done on the floor

Questions?

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