

Joint Commission 2018 Stroke Update

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Today's Agenda:

- **The top cited standards from 2017**
- **Reasons why certain standards are cited more frequently**
- **SAFER matrix**
- **Stroke systems of care**

Most Frequently Scored Standards for 2017

- The program is implemented through the use of Clinical Practice Guidelines (CPG's) selected to meet the patient's needs **(DSDF.3)**
- The program initiates, maintains, and makes accessible a health or medical record for every patient **(DSCT. 5)**
- The program addresses the patient's education need's **(DSSE.3)**
- The program develops a standardized process originating in CPG's or evidence-based practice to deliver or facilitate the delivery of clinical care **(DSDF.2)**
- The program defines its leadership roles. **(DSPR.1)**

Most Frequently Scored Standards for 2017

- The program determines the care, treatment, and services it provides. **(DSPR. 5)**
- The program involves patients in making decisions about managing their disease or condition. **(DSSE.1)**
- Practitioners are qualified and competent **(DSDF.1)**
- The program develops a plan of care that is based on the patient's assessed needs **(DSDF.4)**
- The program collects measurement data to evaluate processes and outcomes. **(DSPM.3)**

How Frequently Cited in 2017

CSC	PSC
DSDF.3 – 94%	DSDF.3 – 59%
DSCT.5 – 57%	DSDF.2 – 42%
DSSE.3 – 57%	DSDF.1 – 22%
DSDF.2 – 56%	DSSE.3 – 17%
DSPR.1 – 52%	DSCT.5 – 16%

Delivering or Facilitating Clinical Care - DSDF.3

- **Standard:** The program is implemented through the use of clinical practice guidelines selected to meet the patient's needs.
- **Elements of Performance** for this standard:
 - The program establishes an interdisciplinary team based on the patient's assessed needs and direction from clinical practice guidelines.
 - The assessment(s) and reassessment(s) are completed according to the patient's needs and clinical practice guidelines.
 - The program implements care, treatment and services based on the patient's assessed needs.

What the reviewers found for DSDF.3

- Not following order set / policies / protocols concerning:
 - Vital signs
 - Neuro-checks
 - Blood pressure monitoring / management
 - Dysphagia screening
 - Pain assessment
 - Documentation on Alteplase consideration
 - MD not contacted for changes in vitals signs / neuro-status
 - Transfer protocols

Clinical Information

Management – DSCT.5

- **Standard:** The program initiates, maintains, and makes accessible a medical record for every patient.
- **Elements of Performance** for this standard:
 - All relevant practitioners have access to patient information as needed.
 - The medical record contains sufficient information to identify the patient.
 - The medical record contains sufficient information to support the diagnosis
 - The medical record contains sufficient information to justify the care, treatment, and services provided.

Clinical Information

Management – DSCT.5 (cont.)

- **Standard:** The program initiates, maintains, and makes accessible a medical record for every patient.
- **Elements of Performance** for this standard:
 - The medical record contains sufficient information to document the course and results of care, treatment, and services.
 - The medical record contains sufficient information to facilitate continuity of care.
 - The program reviews its medical records for completeness and accuracy.

What the reviewers found for DSCT.5

- Missing documents and documentation in patients' medical records:
 - Consents for treatment missing or incomplete
 - Change in course of treatment due to change in neuro assessment not documented
 - Reasons for not administering tPA not documented
 - Documentation missing on reason for not initiating thrombectomy
 - Last known well not clearly documented
 - Start / end time of specific assessments and therapies unclear or missing
- Practitioners / staff unable to see or find relevant information in EMR
- Inconsistent / conflicting documentation

Supporting

Self-Management – DSSE.3

- **Standard:** The program addresses the patient's education needs.
- **Elements of Performance** for this standard:
 - The program's education materials comply with recommended elements of care, treatment, and services which are supported by literature and promoted through clinical practice guidelines and evidence-based practice. (documented)
 - The program presents content in an understandable manner according to the patient's level of literacy.
 - The program presents content in a manner that is culturally sensitive

Supporting

Self-Management – DSSE.3 (cont.)

- **Standard:** The program addresses the patient's education needs.
- **Elements of Performance** for this standard:
 - The program makes initial and ongoing assessments of the patient's comprehension of program-specific information.
 - The program addresses the education needs of the patient regarding his or her disease or condition and care, treatment, and services.

What the reviewers found for DSSE.3

- Lack of signed consent forms for treatment
- No documentation of discussion with patient / family member about treatment options
- No documented initial and ongoing assessment of patient's comprehension of program-specific information
- Lack of discussion of lifestyle changes

What the reviewers found for DSSE.3

— Patient education:

- Education material not having appropriate health literacy level
- Education booklets given to patient / caregiver not individualized to reflect patient needs / condition
- Lack of education on current diagnosis and/or co-morbid conditions

What the reviewers found for DSSE.3

— Patient education:

- Patient-specific risk factors not identified
- No discussion of resources available for patient or care giver
- Medication reconciliation documents not containing complete information

Delivering or Facilitating Clinical Care - DSDF.2

- **Standard:** The program develops a standardized process originating in clinical practice guidelines (CPGs) or evidence-based practice to deliver or facilitate the delivery of clinical care.
- **Elements of Performance** for this standard:
 - The selected clinical practice guidelines are evaluated for their relevance to the target population.
 - The selected clinical practice guidelines are based on evidence that is determined to be current by the clinical leaders.
 - The program leader(s) and practitioners review and approve clinical practice guidelines prior to implementation. (Documented)

Delivering or Facilitating Clinical Care - DSDF.2 (cont.)

- **Standard:** The program develops a standardized process originating in clinical practice guidelines (CPGs) or evidence-based practice to deliver or facilitate the delivery of clinical care.
- **Elements of Performance** for this standard:
 - Practitioners are educated about clinical practice guidelines and their use.
 - The program demonstrates evidence that it is following the clinical practice guidelines when providing care, treatment, and services.
 - The program implements modifications to clinical practice guidelines based on current evidenced-based practice.

What the reviewers found for DSDF.2

- CPGs not current and/or not reviewed to identify if current
- CPGs not specific to all stroke sub-types (TIA, ICH, SAH)
- CPGs unavailable or not being followed for comorbidities (i.e., diabetes)
- Lack of written protocols for all aspects of care covered by the CPGs
- CPGs not reviewed or approved by program lead(s) and practitioners

What the reviewers found for DSDF.2

- Lack of valid, evidence-based dysphagia screening tool
- Practitioners not educated about CPGs or their use
- Practitioners unable to find CPGs for reference
- Order sets not being used when available
- Order sets / protocols / policies not being followed as written

Delivering or Facilitating Clinical Care - DSDF.1

- **Standard:** Practitioners are qualified and competent.
- **Elements of Performance** for this standard:
 - Practitioners have education, experience, training, and/or certification consistent with the program's scope of services, goals and objectives, and the care provided. (documented)
 - The program verifies each practitioner's licensure using a primary source verification process upon hire and at licensure expiration. (documented)
 - The program assesses practitioner competency at time of hire. This assessment is documented. (documented)

Delivering or Facilitating Clinical Care - DSDF.1 (cont.)

- **Standard:** Practitioners are qualified and competent.
- **Elements of Performance** for this standard:
 - Orientation provides information and necessary training pertinent to the practitioner's responsibilities. Completion of the orientation is documented. (documented)
 - The program assesses practitioner competence on an ongoing basis. This assessment is documented. (documented)
 - The program identifies and responds to each practitioner's program-specific learning needs.
 - Ongoing in-service and other education and training activities are relevant to the program's scope of services.

What the reviewers found for DSDF.1

- Incomplete credentialing / privileging for procedures performed and/or treatment provided
- NIHSS training not documented / certification expired
- Specific stroke competencies not validated for specific job requirements, initially and ongoing
- Education hours not documented for appropriate staff
- Lack of primary source verification / expired licensure / certifications

What the reviewers found for DSDF.1

- The program does not assess practitioner competence on an ongoing basis
- Lack of process to identify and educate health care members not completing expected orientation / education
- Orientation did not provide information and necessary training pertinent to the practitioner's responsibilities

SAFER

Survey Analysis for Evaluating Risk (SAFER)

- A transformative approach for identifying and communicating risk levels associated with deficiencies cited during reviews
- Helps organizations prioritize and focus corrective actions
- Provides one, comprehensive visual representation of findings
- Replaced existing scoring methodology beginning with January 2017 reviews.

The Joint Commission's Survey Analysis for Evaluating Risk (SAFER) Matrix™

Likelihood to Harm a Patient/Staff/Visitor

HIGH
(harm could happen at any time)

MODERATE
(harm could happen occasionally)

LOW
(harm could happen, but would be rare)

Immediate Threat to Life (a threat that represents immediate risk or may potentially have serious adverse effects on the health of the patient, resident, or individual served)		
LIMITED (unique occurrence that is not representative of routine/regular practice)	PATTERN (multiple occurrences with potential to impact few/some patients, visitors, staff and/or settings)	WIDESPREAD (multiple occurrences with potential to impact most/all patients, visitors, staff and/or settings)
Scope		

Scope

Label	Definition	Further Guidance
WIDESPREAD	Deficiency is pervasive in the facility, or represents systemic failure, or has the potential to impact most/all patients, visitors, staff	<p>Process Failure.</p> <p>Scope is widespread when the deficiency affects most/all patients, is pervasive in the facility or represents systemic failure. Widespread scope refers to the entire organization, not just a subset of patients or one unit.</p>
PATTERN	Multiple occurrences of the deficiency, or a single occurrence that has the potential to impact more than a limited number of patients, visitors, staff	<p>Process Variation.</p> <p>Scope is pattern when more than a very limited number of patients are affected, and/or more than a very limited number of staff are involved, and/or the situation has occurred in several locations, and/or the same patient(s) have been affected by repeated occurrences of the same deficient practice.</p>
LIMITED	Unique occurrence that is not representative of routine/regular practice, and has the potential to impact only one or a very limited number of patients, visitors, staff	<p>An outlier.</p> <p>Scope is isolated when one or a very limited number of patients are affected and/or one or a very limited number of staff are involved, and/or the deficiency occurs in a very limited number of locations.</p>

Likelihood to Harm

Label	Definition	Further Guidance
HIGH	Harm could happen at any time	If the deficiency continues, it would be <i>likely</i> that harm could happen at any time to any patient (or did actually happen) Could directly lead to harm without the need for other significant circumstances or failures.
MODERATE	Harm could happen occasionally	If the deficiency continues, it would be <i>possible</i> that harm could occur but only in certain situations and/or patients. Could cause harm directly, but more likely to cause harm as a contributing factor in the presence of special circumstances or additional failures.
LOW	Harm could happen, but would be rare	It would be <i>rare</i> for any actual patient harm to occur as a result of the deficiency. Undermines safety/quality or contributes to an unsafe environment, but very unlikely to directly contribute to harm.

A picture is worth 1000 words

Likelihood to Harm a Patient/Staff/Visitor


HIGH
(harm could happen at any time)

MODERATE
(harm could happen occasionally)

LOW
(harm could happen, but would be rare)


Immediate Threat to Life (a threat that represents immediate risk or may potentially have serious adverse effects on the health of the patient, resident, or individual served)		
		DSDF.5, EP 1
DSPR.5, EP 3	DSPR.1, EP 6	
DSDF.4, EP 2		DSCT.5, EP 5
LIMITED (unique occurrence that is not representative of routine/regular practice)	PATTERN (multiple occurrences with potential to impact few/some patients, visitors, staff and/or settings)	WIDESPREAD (multiple occurrences with potential to impact most/all patients, visitors, staff and/or settings)
Scope		

Example #1

Immediate Threat to Life <i>(follows current ITL processes)</i>				
Likelihood to Harm a Patient/Visitor/Staff	HIGH			
	MODERATE			
	LOW			
		LIMITED	PATTERN	WIDESPREAD

- In 1 of 5 records reviewed, the program did not meet the patient's needs based on clinical practice guidelines as evidenced by aspirin not given on hospital day 2 but hospital day 3. Patient was evaluated on hospital day 2 by speech language pathologist and found to be safe for oral medications/ food. Aspirin was delayed until the next day.


Example #2

		<i>Immediate Threat to Life</i> <small>(follows current ITL processes)</small>		
Likelihood to Harm a Patient/Visitor/Staff	HIGH			
	MODERATE			
	LOW			
		LIMITED	PATTERN	WIDESPREAD

Care was not implemented according to clinical practice guidelines for patients presenting with acute ischemic stroke:

1. There was a delay by the neurologist to evaluate the patient and make a decision regarding the use of Alteplase. Alteplase administration was delayed approximately 45 minutes.
2. The program did not implement care and treatment according to assessed needs. Patient presented to ED with acute stroke symptoms. Blood pressure elevated, but treatment was not initiated in a timely manner to treat blood pressure.

Example #3

		<i>Immediate Threat to Life</i> <small>(follows current ITL processes)</small>		
Likelihood to Harm a Patient/Visitor/Staff	HIGH			
	MODERATE			
	LOW			
		LIMITED	PATTERN	WIDESPREAD

- The program leader(s) do not provide for the uniform performance of care, treatment, and services. In review of CEA patients, it was noted that the post CEA patients cared for in the ICU did not have post CEA orders. The only vital sign and neurological assessment monitoring orders were from the SICU admission orders (every 1 hour). The CSC needs to have standing order-sets for the care of the post CEA patient to ensure uniform care, treatment, and services.³²

Follow-up Actions

- Follow-up customized and prioritized according to placement within SAFER Matrix



ESC Changes

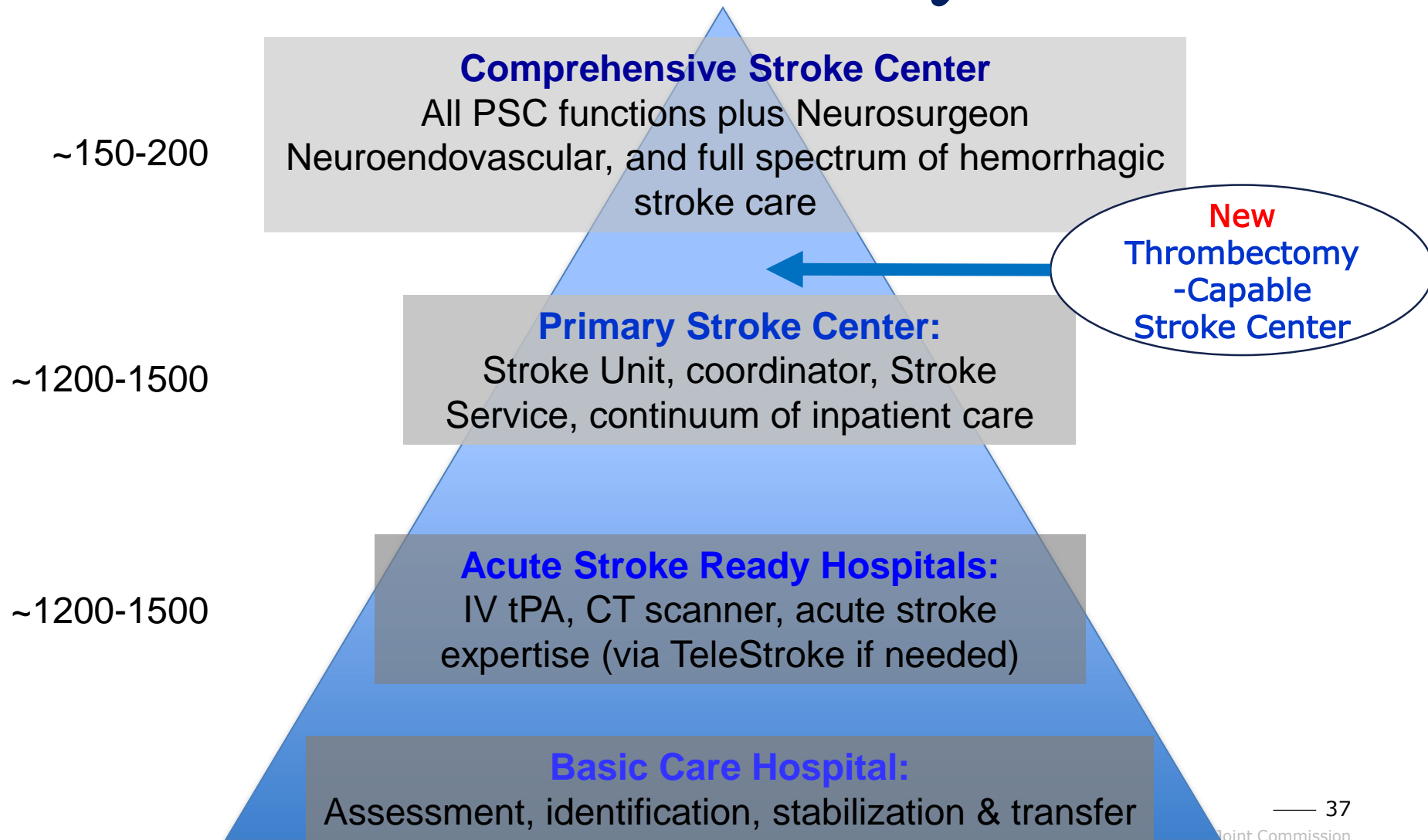
- All Requirements for Improvement (RFIs) due in a 60 day ESC
 - 45 day ESC no longer applicable
- All findings require an ESC
 - Opportunities for Improvement (OFI) section of the report no longer applicable
- Findings of higher risk require 2 additional ESC fields

Prioritized Follow-up Action

SAFER Matrix™ Placement	Required Follow-Up Activity
<p><u>HIGH/LIMITED,</u> <u>HIGH/PATTERN,</u> <u>HIGH/WIDESPREAD</u></p>	<ul style="list-style-type: none"> • 60 day Evidence of Standards Compliance (ESC) <ul style="list-style-type: none"> - ESC will include Who, What, When, and How sections • ESC will also include two additional areas surrounding Leadership Involvement and Preventive Analysis • Finding will be highlighted for potential review by reviewers on subsequent visits
<p><u>MODERATE / PATTERN,</u> <u>MODERATE/WIDESPREAD</u></p>	<ul style="list-style-type: none"> • 60 day Evidence of Standards Compliance (ESC) <ul style="list-style-type: none"> - ESC will include Who, What, When, and How sections • ESC will also include two additional areas surrounding Leadership Involvement and Preventive Analysis • Finding will be highlighted for potential review by reviewers on subsequent visits
<p><u>MODERATE / LIMITED,</u> <u>LOW / PATTERN,</u> <u>LOW / WIDESPREAD</u></p>	<ul style="list-style-type: none"> • 60 day Evidence of Standards Compliance (ESC) <ul style="list-style-type: none"> - ESC will include Who, What, When, and How sections
<p><u>LOW/LIMITED</u></p>	<ul style="list-style-type: none"> • 60 day Evidence of Standards Compliance (ESC) <ul style="list-style-type: none"> - ESC will include Who, What, When, and How sections

Stroke Systems of Care

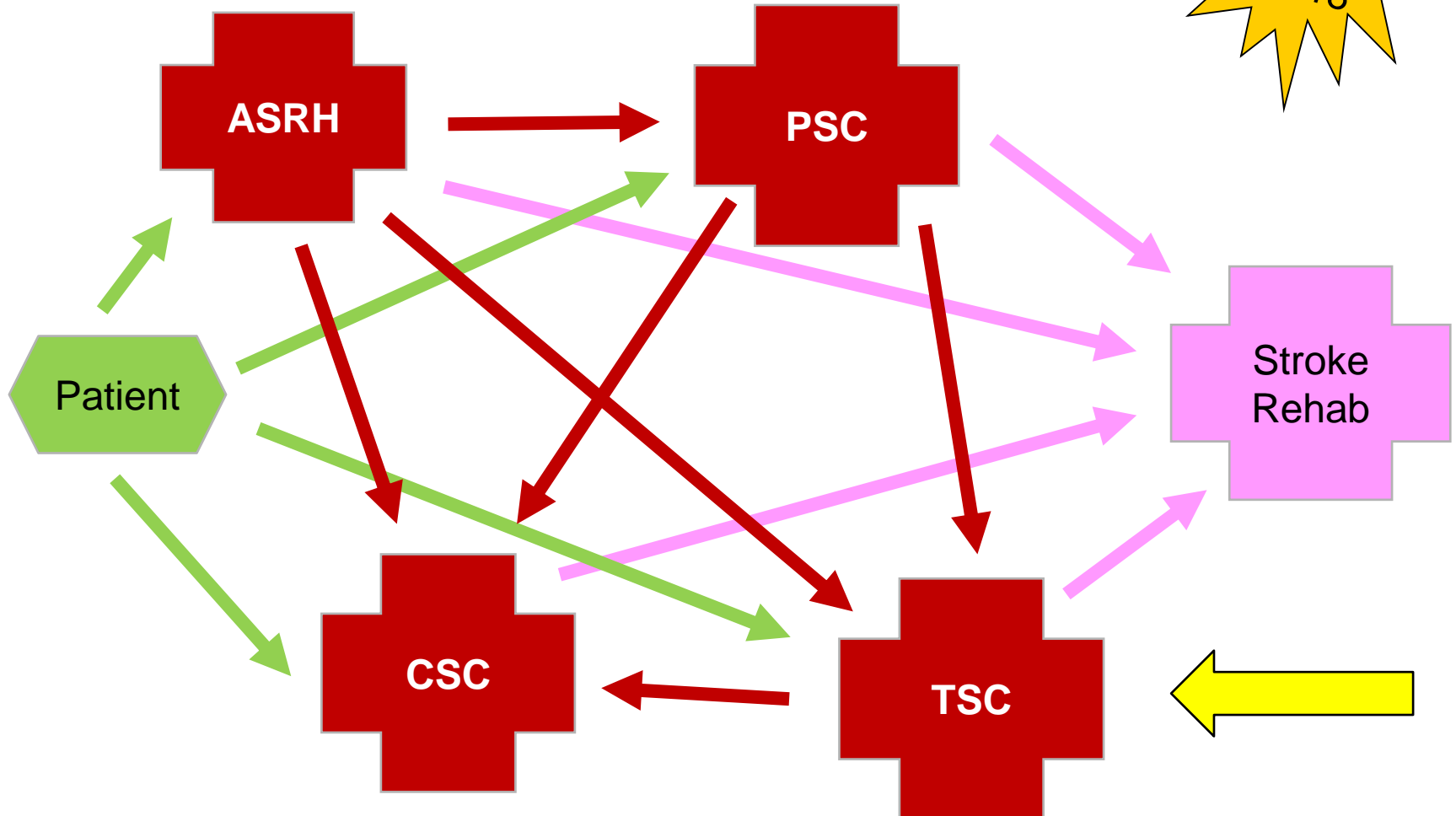
The Stroke Care Pyramid



Certified Programs in Michigan (as of 5/1/18)

- 9 Comprehensive Stroke Centers
- 1 Thrombectomy-Capable Stroke Center
 - St. Joseph Mercy Oakland
(Congratulations!)
- 30 Primary Stroke Centers
- No Acute Stroke Ready certifications

Stroke Systems of Care Certification Options



Stroke Systems of Care Certification Options

- Beginning in 2018, all levels of stroke certification are also available for hospitals that are not Joint Commission accredited.

Transfer Processes and Protocols - Outbound

- Transfer policies clearly established
 - What you can do yourself
 - What needs to go to a higher level of acuity
 - Written transfer agreements
- Timeliness of transfer
 - Vehicle availability / Travel time
- Who accompanies the patient
- Communication and hand-offs
 - Do you have a shared EMR
 - Feedback expectations

Transfer Processes and Protocols - Inbound

- Notification
 - ETA
 - Notify appropriate staff
 - How are processes different than ambulance arrival?
- Bypass?
- Communication and hand-offs
 - Do you have a shared EMR
- Completing the feedback loop
- Written transfer agreements

Questions?

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