



Stoke Boot Camp: What does the Joint Commission Expect of Me?

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Disclosures

- None to report

Objectives

- Review overall stroke survey focus
- Discuss tracers
- Discuss stroke standards
- Discuss how to prep the staff for survey day.
- Discuss the Staff RN Role on the survey day

Your reaction to The Joint Commission



The Joint Commission Focus



- Not to be punitive
- Ensures Evidence-based practice standards
- Improves the Quality of care by reducing variation in processes.
- Provides a framework for program structure and management.
- Promotes a culture of excellence
- Strengthens community confidence in the quality of care, treatment, and services



Standards

- What's your evidence base?
 - American Stroke Association
 - Brain Attack Coalition
 - American Academy of Neurology
 - National Stroke Association
 - American Association of Neuroscience Nursing
 - Neurocritical Care Society
 - Society for Neurointerventional Surgery
 - National Guideline Clearinghouse (AHRQ)

Standards

- Clinical Standards evaluated by The Joint Commission during survey are directly from the AHA/ASA guidelines.
 - Quality improvement committee
 - ED Process (Door-to-times)
 - Testing/ evaluation
 - Treatment
 - Supportive care
 - BP, Telemetry
 - Secondary prevention measures
 - Complication prevention
 - Ongoing stroke prophylaxis

Standards

- Education Standards evaluated during survey:
- Competence of all practitioners
 - Orientation
 - Licensure
 - Education
 - Skills validation
- Quality Standards:
 - Metrics
 - TJC
 - AHA/ASA
 - Internal

Tracers

- Used to evaluate how care was delivered.
 - Adherence to the guidelines/standards set by research and by the program.
 - How departments work together toward the management of this particular patient.
 - Coordination of care towards a goal with the patient/family's interests as the focus.
- What do they want to know?
 - The guidelines set by evidence and the standards set by the program are consistently occurring at the bedside.
 - The direct care providers understand the expectations and rationales.

Quality/Performance

- If all components of your program are followed, what does this translate to?
- Expectation is that you are looking at outcomes of your patients.
 - Patient satisfaction
 - Patient knowledge of their risk for future stroke
 - Patient adherence to their plans
 - Functional status

Staff Role on survey day

- Don't be nervous.
- Be prepared to talk about your patient.
- Check your documentation.
- Know where your resources are.



Trace example

- ED Patient:
 - Arrival mode Walk-in vs. EMS
 - Process for ID and expediting the stroke patient
 - Team Roles
 - Stroke team notification
 - Who does the NIHSS? (full vs. modified)
 - Timing
 - Goals for TAT's
 - tPA
 - Who orders
 - Who mixes
 - What are your standards for VS/Neuro checks
 - S/S of reaction or ICH- what do you do?
 - IR patient
 - How do you identify candidates?
 - What's your transfer process to a higher level of care?

Trace Example

- Critical Care:
 - Give report on your patient
 - What are your post tPA standards for VS/Neuro checks
 - Any referrals: (PT/OT/Speech/Case management)
 - VTE prophylaxis
 - Dysphagia Screening
 - Post 24 hour CT → antiplatelet
 - Improvement?
 - Plan for care: MRI, Echo, A1C, Lipids
 - Risk factors
 - Patient Education
 - Additional services (PT/OT/Speech)

Trace Example

- Stroke Unit
 - Give report on your patient
 - What are your standards for VS/Neuro checks
 - Any referrals: (PT/OT/Speech/Case management)
 - Antiplatelet administered
 - VTE Prophylaxis
 - Dysphagia Screen
 - Plan for care: MRI, Echo, A1C, Lipids
 - Risk factors
 - Patient Education
 - Additional services (PT/OT/Speech)
 - Discharge process

Specific things to know

- Where your guidelines are.
 - What education you've been required to do.
 - What quality activities you're involved in.
 - What your numbers look like
 - Who your coordinator/unit champion is.
-
- What to do if your patient has new symptoms of stroke?
 - What are your patient's risk factors?
 - What's the plan for your patient?

In the chart

- Dysphagia Screen- Should be a validated/reliable tool.
- 1st Antiplatelet/Anticoagulant- by end of hospital day 2
- Vital signs and neuro assessments- frequency as per your standards
- VTE prophylaxis-SCD's are a minimum!
- Education- Patient specific
 - Risk factors
 - Medications
 - S/S of stroke
 - Calling 911
 - Follow up

Best Practice Example

- Computerized documentation systems can be problematic.
- What was taught?

Point Description/Learner Progress:

Description:
stroke risk factors

Learner	Ready?	Method	Res...	Comments	Taught By	Date	Time	Status
P	A	E	VU		WHOOSSERTOPICS, NATALE	9/21/2011	1526	Done

Learner

P: Patient
F: Family
S: Significant Other
C: Caregiver
O: Other
Mom: Mother
Dad: Father
G: Guardian
FP: Foster Parent

Readiness

E: Eager
A: Acceptance *
N: Nonacceptance
R: Refuses

Method

E: Explanation *
D: Demonstration
H: Handout
I: Interpreter
V: Video
C: Class/Group

Response

VU: Verbalizes Understanding *
DU: Demonstrated Understanding
NR: Needs Reinforcement
NL: No Evidence of Learning
RT: Refused Teaching

Best Practice Example

- It's necessary to annotate in order to be patient specific.
- What was taught here?

Description:
stroke risk factors

Learner	Ready?	Method	Res...	Comments	Taught By	Date	Time	Status
P	A	E	VU	Patient risk factors of HTN, HLD, Smoking	WHOOSIERTOPICS, NATALIE	9/21/2011	1526	Done
S	A	H,E	VU	Henry, pt's spouse educated on HTN, HLD, S	WHOOSIERTOPICS, NATALIE	9/21/2011	1531	Done

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Education Materials:

Best Practice Example

- Begins in care planning
 - ID your risk factors here
- If you use an outside pamphlet
 - “marry” the content to the chart in some way
- Auto populate as much as possible
 - Check boxes of common items
 - FAST criteria
- On discharge materials, have a blurb that covers all patients.
 - Signs of stroke (FAST criteria)
 - Symptoms of stroke (additional speech etc.)
 - Risk factors for stroke (with descriptions)
 - Medication compliance/Follow up

Care Plan in EHR

The screenshot displays an EHR interface for a Care Plan. On the left is a navigation sidebar with buttons for Patient Summary, Chart Review, Care Everywhere, Results Review, Synopsis, Intake/Output, Problem List, History, Notes, Orders, Patient Education, Care Plan, Admission, Transfer, Discharge, Procedure, and Stroke. The main window is titled 'Care Plan' and includes a toolbar with actions like Back, Forward, Document, Modify Problem, New Problem, Apply Template, Bring Forward, Resolve Problems, Delete Problem, Clear All Filters, Filters, Reviewed, and Legend. Below the toolbar is a list of medical problems, including Infection, Risk of; Pain - Acute - JMH; Alcohol Withdrawal - JMH; Discharge Planning; Cognitive-Perceptual Pattern - Impaired; Fluid Volume - Deficit; Nutrition Deficit; Sleep Pattern Disturbance; Violence - Risk of, Self/Other-Directed; Mobility - Impaired - JMH; and Stroke - Ischemic/ TIA, or Spontaneous ICH/ SAH. The 'Stroke - Ischemic/ TIA, or Spontaneous ICH/ SAH' problem is expanded to show sub-items like Fluid Volume - Deficit, Tissue Perfusion - Cerebral, Altered, Stroke Education, Knowledge of Stroke Education, and Problem Interventions. The 'Education, stroke risk factors' intervention is selected and highlighted in blue. The right pane shows the details for this intervention, including a 'Display' section with checkboxes for Description, Web Links, and Detail. The main content area contains a 'REMINDER(s):' section with text about stroke risk factors, a 'Personal Risk Factor(s):' list (Drugs/ETOH, Dyslipidemia, HTN, Obesity, Previous TIA/CVA, Smoker), and a 'Web Links' section with a link to 'Performance Measure: Discharge Instructions'. Buttons for 'Discontinue' and 'Edit Intervention' are visible at the bottom of the intervention details.

Translates to Education

Unresolved Education

Assessment | Unresolved Education | Education Review | Manage Education

Title/Topic/Teaching Point:

- Pressure Ulcer - Risk of - JMH
- Pain - Acute - JMH
- Alcohol Withdrawal - JMH
- Hospitalized Patient Plan of Care - JMH
- Self-Care Deficit- ADLs- JMH
- Mobility - Impaired - JMH
- Stroke - Ischemic/ TIA, OR Spontaneous ICH/ SAH - JMH
 - prescribed activity level
 - emergency medical system activation
 - postdischarge follow-up
 - stroke risk factors**
 - stroke warning signs
 - Stroke binder given and reviewed
 - Antiplatelet (name, dosage, frequency, indication, side effects, sy
 - Anticoagulant (name, dosage, frequency, indication, side effects,
 - Statins (name, dosage, frequency, indication, side effects, sympt
 - Antihypertensives (name, dosage, frequency, indication, side effi
 - Diabetes-related (name, dosage, frequency, indication, side effec
 - aspiration prevention
 - coughing
 - intermittent pneumatic compression
 - lower extremity exercises
 - venous thromboembolism prevention
 - venous thromboembolism signs and symptoms
 - activity promotion
 - anticoagulation medication management
 - stroke community centers
 - support group
 - tobacco-use cessation benefits
 - nutritional requirements
- Breathing Pattern - Ineffective - JMH

Point Description/Learner Progress:

Description:
REMINDER(s):
 Many of the risks that make you more likely to have a stroke are known, but it is still possible for a stroke to occur with no obvious cause. Some of these risk factors, such as a strong family history of stroke, are things that cannot be changed. However, high blood pressure (hypertension), high blood sugar (diabetes), smoking, excessive alcohol consumption, high cholesterol and obesity (being very overweight), heart disease and abnormalities of the clotting system in the blood can all be controlled to minimize the chance of someone having a stroke.

Learner	Ready?	Method	Res...	Comments	Taught By	Date	Time	Status
P	A	E	VU			9/19/2011	1539	Done
P	A	H	VU			9/20/2011	1048	Done
P	A	E,H	NR			9/20/2011	1524	Active

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Preparing for success

- Ongoing readiness:
 - Focus on items the staff should have down “cold”.
 - Processes
 - Policies
 - FAST Criteria
 - Quality information
- Start Early!
- Mock surveys
- Have a 7-day plan
- Postings of PI plans

Thank You

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