

# 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

GO

- 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

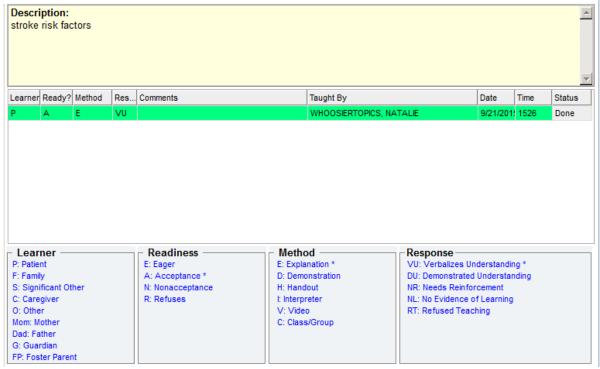


# Best Practice Example

Computerized documentation systems can be problematic.

Point Description/Learner Progress:

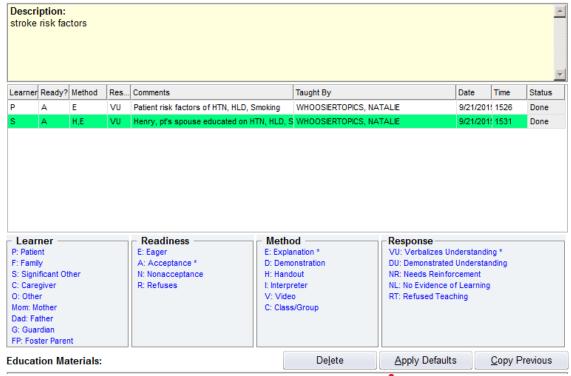
What was taught?





# Best Practice Example

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



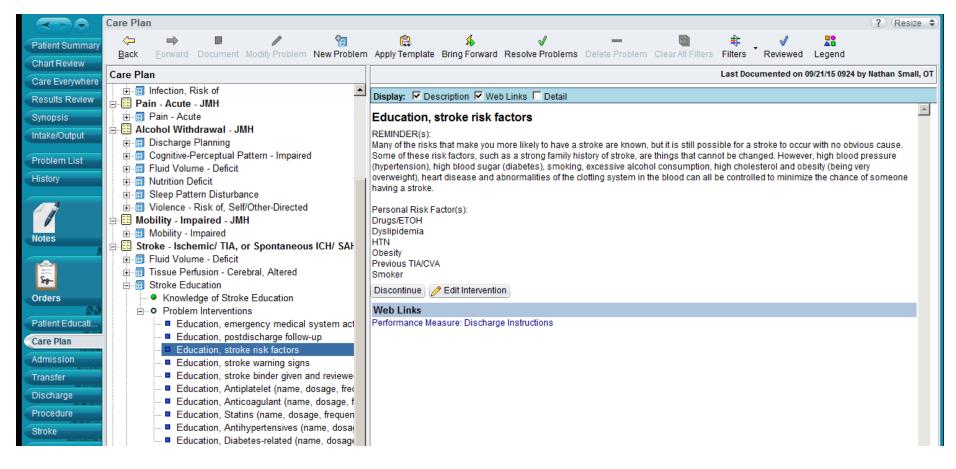


# Best Practice Example

- 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.)
  - Rask factors for stroke (with descriptions)
  - Medication compliance/Follow up

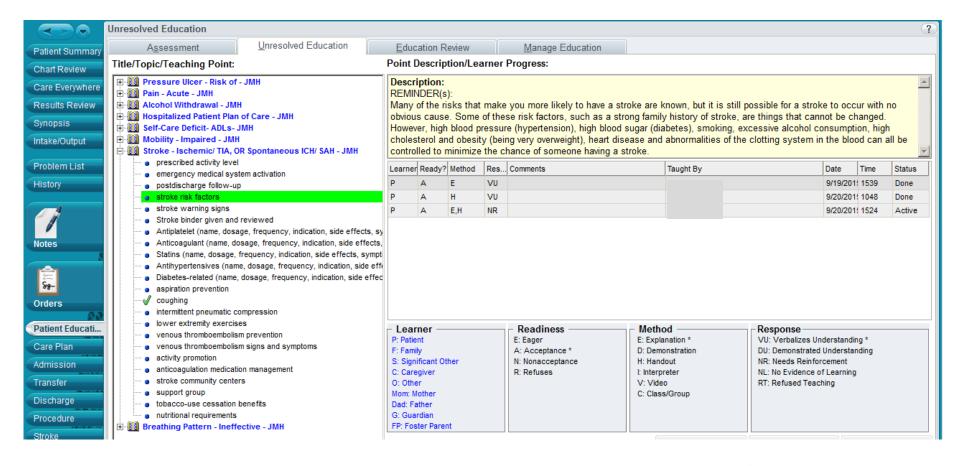


## Care Plan in EHR





## Translates to Education





# 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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