

Know Your Neighbor: Regional Collaboration in Stroke Care

Presented by:

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Speakers





Therese Poland, RN, BSN, MSN Therese (Tess) Poland is the Quality and Certification Specialist at the Healthcare Facilities Accreditation Program. In this role, she facilitates the development of certification activities related to disease / condition management services, including the development of standards and review processes. Tess has 20 years of nursing, management and consulting experience in the healthcare industry. She most recently worked at Ramsay Health Care in Sydney Australia as a Quality and Risk Manager and Project Manager for the clinical set-up of new hospitals. Tess earned her Master's degree in Nursing at the University of Western Sydney and a Bachelor's degree in Nursing from Avondale College, Sydney Australia.



Susan Lautner, RN, BSN, MSHL, CPHQ,

Susan Lautner is the Quality and Patient Safety Specialist at the Healthcare Facilitates Accreditation Program in Chicago. In this role, she facilitates the development of certification activities related to patient safety and performance measures, including the development of standards and review processes. Susan has 25 years of nursing, management and consulting experience in the health care industry. She previously has served as Director of Quality and Risk Management at Hills and Dales General Hospital and Marlette Medical Center in Michigan. Susan is a certified professional in healthcare quality. She earned her master's degree is Science Health Law from Nova Southeastern University, in Florida and her bachelor's degree in Nursing from Saginaw Valley State University, in Michigan.



Jeanne M. Robinson, MSN, APRN, A-CNS, CNRN, BSN, RN

Jeanne is the Stroke Advanced Practice Nurse at Kettering Medical Center in Dayton, Ohio where she is a member of, and coordinates the Stroke Response and Neurology Teams. Recently she directed her team in the initiative to earn the distinction of Comprehensive Stroke Center Certification. For the past 12 years she was the Stroke Program Coordinator and led Kettering and Sycamore Medical Centers to achieve multiple Primary Stroke Center certifications and awards. Jeanne has 27 years of Neuroscience Nursing experience with an extensive background in Neuro-Critical Care, Clinical Neurology, and has served as a consultant and speaker for advisory boards in Epilepsy and Multiple Sclerosis, in addition to research. She earned her Master's of Science degree in Nursing from Wright State University and bachelor's degree in Nursing from Capital University. She is certified as an Adult Clinical Nurse Specialist and Neuroscience RN. Her interests and expertise include stroke, seizure disorders, neuro-degenerative diseases and headaches.

Overview



- Stroke System & Advantages
- Stroke Ready Center
- Primary Stroke Center
- Comprehensive Stroke Center
- Clinical Data
- Collaboration





"Stroke systems of care provide a comprehensive, diverse, longitudinal system that addresses all aspects of stroke care in an organized and coordinated manner. Characteristics of different stroke centers include, Acute Stroke Ready Hospitals, Primary Stroke Centers and Comprehensive Stroke Centers."

AHA/ASA Focus on: Stroke Systems of Care

Webinar Outcomes



Following this webinar, clinicians will be able to:

- Identify the difference between three levels of stroke care
- Recognize which level your organization fits into
- Connect with neighboring organizations to elevate stroke care region-wide

Advantages of Care Levels



- Levels of stroke care help to organize hospital delivery structures through objective assessment, thus improving quality of care, identified quality (evidence based) outcomes and reducing clinical risk
- Knowing which level of care your organization meets and working safely towards recognized standards, can facilitate a culture and a drive towards excellence. This provides staff with an opportunity to build skills, and providing the organization with recognition for achievement

Advantages of Care Levels



- Building partnerships with other organizations elevates stroke care
- This ensures that all patients have timely access to the right level of care at the right time
- Disability outcomes are minimized and optimal recovery is more attainable

Stroke Levels of Care



Three levels of stroke care exist:

- Stroke Ready
- Primary Stroke
- Comprehensive Stroke



Stroke Ready Centers





Stroke Ready Centers



- Stroke Ready also known as Emergent Stroke Centers, provide timely access to stroke care but may not be able to meet all the criteria specified in Primary and Comprehensive levels
- However, SRC serves as a notice to the community emergency medical service that the hospital is prepared to meet the initial needs of stroke patients
- Examples include rural hospitals, basic care, use of telemedicine... 'drip and ship'

Features of SRC's



- Provides community recognition and information about stroke to small urban /suburban /rural areas
- Provides access to stroke care for patients who do not have access to larger hospitals
- Working agreements with Primary
 /Comprehensive Stroke Centers to facilitate
 ease of transition of a higher level of care
- Working and transfer agreements with EMS to provide immediate care at a close proximity
- Administrative support and clinical leadership!

Clinical Elements of SRC's



- Collect and submit Stroke data to monitor outcomes of clinical care
- Stroke protocols for management of stroke patients
- An ED Physician may be the Director of the stroke program
- Stroke code team arrival within 20 minutes
- Lab testing and diagnostic capabilities
- May provide IV thrombolytic therapy
- Telemedicine

Primary Stroke Centers





Primary Stroke Centers



- Primary Stroke Centers have the capacity to stabilize and treat acute stroke patients
- They provide initial, acute care and administer tPA and other acute therapies safely and efficiently
- Examples include acute care hospitals, stroke units, use of tPA

Features of PSC's



- Educates the community on stroke
- Working agreements with Stroke Ready and Comprehensive Stroke Centers
- Working and transfer agreements with EMS
- Provides stroke education to staff and EMS
- Stroke data and performance improvement on at least 2 benchmarks each year
- Administrative support and clinical leadership!

Clinical Elements of PSC's



- Stroke protocols for management of stroke patients
- Program Director is specialty qualified
- Stroke code team arrival within 15 minutes
- Lab testing and diagnostic capabilities include vascular and cardiac imaging
- Must provide IV thrombolytic therapy
- Neurosurgical expertise available or able to transfer within 2 hours
- Must have a stroke unit (may be within ICU)

Comprehensive Stroke Centers





Comprehensive Stroke Centers



- Comprehensive Stroke Centers provide care for complex stroke patients
- Their infrastructure includes advanced treatments, necessary staffing and trained specialists in key areas, such as neurology, neurosurgery and neuroradiology
- Examples include academic medical centers and tertiary care hospitals

Features of CSC's



- All the components of PSC, plus:
- Working agreements with Stroke Ready and Primary Stroke Centers
- Advanced interventional capabilities
- Comprehensive rehabilitation assessments and care
- Discharge follow-up protocols
- Has a continuous research plan and participates in patient oriented research activities

Clinical Elements of CSC's



- All the components of PSC, plus:
- Program Director is specialty qualified
- Lab testing and Advanced imaging capabilities: CTA, DSA, MRA/MRI & TCD available 24/7
- Must provide IV thrombolytic therapy
- Neurology, neurosurgical, neuroradiology, endovascular experts, neurointensivist available 24/7
- OR available & ready to operate within 2hrs 24/7
- Must have dedicated ICU beds and a stroke unit with specialty trained staff
- Must have rehabilitation staff e.g. speech therapist, occupational therapist and Physical therapist

The Clinical Difference



	Criteria	Stroke Ready	Primary	Comprehensive
1	QAPI and Documented Support	Specifying elements not met	Performance improvement on at least 2 benchmarks/year	Performance improvement on at least 2 benchmarks/year
2	Program Director	May be ED physician	Specialty qualified physician	Specialty qualified physician
3	Neurologist on site within 20 minutes	(or physician with experience)	(or physician with experience)	24/7 onsite w/in 45 minutes
4	Neurosurgical Expertise available	May be via telemedicine	Neurosurgical services or ability to transfer within 2 hours	Onsite w/in 30 minutes 24/7
5	Nurses with Expertise	Education includes stroke	Stroke coordinator & stroke nurses	NP, stroke coordinator & stroke nurses
6	Volume	NA	NA	20 SAH, 10 clippings/coiling's & 10 surgical interventions /year
7	Diagnostic Techniques	CT, MRI, ECG, Lab & X- ray	CT, MRI, ECG, Lab & X-ray	+MRI, MRA/MRV, TCD, TEecho, SPECT, PET, TTE & TEE
8	Interventional Capabilities	IV thrombolytic Therapy	IV thrombolytic Therapy	+CEA, Stenting, IA reperfusion, endovascular ablation, etc.
9	Departments	ED	ED, stoke unit (could be within ICU)	ED, OR, stroke unit, ICU with neurocritical capabilities
10	EMS Agreements	Triage & communication	Triage & communication plan	Triage & communication plan
11	Higher Care Partnership Agreements	Transfer protocols & agreements	Transfer protocols & agreements	Transfer protocols & agreements
12	Stroke Code Team	24/7 within 20 minutes	24/7 within 15 minutes	24/7 within 15 minutes
13	Stroke Register	Stroke registry	Stroke registry	Stroke registry
14	Clinical Guidelines	Stroke protocols	Stroke protocols	Stroke protocols
15	Clinical Performance Measures	Next page	Next page	Next page
16	Research	NA	NA	Participates in research activities
17	Rehabilitation / Post Stroke Care	Higher care partnership agreements & referrals	Physical, occupational & speech therapists & rehab referrals	Physical, occupational & speech therapists & rehab referral
18	Education	Patient	Patient, community & stroke team	Patient, community & stroke team



CMS Reporting (NEW)



- Effective Jan 1, 2013, hospitals are required to report data on eight CMS' Hospital Inpatient Quality Reporting Program to receive full Medicare reimbursement in 2015.
- If hospitals fail to submit data, they risk receiving reduced reimbursement beginning 2015.
- At this stage, the Hospital IQR Program bases reimbursement only on the action of reporting the data.

Data Collection - CMS



Thrombolytic Therapy 0-3 hr

Antithrombotic Therapy By End of Hospital Day 2

Discharged on Antithrombotic Therapy

Anticoagulation Therapy for Atrial Fibrillation/Flutter

Venous Thromboembolism (VTE) Prophylaxis

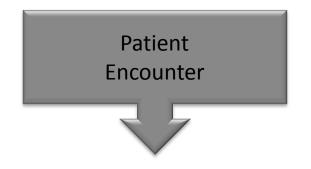
Discharged on Statin Medication

Stroke Education

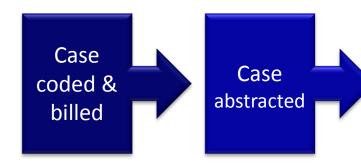
Assessed for Rehabilitation

Validating Accuracy













Receive full Medicare Payment

Data Publicly Reported

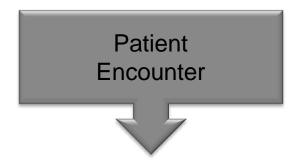
Direction Forward



- In the future, it is possible that the Value-Based Purchasing Program will penalize hospitals for not meeting performance standards for certain IQR measures.
- This means that hospitals should start now to work towards improving outcomes in the measurable areas.

Value Based Purchasing







Case
Coded
Billed
Abstracted
Submitted
Validated

Achieve specific score on measures TBD

Receive full Medicare Payment

Data Publicly Reported

www.hospitalcompare.hhs.gov







Bringing it all Together



"Effective stroke care requires coordination of the activities and resources of a broad range of individuals, facilities, and organizations...to ensure that the appropriate patients are receiving care from the appropriate providers in the appropriate amount of time."

Schwamm, L.H., Pancioli, A., Acker III, J.E., Goldstein, L.B., Zorowitz, R., Shephard, T., Moyer, P., Gorman, M., Johnston, S., Duncan, P., Gorelick, P., Frank, J., Stranne, S., Smith, R., Federspiel, W., Horton, K., Magnis, E., Adams, R. (2005). Recommendations for the Establishment of Stroke System of Care – Recommendations From the American Stroke Association's Task Force on the Development of Stroke Systems. Stroke. 1 – 14.

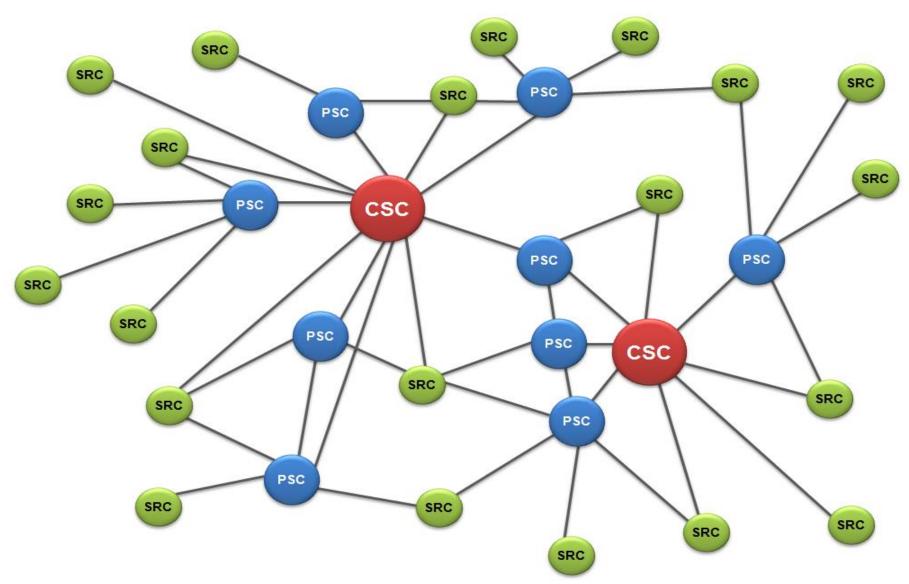
Knowing your Neighbor



- Perform a search on the hospitals (small and large) in your area
- Identify what level of stroke care they provide through their emergency department
- Go beyond metropolitan hospitals and consider what access neighboring rural hospitals have – extend partnership
- Partnership can overcome treatment inequities in remote regions and ensure the best possible care is disseminated throughout regions
- Telemedicine plays an integral role in regional stroke care networks

Hub and Spoke Model





Formalizing Your Level of Care



HFAP is the only private not-for-profit organization that offers three levels of certification:

- Stroke Ready Certification
- Primary Stroke Certification
- Comprehensive Stroke Certification

HFAP Advantage:

- Requirement: State / Other Accreditation
- Three year cycle with mid-cycle review
- Standards developed by experts in the field





Formalizing Your Level of Care

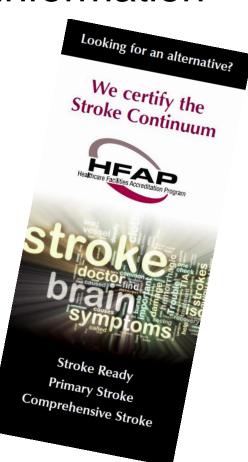


Contact HFAP for additional information

Online: http://www.hfap.org

– Email: <u>stroke@hfap.org</u>

Phone: 1800-621-1773





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