

*Attaining Comprehensive Stroke Center certification*

# Hospital Joins Best of the Best in Stroke Care

A two-day survey by the Joint Commission ended Tuesday with University of Colorado Hospital's Stroke Program earning preliminary certification as a Comprehensive Stroke Center.



The two-year certification, held by only about 30 other hospitals in the nation, caps about a year of preparation for the exhaustive review. It demonstrates that the Stroke Program has the resources and clinical skills to care for the most complex stroke cases from admission to discharge and through the transition home or to another level of care.

Eligibility for the certification hinges on a hospital meeting standards for patient volume, having advanced imaging capability, coordinating post-discharge care, maintaining dedicated neuro intensive care unit beds, defining a process for peer review of care, and participating in stroke research.

The two Joint Commission surveyors spent the two days confirming the program has these resources. They reviewed services in the Emergency Department, imaging areas, interventional radiology, the neurosciences, intensive care and rehabilitation units and other parts of the hospital; traced patient care through the medical

record; and assessed staff competency in and knowledge of stroke care standards that produce the best patient outcomes.

*"The survey was a wonderful success," surveyor Sarah Livesay, RN, DNP, told a large crowd gathered in Room 2005/2006 of the Anschutz Outpatient Pavilion March 12. "This certification is saved for special organizations from the standpoint of interdisciplinary teamwork."*

Livesay and fellow surveyor Liz Kim, MSN, APN, said the Joint Commission will grant the certification contingent on the hospital submitting action plans to correct seven "Requirements for Improvement," or RFIs (*see box*), which the agency will monitor to ensure compliance. She noted, however, that other institutions that have pursued Comprehensive Stroke Center certification have averaged 10 to 15 RFIs.

After briefly reviewing the RFIs, the surveyors singled out several "best practices" for stroke care they observed during the visit, including the program's commitment to collecting and reviewing data to identify areas for improvement and the tight integration of its interdisciplinary care team.

"The reality is the standards for becoming a Comprehensive Stroke Center are onerous and stringent," Kim said. "You can't do it without investing resources and creating an interdisciplinary team. The creativity of your team was evident."

**Locked arms.** The surveyors got a vivid look at the breadth of the hospital's stroke care at the opening conference Monday morning. Introductions included leaders from the Stroke Program, Neurosurgery, Neurology, Neurosciences and many others involved in stroke care, including emergency medical services (EMS), radiology, pharmacy, physical therapy and rehabilitation, nutrition, professional resources and more.

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To demonstrate the interdisciplinary care that occurs during a stroke alert, team members strode to the front of the room, stood in a line and described their roles, beginning with EMS bringing a stroke patient to the ED. Representatives from CT imaging, interventional radiology, pharmacy, physical therapy and neurosciences also recounted the parts they play to care for the patient.

The display brought to life the hospital's commitment to care, said Stroke Program Clinical Director Alexandra Graves, MS, ANP.

"The surveyors could see the interdisciplinary integration of the program with the team members standing side by side," she said. "It was evident that we work together."

**Raised bars.** Stroke Program leaders also presented plenty of data to highlight the hospital's commitment to quality improvement, Graves added. That effort includes annual stroke education for everyone at the hospital; multidisciplinary discharge rounding on stroke patients to screen for depression, cognitive decline, family support and other key factors; development of order sets and protocols to standardize care; and an initiative to shorten the response time for inpatient strokes.

"We showed evidence of multiple quality-improvement programs," Graves said. "It's not just physician-driven. People from different backgrounds, including nurses and techs, contribute. And we don't sit around and wait for a year to adopt a new practice. We make a lot of rapid-cycle improvements."

Graves also noted the strong backing the Stroke Program received from hospital leadership in pursuing the certification. For example, additional resources funded a data analyst, a key to identifying areas of strength and those that need improvement.

Still, maintaining the certification isn't a given, said Kimberly Meyers, MA, executive director of Neurosciences/Spine and Rehabilitation Medicine. The Joint Commission expects the top programs to make steady improvements in tough areas, such as helping stroke patients make a safe and effective transition back to their communities.

"It's a challenge to be a leader in stroke," Meyers said.

"We are going to have to commit the resources to make the program sustainable."

## Still Room to Improve

The Comprehensive Stroke Center title is the hospital's to use once it submits plans of correction and successfully addresses seven Requirements for Improvement. These include:

- » Ensuring staff have knowledge of the National Institutes of Health Stroke Scale and understand the meaning of the scores
- » Verifying licensure and qualifications of providers
- » Following guidelines for post-anesthesia care of stroke patients in the ICUs
- » Creating separate guidelines for monitoring and managing patients with increased intracranial pressure and patients with intracerebral hemorrhage and subarachnoid hemorrhage
- » Documenting in the medical record groin and pulse checks after interventional radiology procedures
- » Improving education for ED nurses about when to prepare and move ischemic stroke patients to interventional radiology for intra-arterial therapy to dissolve blood clots. Graves said ED staff will receive training on the subject in May and June during their skills lab.
- » Creating a list of stroke complications that will trigger an automatic peer review