



The Joint

# le ectomy- Stroke certification



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The Joint  
Commission



American Heart  
Association  
American Stroke  
Association

CERTIFICATION

# 2018 Checklist for Applying for TSC

## ELIGIBILITY REQUIREMENTS

Effective February 1, 2019, the original volume criteria for all primary neuro-interventionists (that is, those who routinely take call to perform emergency mechanical thrombectomy) at an organization applying for TSC or CSC certification or recertification must have performed 15 mechanical thrombectomies over the past 12 months or 30 over the past 24 months. In evaluating the number of mechanical thrombectomies performed, procedures performed at hospitals other than the one applying for certification can be included in the primary neuro-interventionist's total.

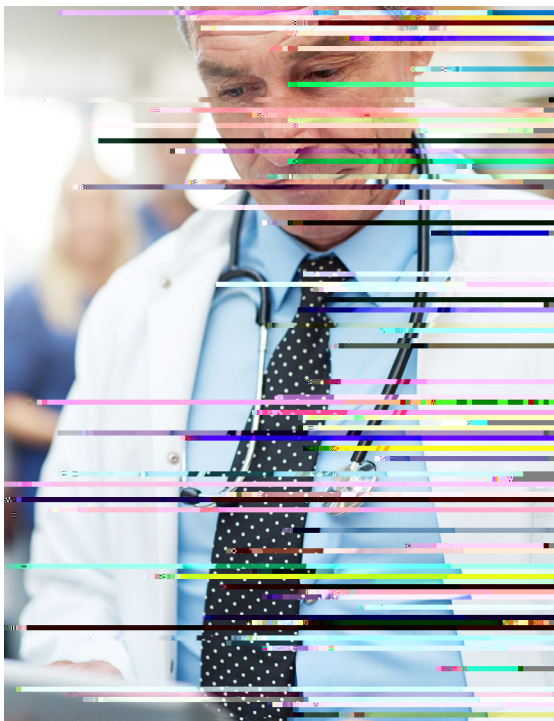
Effective August 1, 2019, revised volume criteria will be effective for all physicians who perform mechanical thrombectomy at an organization applying for TSC or CSC certification. Rather than allowing organizations to determine who is considered a primary neuro-

### ADVANCED IMAGING 24/7

- Catheter angiography
- CT of the head
- CT angiography
- MR angiography (MRA)
- MRI with diffusion

### POST-HOSPITAL CARE COORDINATION

- Follow up phone calls for patients discharged at home
- Involvement of case managers/social workers
- Physical therapy involvement
- Occupational therapy involvement
- Speech therapy involvement
- Review of all information gathered from phone calls/transfers must be utilized to drive a dynamic change in the program. Prepare to speak to this process.
- Multi-disciplinary teams should be able to discuss interventions and involvement of the teams into the patient's plan of care, teaching goal setting with the patient/family, assuring the goals are individualized to meet the needs of the patient.
  - Discussion of risk factors and strategies for modifications.
  - Discussion of the patient's willingness and ability to learn.
  - Discussion of support services: dietary, activity, medications, follow up appointments and other self-support requirements.



## Staffing Key Areas

### NICU STAFFING

- Dedicated intensive care beds to care for acute ischemic stroke patients
- 24/7 on-site practitioners with critical care privileges (APN, PA, Fellows, Residents).

### NEUROSURGERY

- Be prepared to discuss and document your neurosurgical coverage including on call and back-up on call MDs and staff for 24/7 coverage.

### IR

- Be prepared to discuss and document your IR coverage including on call and staffing for 24/7 coverage.

## DAY ONE

- Reviewers arrive at 7:30 a.m.
- Opening conference at 8:00 a.m.
- Introductions: Customer & The Joint Commission team
- HCO provides a 30-45 minute overview of the program
- The agenda for two day review process is reviewed
- Share with the reviewers any concerns regarding the time of tracers
- Time for final submission of documents on day 2 will be discussed
- Meeting with the stroke coordinator is conducted and review of documents completed
- Reviewers will complete patient tracers separately day 1 & 2
- Issue resolution is available at the end of day 1 & 2
- Reviewers will plan to leave your facility by 4:00 p.m. every day

## DAY TWO

- Daily briefing and a review of the previous days findings
- Outstanding documents list reviewed
- Review of the day's agenda
- Patient tracers
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- **Data management tracer:** the most successful organizations prepare a PowerPoint which allows all staff and reviewers to see the same data elements at the same time.
  - The staff who abstract, collect and analyze the data should attend the session.
  - All clinical staff should be able to speak to performance data and how it is shared with them.
- **Competency session:** Ensure that HR and managers know what is kept in each other's files.
  - Prepare to share education related to stroke for all categories of staff who provide stroke care.
  - Provide copies of the following: job description for all staff identified by the reviewers whose files will be reviewed, provide evidence of orientation in the area of stroke for all staff, provide documentation of on-going stroke education for all staff in appropriate areas (ICU, ED, stroke unit for NIHSS, dysphagia screening, tPA, etc.), copies of current licensure or certification, and a copy of the staff member's most recent performance evaluation.
  - For all core stroke team members evidence of 8 hours of stroke education annually.
- **Medical staff :** Ensure all physicians are credentialed for procedures they complete and all files are up to date.
  - Provide access to MD licensure, DEA as appropriate, original appointment and re-appointment to the medical staff, MD onboarding/orientation activities, copies of all credentialing files, OPPE/FPPE files accessible.





# Emergency Department









