



Disease Specific Care Certification Primary Stroke Centers:

IV Thrombolytic Therapy Revisions

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November 7, 2008

Presentation Outline

1. The Joint Commission's standards revision process
2. Approved revisions

Standards Revision Process

- ▶ The Joint Commission's standards revision process summary:
 - Literature review: **Late 2006**
 - Identification of key issues
 - Revise standards / internal vetting: **2007**
 - Present to the Professional Technical Advisory Committee (PTAC) for recommendations
 - Present to Standards and Survey Procedures Committee (SSP) for approval to conduct a field engagement: **November 14, 2007**
 - Field engagement: **November 20, 2007 through January 1, 2008**
 - Analysis / final revisions made to standards based on field engagement
 - Approval by SSP: **February 19, 2008**
 - Map approved requirements to the 2008 DSC manual
 - Field Notification through *Perspectives* & additional activities
 - **IV Thrombolytic Therapy revisions will be effective on January 1, 2009**

Standards Revision Process

- ▶ Preliminary revisions made to Primary Stroke Center Certification and IV thrombolytic therapy in early 2007.
- ▶ Decision made to develop additional requirements to support the organizational infrastructure necessary to safely provide IV thrombolytic therapy.

Conceptual Basis of Revisions

- ▶ IV thrombolytic therapy revisions are based on the following concepts:
 - ED practitioners have 24 hour access to a physician who can provide consultation on the use of IV thrombolytic therapy.
 - Organization's formulary includes IV thrombolytic therapy.
 - Emergency Department (ED) practitioner's knowledge of treatment issues related to IV thrombolytic therapy.

Conceptual Basis of Revisions (cont.)

- Evidence that the IV thrombolytic therapy protocol was used.
- Documentation identifying reasons an eligible patient did not receive IV thrombolytic therapy.
- Performance measurement related to IV thrombolytic therapy.

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- 6 new requirements in the following DSC Manual chapters:
 - Program Management (PR)
 - Delivering and Facilitating Care (DF)
 - Performance Measurement (PM)

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PR.8 EP.1 h) & i)

h) The organization's formulary or medication list must include a thrombolytic therapy (IV administered) medication for ischemic stroke.

i) Documentation indicates the reason eligible ischemic stroke patients did not receive IV thrombolytic therapy.

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PR.9 EP.1 a)

a) Emergency department licensed independent practitioners have 24 hour access to a timely, informed consultation* about the use of IV thrombolytic therapy, obtained from a physician, privileged in the diagnosis and treatment of ischemic stroke.

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DF.1 EP.1 a)

a) Eighty percent of emergency department (ED) practitioners are knowledge of the following:

- The pathology, presentation, assessment, diagnostics, and treatment of patients with acute stroke including:
 - a. Initial treatment plan - Treatment of patient during the first 3 hours of care, including thrombolytic therapy for patients who present within 3 hours of initial onset of symptoms
 - b. Indications for use of IV thrombolytic therapy
 - c. Contraindications to IV thrombolytic therapy
 - d. Education to be provided to patients and families regarding the risks and benefits of IV thrombolytic therapy
 - e. Signs and symptoms of neurological deterioration post IV thrombolytic therapy

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DF.2 EP.5 a)

a) Use of the protocol, including IV thrombolytic therapy when indicated by the treating licensed independent practitioner, is reflected in the order sets or pathways, and is documented in the patient's medical record according to organizational procedure.

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PM.2 EP.6 b)

b) Evidence that specific stroke performance measurement data focused on use of IV thrombolytic therapy* are evaluated through the quality improvement process and by the stroke team.

* Stroke IV thrombolytic therapy Performance Measure: Acute ischemic stroke patients who arrive at the hospital within 120 minutes (2 hours) of time last known well and for whom IV t-PA was initiated at this hospital within 180 minutes (3 hours) of time last known well.

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- ▶ Additional issues to know:
 - The term “care provider” was revised to “practitioner” throughout the Stroke requirements
 - **Practitioner**: Any individual who is licensed and qualified to practice a health care profession (for example, a physician, nurse, or respiratory therapist) and is engaged in the provision of care, treatment, or services

Summary Statement

- ▶ The Joint Commission believes that the use of IV thrombolytic therapy must be included in a DSC program certified as a Primary Stroke Center.
 - The Certified Primary Stroke Center must exist in a closely monitored program with an organizational infrastructure necessary to safely provide IV thrombolytic therapy.
 - The revised Primary Stroke Center requirements focus directly on evaluating the infrastructure necessary to support safe IV thrombolytic therapy administration for eligible stroke patients.
 - The revised requirements do not mandate that physicians use IV thrombolytic therapy for eligible ischemic stroke patients.

Questions?



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