Get With The Guidelines® & Primary Stroke Center Certification

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Financial Disclosure:
Nothing to Disclose

Unlabeled / Unapproved Uses Disclosure:
Nothing to Disclose
Objectives:

1. Show how Get With The Guidelines® usage assists in Primary Stroke Center Certification

2. Outline general aspects necessary for Primary Stroke Center Certification

3. Update audience on proposed CMS requirements towards quality data submission corresponding to stroke treatment.
One Sunday morning, the pastor noticed little Randy standing in the foyer of the church staring up at a large plaque. It was covered with names and small American flags mounted on either side of it. The six-year old had been staring at the plaque for some time, so the pastor walked up, stood beside the little boy, and said quietly, "Good morning, Randy." "Good morning, Pastor," he replied, still focused on the plaque. "Pastor, what is this?" The pastor said...." Well, son, it's a memorial to all the young men and women who died in the service." Soberly, they just stood together, staring at the large plaque.
Finally, little Randy's voice, barely audible and trembling with fear asked..

"Which service.....the 8:30 or the 10:45? "
Why is all this PSC stuff important?
Indiana — Stroke Death Rates

Age-adjusted Average(Annual) Deaths per 100,000
- 99 – 107
- 108 – 112
- 113 – 117
- 118 – 122
- 124 – 146

Department of Health and Human Services
Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion
The Joint Commission’s Disease Specific Certification Program

Primary Stroke Center
Primary Stroke Center Evaluation

JC DSC Standards + BAC Recommendations

Quality & Safety of Stroke Care

ASA or equivalent evidence-based guidelines

Standardized Measure Set
Core Program Components

Standards

Disease-Specific Care Certification

Guidelines

Measures
Disease-Specific Care Standards

• Program Management
  10 standards
• Delivering or Facilitating Clinical Care
  4 standards
• Supporting Self-Management
  3 standards
• Clinical Information Management
  5 standards
• Performance Improvement and Measurement
  6 standards
Brain Attack Coalition
Recommendations

• Hospital and Administrative Support
• Acute Stroke Team
• Written Care Protocols
• Emergency Medical Systems
• Emergency Department
• Stroke Unit
• Neurosurgical Services
• Neuroimaging
• Laboratory Services
• Outcomes/Quality Improvement
• Educational Programs
Core Program Components

Standards

Disease-Specific Care Certification

Guidelines

Measures
• Patient care must be based on guidelines/evidence-based practice
• The stroke center identifies the guidelines it will use
• Onsite review process includes
  – Assessment of implementation of CPGs
  – Rationale for selection and modification
## 2010 Data

<table>
<thead>
<tr>
<th>ID #</th>
<th>Measure Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>STK-1&lt;sub&gt;1,2&lt;/sub&gt;</td>
<td>Venous Thromboembolism (VTE) Prophylaxis</td>
</tr>
<tr>
<td>STK-2&lt;sub&gt;1,2&lt;/sub&gt;</td>
<td>Discharged on Antithrombotic Therapy</td>
</tr>
<tr>
<td>STK-3&lt;sub&gt;1,2&lt;/sub&gt;</td>
<td>Anticoagulation Therapy for Atrial Fibrillation/Flutter</td>
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<td>STK-4&lt;sub&gt;1,2&lt;/sub&gt;</td>
<td>Thrombolytic Therapy</td>
</tr>
<tr>
<td>STK-5&lt;sub&gt;1,2&lt;/sub&gt;</td>
<td>Antithrombotic Therapy By End of Hospital Day 2</td>
</tr>
<tr>
<td>STK-6&lt;sub&gt;1,2&lt;/sub&gt;</td>
<td>Discharged on Statin Medication</td>
</tr>
<tr>
<td>STK-8&lt;sub&gt;1,2&lt;/sub&gt;</td>
<td>Stroke Education</td>
</tr>
<tr>
<td>STK-10&lt;sub&gt;1,2&lt;/sub&gt;</td>
<td>Assessed for Rehabilitation</td>
</tr>
</tbody>
</table>

1 CMS Informational ONLY  
2 The Joint Commission ONLY
• 8 of the 10 stroke measures were endorsed by the National Quality Forum
• Effective 1-1-10, certified PSCs must collect and submit data on these 8 measures.
• Accredited hospitals may use this measure set to fulfill their ORYX core measure data requirements for accreditation
• CMS does not currently require collection of stroke measures – YET (We’ll talk later!)
Get With The Guidelines® takes care of all your measuring / reporting issues with one easy system!
Submit Application for Certification

Review must be completed within 6 months

Reviewer will verify 4 month track record of standards compliance

Official Certification Report mailed within 45 days after Review

Submit data on measures, update CPGs, and attest to ongoing standards compliance 12 months after review

Re-certification application mailed to program 18 months after their first review
Certification Timelines by Month

- Submit Application
- Onsite Review Scheduled
- Onsite Review
- Intracycle Event
- Certification Report Posted
- Quarterly data submission
- 90 DAY WINDOW
- Re-application notification (rolling timeframe)
## Disease-Specific Care Certification Award Cycle

<table>
<thead>
<tr>
<th></th>
<th>Year 1 +</th>
<th>Year 2 =</th>
<th>2-year award</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Scope of review</strong></td>
<td>Off-site and On-site Evaluation</td>
<td>Off-site Intracycle Evaluation</td>
<td></td>
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<tr>
<td></td>
<td><strong>Evaluation of standards, clinical practice guidelines and outcomes</strong></td>
<td><strong>Review of updated clinical practice guideline information and demonstrated ongoing improvement in outcomes</strong></td>
<td></td>
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<tr>
<td><strong>Outcome of Evaluation</strong></td>
<td><strong>Obtain Certificate of Distinction</strong></td>
<td><strong>Maintain Certificate of Distinction</strong></td>
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What is CMS doing with Stroke?
What is CMS doing with Stroke?

In the draft inpatient prospective payment system rule (IPPS), CMS proposed that for fiscal year (FY) 2013 payment determination, hospitals choose one of the following four proposed measure topics:

1. Implantable Cardioverter Defibrillator (ICD) Complications
2. Cardiac Surgery
3. Stroke
4. Nursing-Sensitive Care
CMS is proposing that hospitals report data on the proposed measure(s) applicable to the measure topic to a qualified registry for the specific topic area.
CMS proposes that hospitals would select at least one of the four proposed measure topics for which they will report data on beginning with **January 1, 2011 discharges**, and allow the registry to calculate and report measure data for the specified measures to CMS (via QualityNet) for Reporting Hospital Quality Data for Annual Payment Update (RHQDAPU) program purposes.
The final rule is anticipated to published at the end of July, 2010.

If you would like to look at the rule in its entirety, please go to: 
Thank You

Questions?