



**HFAP Stroke Survey**

**Surveyors' Viewpoint**  
Bernard C. McDonnell, D.O.



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**Stroke Center Accreditation from the Surveyors' Viewpoint**

- **01.00.01 Primary stroke Center – Facility Commitment.**
- The leadership of the facility demonstrates its commitment to the stroke program.
  - This is the first Standard in the HFAP Stroke Center Survey Manual
- Does the facility demonstrate this?
  - Primary requirement
    - Most likely the answer is “yes” or the Survey Team would not be present.



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**Overview of the Survey Process**

- Physician and Nurse
  - Each with different areas
  - Touring is together as a group



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### Stroke Center Medical Director

- Medical Director
- The **Primary** Stroke Center must have a Medical Director to provide the program with leadership and clinical guidance.
- The Medical Director is a member of the Medical Staff. It is not mandated that the Medical Director be a neurologist; however, the Medical Director must have sufficient knowledge in the treatment of cerebrovascular disease to provide credibility and leadership to the **Primary** Stroke Center Program.




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### Stroke Center Medical Director

- The Medical Director **of the Primary** Stroke Center has knowledge of cerebrovascular disease as demonstrated through two (2) or more of the following:
  - Completion of a stroke fellowship
  - Certification in either Neurology or Neurosciences plus five (5) years experience in cerebrovascular diseases.
  - Attendance or faculty member of two or more regional, national, or international stroke conferences or courses each year.




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### Stroke Center Medical Director

Five (5) or more peer-reviewed stroke related publications.

Eight (8) or more continuing medical education (CME) credits each year in cerebrovascular disease.

Other criteria as agreed upon by the institution.




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### Acute Stroke Team

- The Acute Stroke Team physicians are identified as medical staff that are defined by the facility and may include neurologists, radiologists, neurosurgeons, as well as Emergency Department, internal medicine and family practice physicians with demonstrated training.



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### Acute Stroke Team

It is not required that the Primary Stroke Center have a neurologist on staff. Each physician on the Acute Stroke Team is / has:

- A member of the Medical Staff
- Privileges in the treatment of acute stroke



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### Acute Stroke Team

Other criteria agreed on by local physicians and the hospital Governing Body, such as:

- Completion of a stroke fellowship
- Attendance or faculty member of one (1) or more regional, national, or international stroke conferences or courses each year.
- Five (5) or more peer-reviewed stroke related publications in the past five (5) years.



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### Stroke Team Continuing Education- Physicians

#### Acute Stroke Team – Continuing Medical Education (CME)

- Physicians on the Acute Stroke Team and the Stroke Unit annually receive a minimum of eight (8) hours of continuing medical education relative to the diagnosis and management of cerebrovascular disease.



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### Stroke Team Continuing Education- Non-Physicians

- Continuing Education for Non-Physician Professionals of the Acute Stroke Team.
- The non-physician professional staff members of the Acute Stroke Team (e.g., Registered Nurse, Nurse Practitioner, Physician's Assistant) annually receive a minimum of eight (8) hours of continuing education credits relative to the management of cerebrovascular disease.



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### Acute Stroke Team

- The program has a designated an Acute Stroke Team that is available 24 hours a day, every day. The Acute Stroke Team responds to patients with symptoms of acute stroke in the Emergency Department as well as other areas in the facility.
  - Some facilities may opt to use Emergency Department (ED) staff as the Acute Stroke Team for patients presenting to the ED and/or Rapid Response Teams for inpatients.



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### Acute Stroke Team Response

- The facility has a system for rapidly notifying members of the Acute Stroke Team to evaluate patients with symptoms of an acute stroke.
  - Rapid notification
- A member of the Acute Stroke Team is expected to arrive at the bedside in < 15 minutes
- Stroke log is kept with parameters documenting the timeline of care



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### Time From Symptom Onset For Administration of tPA

- 3 hours from symptom onset
  - Currently changing to 4.5 hours from symptom onset
- Can be > 6 hours if intra arterial tPA is available at the facility.
  - Can be also > 6 hours if intra arterial tPA is available at a transfer facility.
  - Jefferson Hospital, Philadelphia
  - Providence Sacred Heart Medical Center and Children's Hospital, Spokane



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### Emergency Department

- Organization
- Staffing
  - Physician
  - Nursing
  - Ancillary/support
- All Stroke data is incorporated into the hospital-wide QAPI



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### Emergency Department

- Staff education and training
  - Physician
  - Nursing
    - Held twice a year at minimum
    - All aspects of the Stroke Care at the facility



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### Stroke Unit

- Organization and staffing
- Patient care protocols
- Education and training
  - Twice a year at minimum



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### Neurosurgical Services

- Neurosurgical services are available within 2 hours when deemed clinically necessary.
- For those acute stroke patients requiring a neurosurgical procedure:
  - A neurosurgeon is available within two hours of the identified need (not upon arrival to the Emergency Department.)
  - For facilities without a neurosurgeon, this expectation can be accomplished by transferring the patient to a facility with a neurosurgeon.



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### Neuroimaging Services

- Available 24/7/365
- Able to provide CT or MRI of the head within 25 minutes of patient arrival
  - Completion of imaging scan
  - Interpretation of the completed scan by experienced physician within 20 minutes of completion of the scan.
  - 45 Minute turn around time



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### Laboratory Services

- Available 24/7/365
- Lab director makes the commitment to have the following tests available within 45 minutes of patient arrival:
  - CBC
  - Blood chemistry
  - Blood glucose
  - PT, PTT
  - INR
- All of the above tests and times are tracked and included in the facility's QAPI monthly



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### Rehab

- Patients on the Acute Stroke Protocol receive an initial evaluation by physical therapy, speech and language pathology, and occupational therapy within **48** hours of hospital arrival.



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### Patient Education

- Modification of risk factors
- Smoking Cessation Education
- Symptom recognition/awareness



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### Discharge Planning

- Physical Rehabilitation evaluation and discharge referral as applicable
- Medication management post discharge



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### Quality

- The Stroke Program QAPI is fully integrated into the facility-wide Quality Program
- Included, with other parameters, analysis of patients eligible to receive tPA who did not.



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### Surveyor's Notes

- Commitment of the facility's medical staff, nursing staff, support staff and administration are committed to the Stroke Program
- Meeting the parameters
- Quality data, trending, analysis and use to improve the processes
- Evaluation of new treatments such as intra-arterial tPA @ >6hours from symptom onset
  - Jefferson Hospital, Philadelphia
  - Providence Sacred Heart Medical Center and Children's Hospital, Spokane



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### Surveyor's Notes

- Lab and x-ray results are key to early decision-making by Stroke Team physician(s) to institute tPA in appropriate patients.
- Standard of care
- Life-altering for the patient



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### QUESTIONS???



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