

## Healthcare Facilities Accreditation Program (HFAP) Primary Stroke Certification

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## HFAP History

Accrediting organizations for more than 60 years

Deeming authority from CMS since 1965

First Primary Stroke Center standards manual developed in 2006



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## HFAP Facility Types

- Hospitals
- Critical Access Hospitals
- Ambulatory Surgical Centers
- Ambulatory Care/Office Based Surgery
- Mental Health
- Behavioral Health including Opioid Treatment Programs



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## HFAP Standards

- 40% of manual CMS regulations
- 60% quality and patient safety based on NQF 34 Safe Practices
- Prepares you for state survey and ensures success with Medicare




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Sample Standard			
STANDARD / ELEMENT	EXPLANATION	SCORING PROCEDURE	SCORE
<b>01.00.02 Primary Stroke Center – Organization and Staffing.</b> The organization and staffing of the stroke program are appropriate to the scope of services offered.	<p>The provision of high quality and efficient care is highly dependent upon the degree of commitment of the facility necessary to build the infrastructure.</p> <p>When considering a Primary Stroke Center, facilities should assess current capabilities for providing acute stroke care services. Additionally, it is recommended that facilities perform an assessment of the community to determine the capabilities available in other local and regional facilities.</p> <p>A supportive infrastructure is demonstrated through:</p> <ol style="list-style-type: none"> <li>1. The organizational chart of the facility in which the reporting mechanisms for the Primary Stroke Center are indicated.</li> <li>2. The scope of services provided by the Primary Stroke Center program is described in the Provision of Care document of the facility.</li> </ol> <p>An adequate number of qualified staff must be available to provide rapid diagnosis and treatment of acute stroke patients.</p>	<p><b>DOCUMENT REVIEW</b></p> <p>Verify the following are in place:</p> <ol style="list-style-type: none"> <li>1. Primary Stroke Center is included with the facility's organizational chart</li> <li>2. The Primary Stroke Center's scope of services is included with the facility's Provision of Care document</li> <li>3. The organization has staffing patterns in place, which define the numbers of qualified staff required to provide patient care.</li> </ol> <p><b>INTERVIEW</b></p> <p>During the interview, facility leaders provide:</p> <ol style="list-style-type: none"> <li>1. Rationale for establishing a Primary Stroke Center including community needs and available stroke care services.</li> </ol>	<p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> NA</p> <p>1 = All required elements are in place. 4 = One or more of the required elements is missing.</p>

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## HFAP Uniqueness

- User friendly-standards straightforward
- Educational-surveyors are collaborative and non punitive
- Responsive to customers inquiries

[info@hfap.org](mailto:info@hfap.org)




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### Primary Stroke Center Certification Eligibility Criteria

- Current hospital accreditation
- Comply with HFAP standards for Primary Stroke
- Have a minimum of 12 months worth of stroke data



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### Eligibility for Stroke Center Protocol

- Patients who following a CT scan have a diagnosis of Ischemic Stroke, Hemorrhagic Stroke, or Transient Ischemic Attack (TIA)



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### Primary Stroke Survey

- Initial survey is announced, re-certification surveys are unannounced
- One day survey
- Survey team comprised of one physician (Team Captain) and one Registered Nurse
- Areas to be surveyed are those involved with stroke (e.g. ED, ICU, Stroke Unit)



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## Surveyor Qualifications

- Licensed physician and nurse
- NIHSS certified
- Eight hours of stroke education per year (CME, CEU)




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## Certification Action

- Function performed by the Bureau of Healthcare Facilities Accreditation (BHFA)
- Certification-2 years
- Interim Certification-identified areas need additional work
- Denial Of Certification-did not meet HFAP requirements




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## Required Documents

- **Send to HFAP with Application for Certification:**
- Application Form, completed
- Terms of Agreement, signed
- Business Associate Agreement, signed
- Organizational Chart, depicting the Primary Stroke Center
- Copy of the current state hospital license




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## Required Documents

- Copy of the National Guidelines (or other pertinent references) used to develop the Written Patient Care Protocols (e.g. Brain Attack Coalition, American Stroke Association, American Heart Association, etc.)
  - Relative to the EMS and Emergency Department (hyper-acute) phase of care
  - Relative to care of the patient following hospital admission



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## Required Documents

- Relative to the Ischemic Stroke Drug Therapy
- Relative to the Hemorrhagic Stroke Management
- Relative to Physical Rehabilitation Evaluation and Initiation of Therapy



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## Required Documents

- Documents
  - The neurological evaluation tool utilized throughout facility
  - The Acute Stroke Team Response Log (sample page)
- Written Patient Care Protocols for
  - Emergency Medical Services (EMS)
  - Emergency Department
  - Administration of tPA Drug Therapy
  - Stroke Unit



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## Required Documents

- When applying for certification, submit all items above and the following QAPI monthly outcome data for the past 12 months:
  - Acute Stroke Team arrives within 15 minutes of notification (Standard 01.00.09)
  - Laboratory policies/data that reflect turnaround time. (Standard 01.07.01)



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## Required Documents

- Radiology policies/data that reflect timeline for completion and interpretation of CT/MRI brain scans. (Standard 01.06.01)
- Neurosurgical services are available within two (2) hours of need, if applicable. (Standard 01.05.01)
- Patients eligible for tPA received tPA within specified timeframe of symptom onset and if not, documentation to reflect reason and plan of correction. (Standard 01.01.02)



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## EMS Participation in Stroke Program

- Standards 01.02.01, 01.02.02, 01.02.03
- Recommendation for collaboration with EMS partners
- Include protocols, training.....
- Minutes of meetings with outside entities that addressed the requirements



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## tPA

- Recent revision to the standard
- Increased window to the recommended 3-4.5 hours for certain patients
- Least amount of time is still safest




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## Performance Measures

- Definitions mirror the AHA/ASA Get with the Guidelines for their seven measures
- HFAP has an additional 7 measures
- Benchmark for compliance is 85%




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## HFAP vs GWTG Measures

HFAP	GWTG
Acute Stroke Team Time of Arrival	
Lab completion time	
Neuroimaging completion time	
Neurosurgical Services availability	
Administration of tPA	Administration of tPA
Antithrombotic medication within 48 hours of arrival	Antithrombotic medication within 48 hours of arrival
Discharged with script for antithrombotic medication	Discharged with script for antithrombotic medication
PL with a-fib discharged with script for anticoagulant	PL with a-fib discharged with script for antithrombotic
VTE/DVT prophylaxis	VTE/DVT prophylaxis
Discharged on a statin	Discharged on a statin
Smoking Cessation Education	Stroke Education
Dysphagia Screening	
Initial Rehab evaluation	Initial Rehab evaluation
Rehab assessment prior to discharge and recommendations made	




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## Quality/Performance Measures

- 14 indicators for measurement
- Submitted quarterly to the quality department for analysis and comparison with other HFAP stroke centers



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## Recognition of Superior Performance

- Maintains 95% in all performance measures for 3 consecutive quarters
- Recognition with a certificate and plaque to display
- Recognition on website



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## Quality Data Tools

- Data Collection Tool
- Data Submission Tool
- Due 4/30, 7/31, 9/30, 1/31



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## Fee Structure

- Biennial fee of \$3200
- Direct cost of survey estimated at \$4350
- Includes airfare, ground transportation, hotel, per diem, and honorarium for each surveyor.)
  - An administrative processing fee (\$300 per surveyor per day)
- The estimated total cost of a two-year certification is \$7,550.



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## Questions???

**Contact**  
**Troy Repuszka**  
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