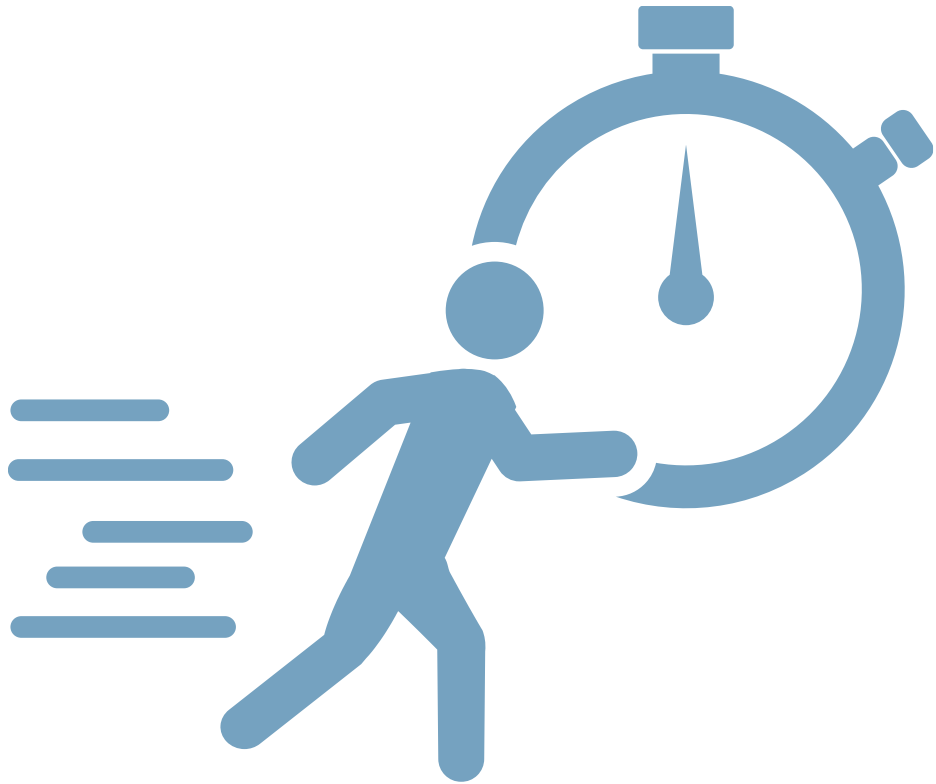# Objectives

**Approach your Stroke Program review with confidence!**

- Best practices for pre-survey preparation, day of review, and post-review follow-up

- Direction on organizing and conducting an effective opening presentation

- Essential guidelines for mastering your data presentation

- Tactics for ongoing survey readiness

# Pre-Survey Preparation

Survey Ready, Always Steady!

# Pre-Survey Preparation

- Engage your organization's Regulatory Specialist.

- Study Stroke Certification Standards and Stroke Care Process Certification Guide.

- Draft assignments for a gap analysis.

# Pre-Survey Preparation

**Best Practices - Team**

- Highly engaged interdisciplinary team members

- Shared ownership of standards

- Resources for staff preparation

- Periodic unit/staff rounds with staff interviews

- Periodic stroke chart tracers

# Pre-Survey Preparation

## BEST PRACTICES – ONGOING PERFORMANCE IMPROVEMENT (PI)

- Partnerships with quality and performance improvement experts
- Program utilization of organizational performance improvement methodology
- Team engagement in PI
- Program performance communicated often and widely
- Quality trends in national organizations and published literature reviewed periodically

# Pre-Survey Preparation

**BEST PRACTICES – PRESENTATION OF DATA**
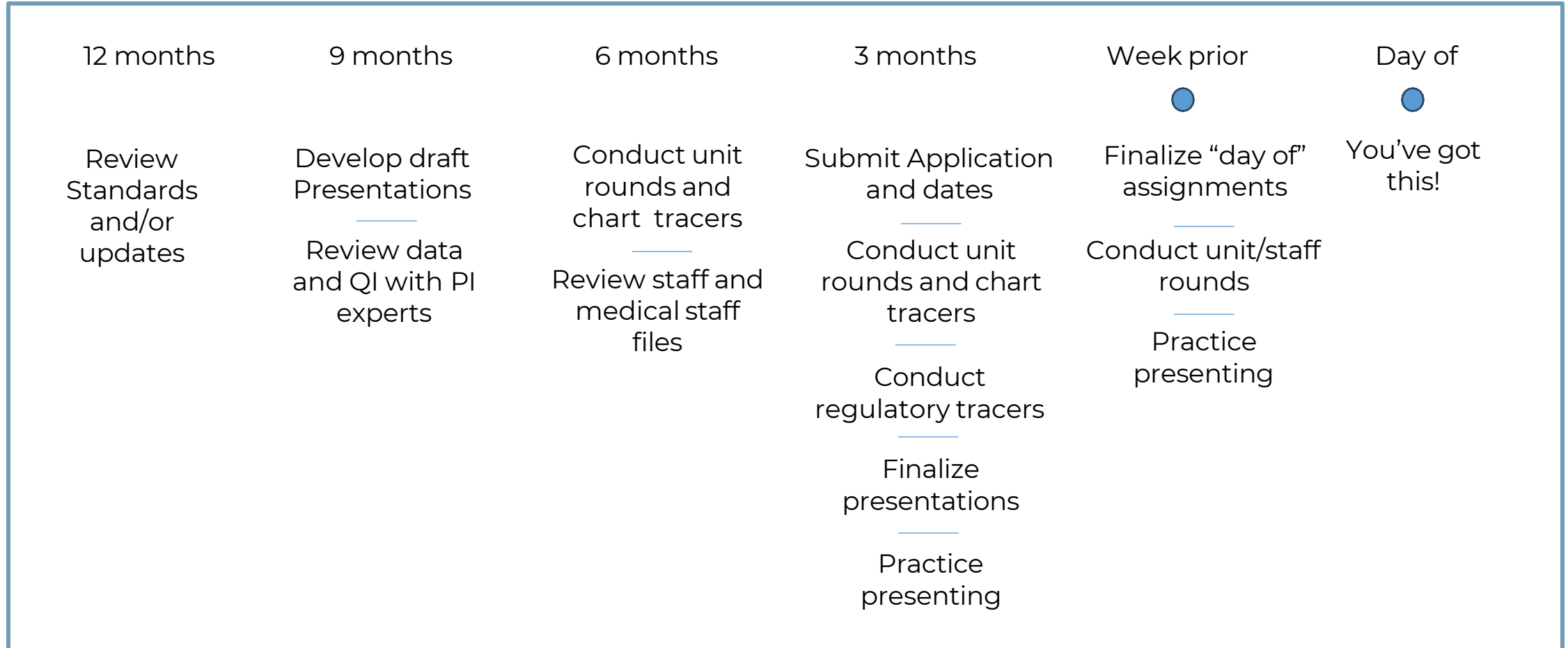
**IS YOUR MESSAGE CLEAR?**

- Double check volumes and data breakdowns to ensure your chart is accurate.

- Review the number of charts and avoid excess charts.

- Share charts with someone not familiar with your data.

- Ask them to describe what they think each chart illustrates.

- Review your data presentation on "slide sorter" to make sure it flows.

# Pre-Survey Preparation

**BEST PRACTICES – STAY THE COURSE**

- Survey preparedness team meets regularly

- Ongoing feedback provided to team/staff

- Decision-maker support obtained, where needed

- "Mock tracers" accomplished
  - Regulatory standards
  - Charts
  - Staff files
  - Medical staff files

# Preparation Timeline

| 12 months | 9 months | 6 months | 3 months | Week prior | Day of |
|---|---|---|---|---|---|

Review Standards and/or updates

Develop draft Presentations

Review data and QI with PI experts

Conduct unit rounds and chart tracers

Review staff and medical staff files

Submit Application and dates

Conduct unit rounds and chart tracers

Conduct regulatory tracers

Finalize presentations

Practice presenting

Finalize "day of" assignments

Conduct unit/staff rounds

Practice presenting

You've got this!

# Pre-Survey Preparation

- Identify who should attend (in person/remote)

- Send invites/block calendars



**Key Stakeholders**

Stroke Program Leaders
- Medical Directors
- Coordinators
- Accountable Administrator
- Other Medical Directors

Hospital Executives
- CEO, COO, CNO, CMO

Interdisciplinary Team Members
EMS Representatives
- Medical Director or Quality or Training Director

Quality and Regulatory Directors
Transfer Center, if applicable Others
- Human Resources
- Education Dept Director

# Final Pre-Survey Preparation

▪ Identify the right people to support the survey *(behind the scenes)*

- • Stroke subject matter expert
- • Nursing leader
- • EMR superuser
- • Hospital operations

▪ Plan logistics for the survey/surveyor(s)

# Day of Review

**The Opening Presentation**

- Set the tone for your survey.

- Have the right people in the room to show program depth and support.

- Tell your story.
  - How your program came about
  - How it's grown
  - How barriers were overcome

- Be confident and be concise.

- Let others talk.

- Hold questions for the surveyor.

# Day of Review

## The Opening Presentation

- Introduce your organization
- Organization
  - Health system, if applicable
  - Bed size, major service lines, awards
  - Annual admissions, ED visits, etc.
- Community demographics
  - Population or service area size
  - Age/sex distribution
  - Ethnic distribution
  - Prevalent co-morbidities

- Physician Practice Model
  - Employed
  - Private practice
  - Combination
  - Residents/fellows
- Affiliations

# Day of Review

## The Opening Presentation

- Describe your program mission goals and scope of services.
  - Patient characteristics
    - Volumes, ALOS, Acuity, Discharge disposition, etc.
  - Confirm eligibility requirements.
  - Organizational charts
  - The interdisciplinary team
  - Stroke Alert process/flow charts
  - Clinical practice structure

- Order sets and Clinical Practice Guidelines
- Transition of care process
- Education plan
- QI and PI process

# Day of Review

## The Opening Presentation

▪ Describe collaboration.

- Describe how your interdisciplinary team functions.
  - Include everyone.
  - Include leadership of this team.
  - Highlight your core stroke team.
- Describe collaboration with EMS.
  - Include local transport protocols.

# Day of Review

**The Opening Presentation**

- To or Not To include data
  - Individual decision
    - Include an overview if it helps tell your story.
  - High-level data only
    - Defer in-depth review to data presentation.

# Opening Presentation

- Give the reviewer a good base of knowledge before the staff interviews and chart tracers.

# Day of Review

**High-Impact Data Presentations**

- Know the data requirements
  - Individual measures
  - Time period for review
  - Internal benchmarks and ACHC performance thresholds



Primary Stroke Center Performance Measures

| SM-1 | VENOUS THROMBOEMBOLISM (VTE) PROPHYLAXIS |
|---|---|
| OTHER IDENTIFIER | GWTG: AHASTR7 |
| BENCHMARK | 85% |
| BACKGROUND | For patients diagnosed with ischemic stroke, ICH or nontraumatic SAH.<br><br>The measure identifies the percentage who received VTE prophylaxis (including sequential compression stockings and early mobilization), anticoagulant medications (if indicated) the day of/day after admission, or who have documentation regarding contraindication. |
| NUMERATOR INCLUSION | Patients with ischemic stroke, ICH or nontraumatic SAH who received VTE prophylaxis within the day of/day after admission or whose record notes a contraindication. |
| DENOMINATOR INCLUSION | Ischemic stroke, ICH, and nontraumatic SAH patients. |
| EXCLUSIONS | ■ Patients with Comfort Measures Only documented on the day of or day after hospital arrival.<br>■ Patients transferred to another facility or who left against medical advice (AMA). |



**ACHC** — Stroke Ready Data Report

Facility: Facility Name

| ID # | Measure / Indicator | Threshold |
|---|---|---|
| SM-4 | Thrombolytic Therapy within 4.5 hours | 85% |
| SM-11 | Dysphagia screening | 85% |
| SM-12A | Door-to-Needle time - 60 minutes | 85% |
| SM-12B | Door-to-Needle time - 45 minutes | 75% |
| SM-12C | Door-to-Needle time - 30 minutes | 50% |
| SM-13 | Stroke team arrival | 85% |
| SM-14 | Laboratory Results | 85% |
| SM-15 | Neuroimaging studies | 85% |
| SMA-1 | NIHSS  For Ischemic Stroke | 85% |

# Day of Review

**High-Impact Data Presentations – Setting the Stage**

- Alignment with hospital PI

- Databases (internal & external) used within the program and how

- Process of PI in the stroke program: from data extraction ☛ team review and action plans ☛ hospital board of directors and frontline staff.

- Identify how large-scale or deep-dive projects are prioritized and facilitated.

# Day of Review

## High-Impact Data Presentations – Data Display Matters

- Understand PI data display tools
  - Bar charts, histograms, pareto charts, etc.
  - Use the right tool for the data display
- ALL data slides should be readable without explanation

# Day of Review

**High-Impact Data Presentations – Presenting Your Work**

- Start with a dashboard (red/yellow/green).

- Review all mandatory measures.
  - Explain variances, interventions (planned or implemented)
  - Next steps for any significant outstanding PI issues

- Highlight additional PI data.

- Highlight PI examples.
  - Pick 2-3 best practice examples and tell the story of PI, from problem identification to planning & implementation to outcome.

- Share **aha moments, significant learnings, and problem-solving techniques**.

# Data Presentation

- Stories make presentations memorable
  - Tell the story of PI, rather than just a presentation of graphs

# Day of Review

- Let your program shine!

# Post-Survey Follow-Up

**Best Practices**

- Recognize the teamwork that went into the survey process.

- Quickly mobilize to address any survey findings.

- Identify executive sponsors to champion needed interventions.

- Develop a plan to educate all (leadership and staff) on survey findings and opportunities for improvements.

- Engage frontline staff in developing solutions.

# Tactics for Ongoing Survey Readiness

- Continue to provide immediate feedback to staff/teams.

- Review data trends and PI plans/progress with QI/PI experts periodically.

- Conduct periodic focused chart reviews on challenging areas.

- Secure unit/department leaders in ownership of opportunities.
  - Engage frontline teams in development of solutions.

- Keep presentations up to date each quarter.
  - Opening Presentation
  - Data and Performance Improvement Presentation

# Questions?

# Considering Stroke Care Certification?

- 🏥 Make the choice that puts the needs of your staff and patients first. We support you every step of the way with a collaborative and educational experience.

- Learn more and access a complimentary copy of the ACHC Stroke Care Standards at **ACHC Stroke Care Certification**.

- Why stroke care centers choose ACHC:
  - Upfront costs
  - Three-year survey cycle
  - Professional surveyors
  - Smooth transition process

**ACUTE CARE HOSPITAL**   **CRITICAL ACCESS HOSPITAL**

# Thank you

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