Improving Care for Cryptogenic Stroke: The Joint Commission’s Role

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“Levers” of The Joint Commission

- Standards – statements about structure and processes of care that can be reliably assessed during site surveys
- Performance measures – quantitative assessments of process and outcomes
- National Patient Safety Goals – a high-visibility standard
Standards

- Best practice, ideally evidence-based
- Structural measures of quality
  - Proper equipment for disinfection
  - Medication management program
- Processes of care
  - Proper technique for disinfection
  - Handling of controlled substances
- Assessed on site, often with “tracers”
Performance Measures

Process of care measures

- ORYX measures for hospital accreditation, and measures in certification programs
- Treatment of myocardial infarction, stroke, DVT prophylaxis

Outcomes

- Complications after total joint replacement
- Patient-reported outcomes
National Patient Safety Goal Example (NPSG 01.01.01)

“Use at least two ways to identify patients. For example, use the patient’s name and date of birth. This is done to make sure that each patient gets the correct medicine and treatment.”

Mislabeling of tests is a major cause of diagnostic error.
Accreditation and Certification Model for Joint Commission

Certification
- Stroke
- Perinatal
- Bariatric Surgery
- Lung Cancer
- Heart Failure
- Pediatric Asthma

Accreditation
- Radiation Safety – Rate of Wrong Dose, Wrong Procedure
- Communication, Coordination of Care (CAHPS)
- Medication Management - Medication Error Rate (e-CQM?)
- Blood Management – Transfusion Error Rate (NHSN)
- Infection Control – HAIs (NHSN)

Standards
Accreditation Assesses Safety

Does this hospital have structures and processes in place to minimize patient harm?

STANDARDS

Does this hospital have very low rates of patient harm?

PERFORMANCE MEASURES
Does Accreditation Tell Us Anything About Quality for a Specific Condition or Procedure?

No

- Poor correlation between quality of care across medical conditions in a hospital
- Poor correlation between outcomes across surgical conditions in a hospital

Patients need condition/procedure-specific performance to know quality of care
- Processes good, outcomes better
Certification Assesses Quality

I know the (health care organization) is safe because it is accredited, but:

- Do they have all the essential resources to care for me in any eventuality? (standards)
- How well does this doctor/center care for people with my condition? (measures)
- How well does this doctor/center perform the surgery/procedure I need? (measures)
Certification: Measures > Standards

- Functional Status at 30 days
- Risk-adjusted Mortality for Aneurysm Repair
- Anticoagulation for Atrial Fibrillation & Stroke
- Endovascular Thrombectomy within 6 Hours
- Use of Thrombolytics

Standards – e.g., essential personnel
Characteristics of Different Stroke Centers

Comprehensive Stroke Center
- Academic Medical Center
- Tertiary Care facility

Primary Stroke Center
- Wide range of hospitals;
- standard stroke care; stroke unit;
- use TPA

Acute Stroke Ready Hospital
- Rural hospitals; basic care;
- drip and ship;
- use tele-technologies

Gratefully borrowed from Dr. Mark Alberts
What Can Joint Commission Do to Improve Quality for CS?

Standard: require stroke centers to have evidence-based protocols for CS

- Diagnosis: reasonable
- Treatment: etiologies too heterogeneous, and we don’t like to tell MDs what to do

Encourage referral to Comprehensive Stroke Centers if initial work-up negative
TJC Provides a Fulcrum to Improve Quality of Care

Evidence-based Medicine

Quality

TJC
We Work Best When We Collaborate with Others
Your Ideas Are Welcome!

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