



# Improving Care for Cryptogenic Stroke: The Joint Commission's Role

David W. Baker, MD, MPH, FACP

Executive Vice President, Healthcare Quality Evaluation

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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

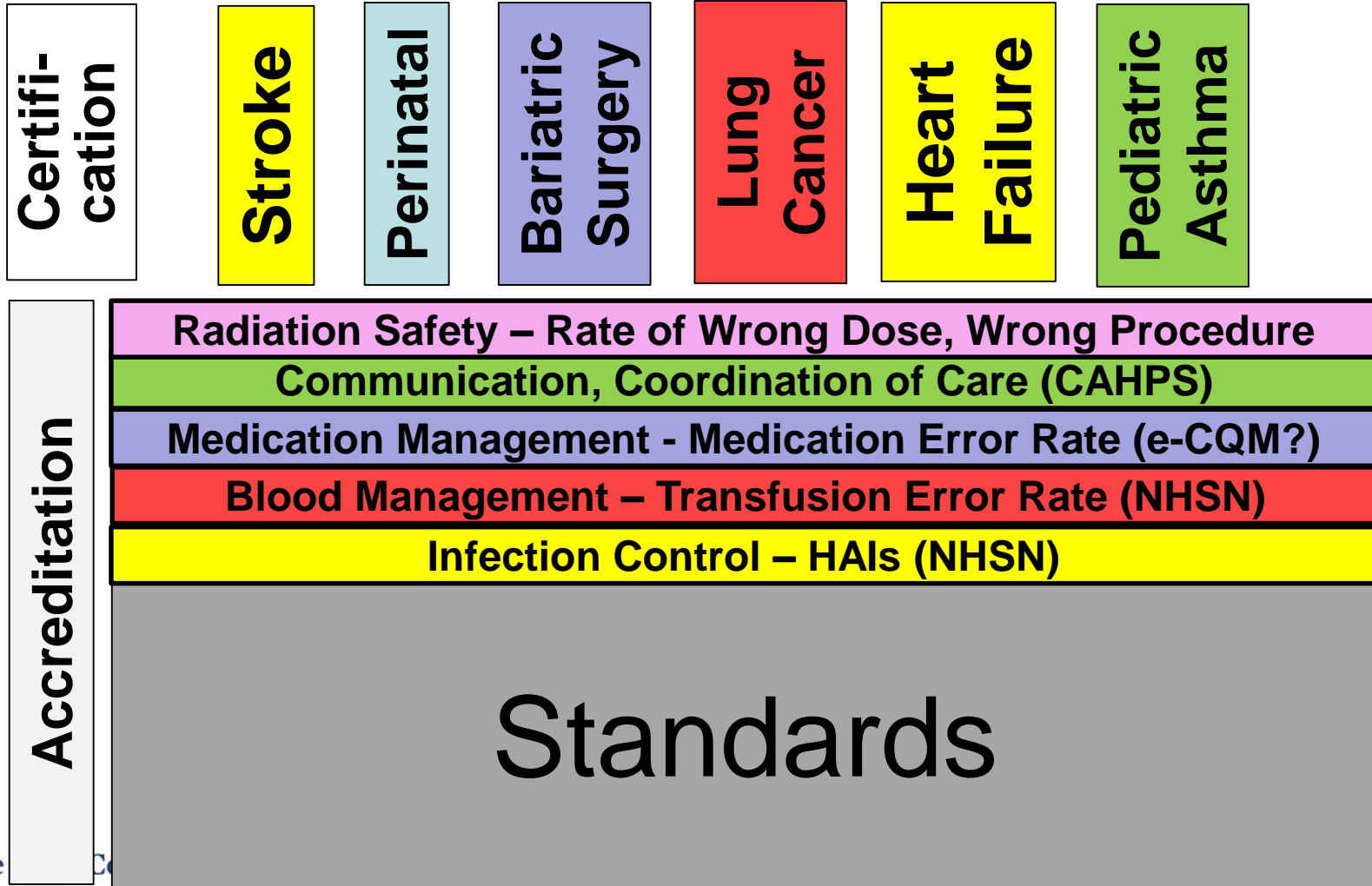
- Complications after total joint replacement
- Patient-reported outcomes



# National Patient Safety Goal Example (NPSG 01.01.01)

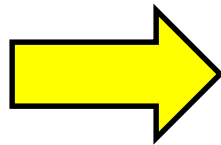
- ▶ “Use at least two ways to identify patients. For example, use the patient’s name *and* date of birth. This is done to make sure that each patient gets the correct medicine and treatment.”
- ▶ Mislabeling of tests is a major cause of diagnostic error

# Accreditation and Certification Model for Joint Commission



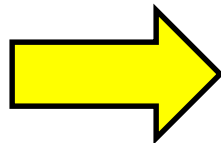
# Accreditation Assesses Safety

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



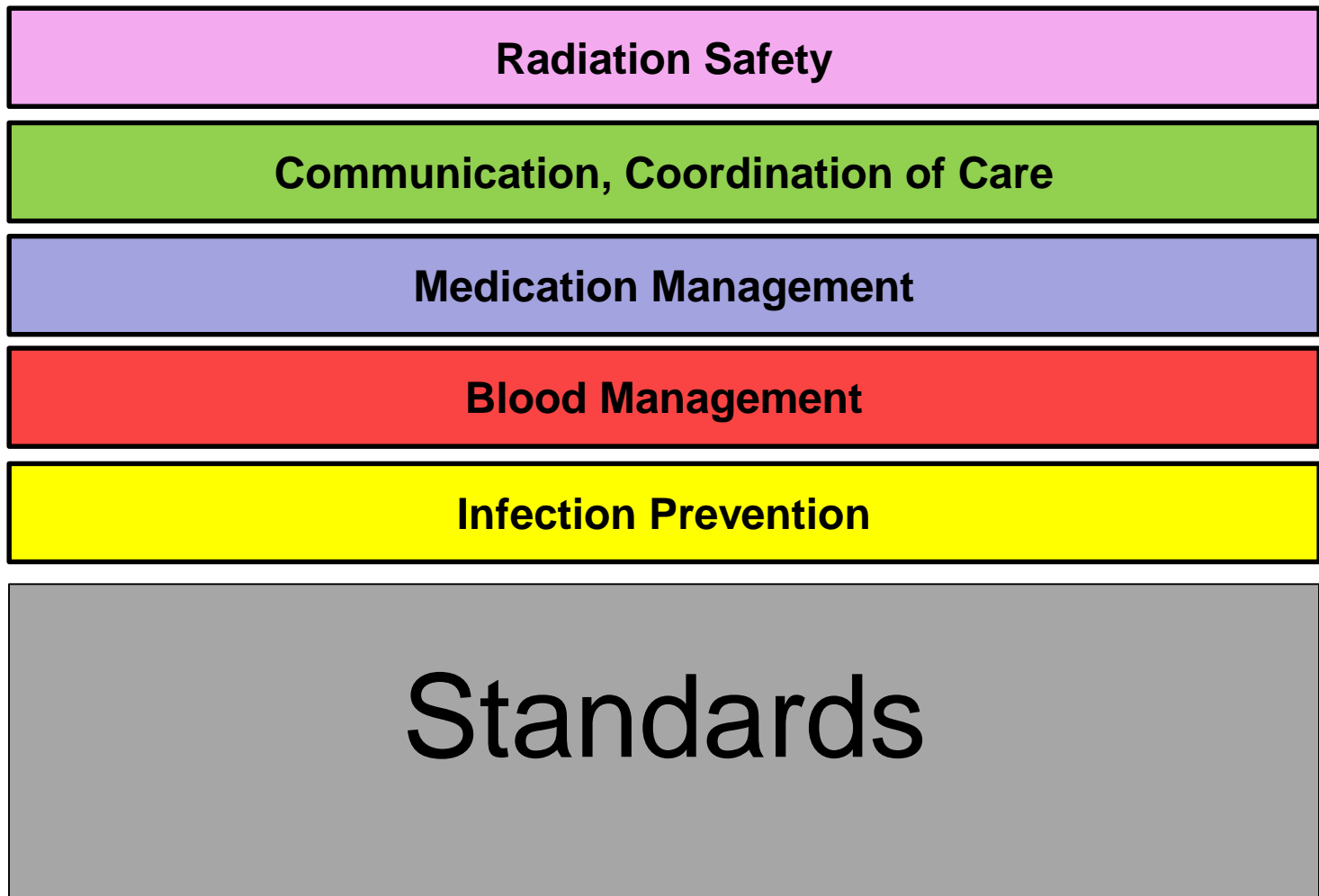
**STANDARDS**

- Does this hospital have very low rates of patient harm?



**PERFORMANCE  
MEASURES**

# Accreditation: Standards > Measures




**MEDICINE**

**SURGERY**

**OB/GYN**

**PEDIATRICS**





# 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**

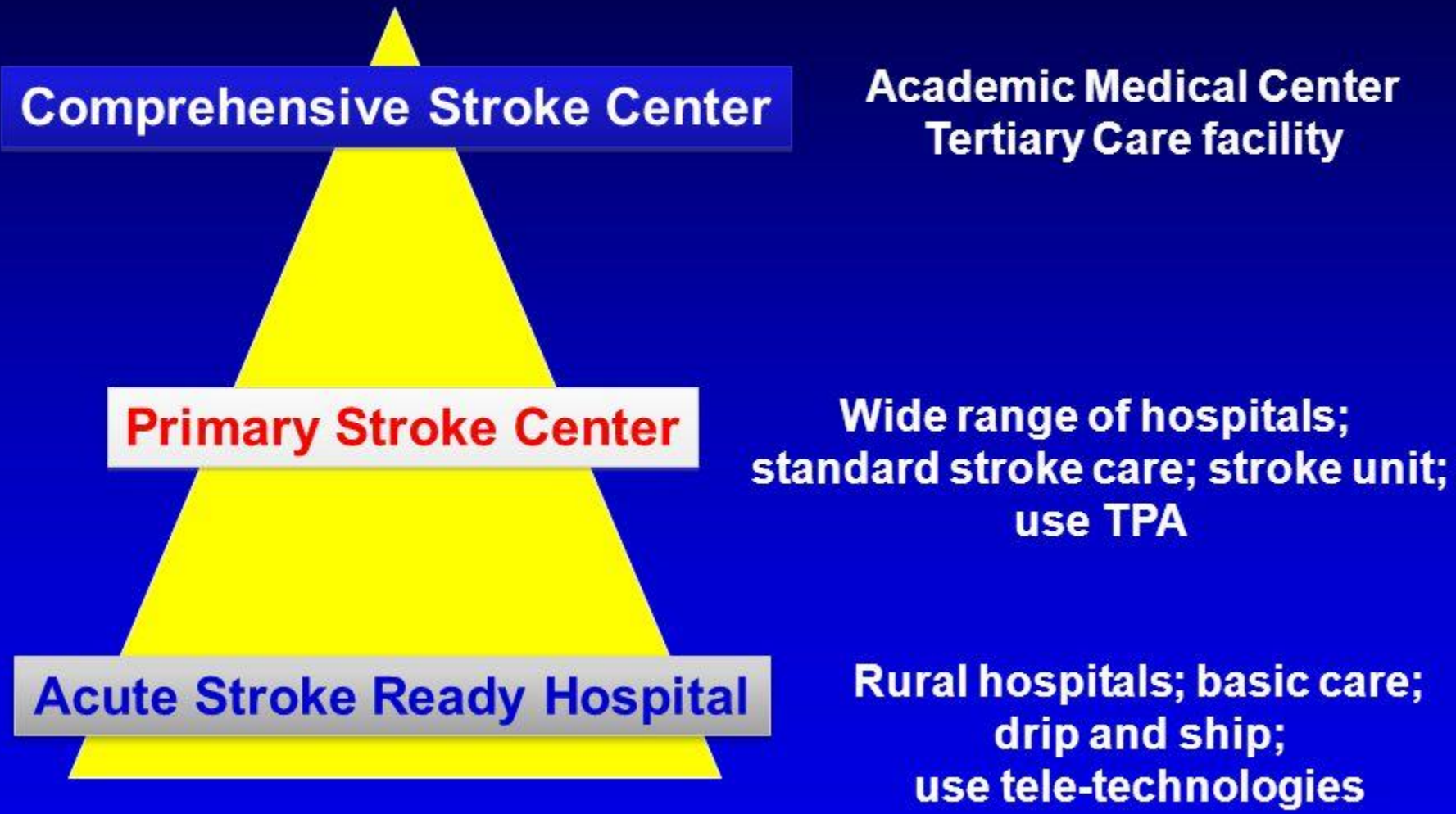
**Anticoagulation for Atrial Fibrillation & Stroke**

**Endovascular Thrombectomy within 6 Hours**

**Use of Thrombolytics**

**Standards – e.g., essential personnel**

# Characteristics of Different Stroke Centers



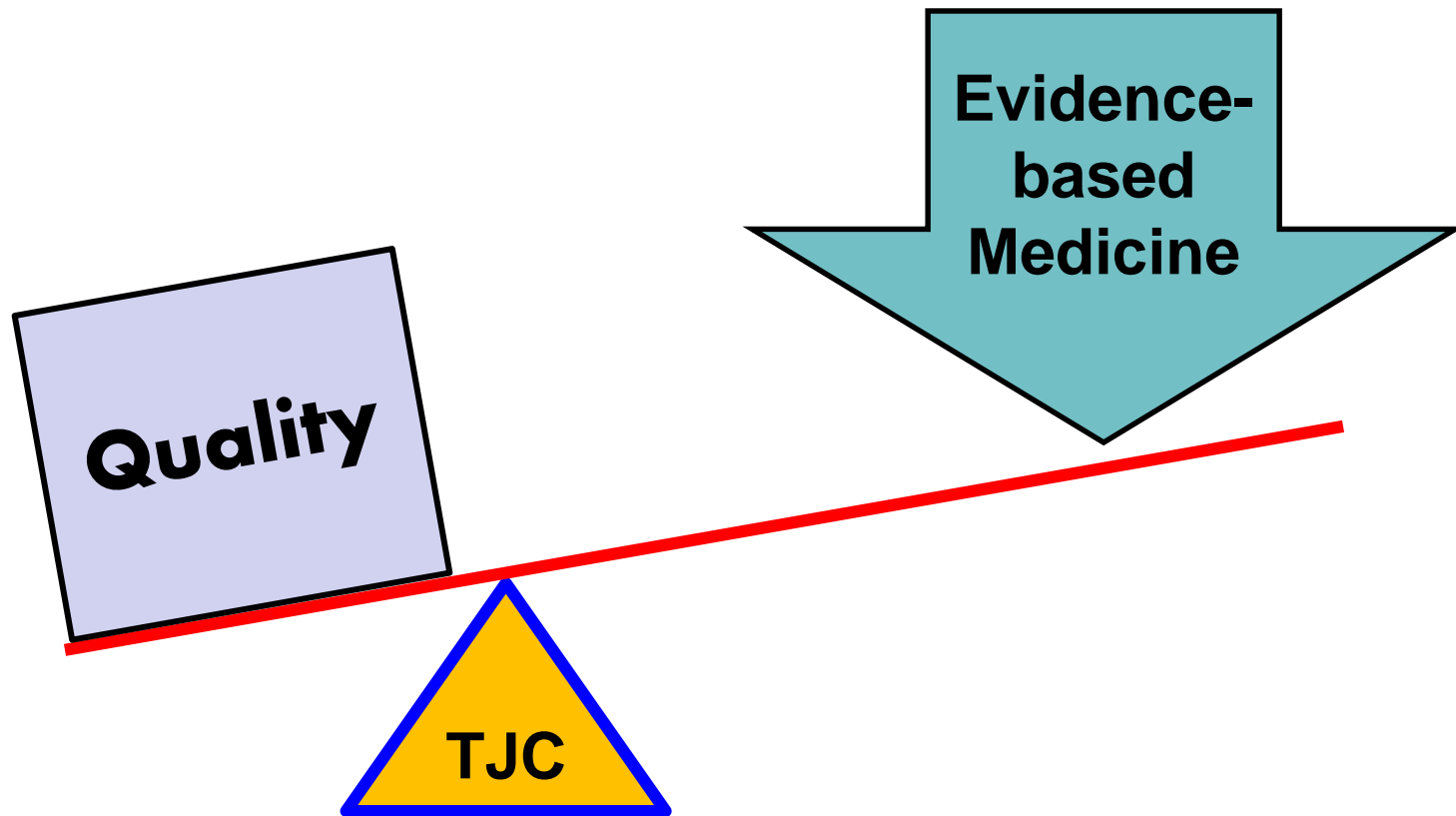
*Gratefully borrowed from Dr. Mark Alberts*



# 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



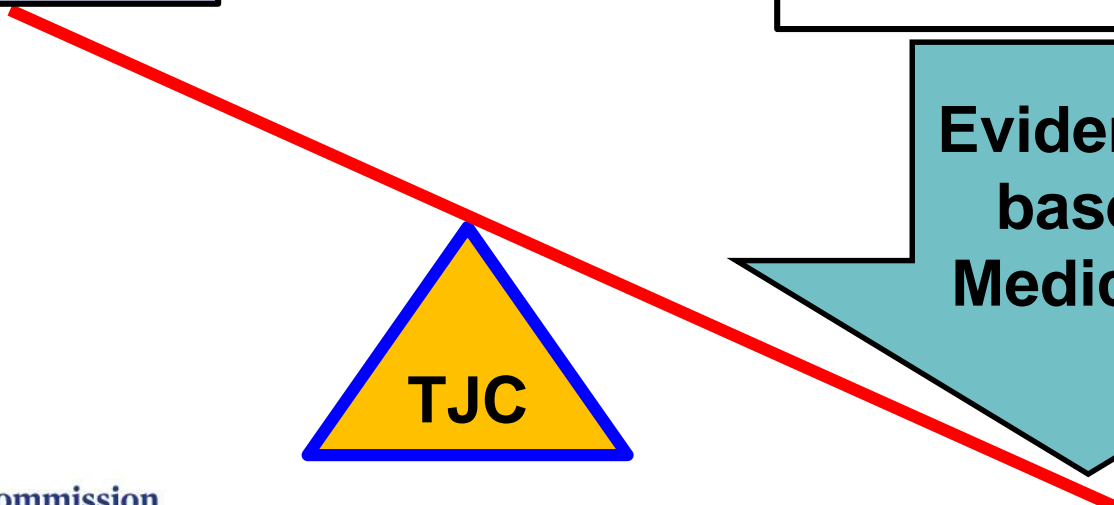
# We Work Best When We Collaborate with Others

**Quality**



**Evidence-based  
Medicine**

**TJC**





# Your Ideas Are Welcome!

David Baker, MD, MPH, FACP  
dbaker@jointcommission.org