

A Cerebrovascular Accident Waiting to Happen:

When There are Multiple Certifying Agents for Stroke Centers



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Philadelphia – Some Context

- Chartered by William Penn in 1701
- 5th largest U.S. city by population
 - Population 1,520,006
- PFD Sole 9-1-1 fire & EMS responder



The Philadelphia Fire Department

- 2011 EMS call volume 273,557
- Transport to 23 receiving hospitals
- Practice is go to closest “appropriate” hospital
 - “An ambulance transport is covered to the nearest appropriate facility to obtain necessary diagnostic and/or therapeutic services”

<https://www.cms.gov/manuals/Downloads/bp102c10.pdf>

“Most Appropriate”

How Do We Know They Do What They Say?

- One way: certification
- Some states do their own specialty certification
 - DE, FL, MA, NY certify stroke centers
- PA only has certifying agency for trauma centers
- Left to EMS Regions to figure out where to go



How Do We Choose Destination EDs?



How Do We Choose Destination EDs?



- **Find A Certified U.S. Stroke Center Near You**
- “Use this chart to find the nearest one to you. Hospitals listed are certified by The Joint Commission, the American Stroke Association and some state health departments.”

<http://www.npr.org/templates/story/story.php?storyId=121051484>

How Do We Choose Destination EDs?



Closest “Appropriate” Hospital

Hospital	Trauma	Maternity	Pediatrics <14 yrs	Psych	Hazmat	Burns	Acute Stroke
A	Y	Y				Y	Y
B	Y		Y				
C		Y	Y		Y		
D		Y	Y		Y		
E	Y					Y	Y
F			Y				
G			Y		Y		
H	Y	Y	Y	Y	Y	Y	Y
Etc.							

The Numbers

- 8 trauma centers
 - Pennsylvania Trauma Systems Foundation
- 11 pediatric receiving hospitals
- 8 maternity receiving hospitals
- 8 psych receiving hospitals
- 8 burns receiving EDs
- 22 stroke receiving hospitals (2010)
 - Self-declared

The Joint Commission

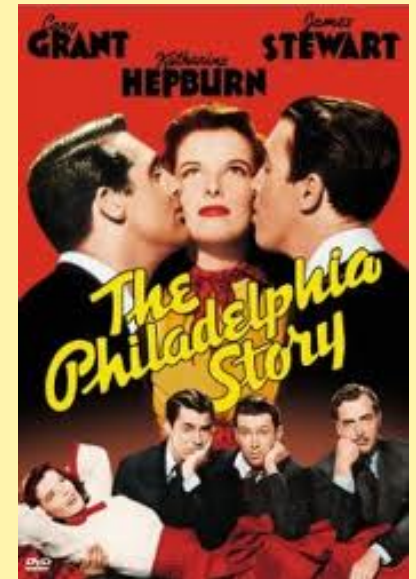
- Advanced certification in disease-specific care
 - Heart failure
 - COPD
 - Ventricular assist device
 - Inpatient diabetes
 - Palliative care
 - **Primary stroke center, 2003**



Gold Seal of Approval

The Story

- Philadelphia has been discussing stroke center designation *for years*
- No certifying body, had to rely on self-report
- No way to verify
- Recently several Philly hospitals received JC stroke certification
 - Evenly distributed



The Story

- Could just use those, bypass all others
 - More equitable to give every one a chance
- Discussions with Health Commissioner, Fire Commissioner, Regional EMS Council, local EMS Medical Advisory Board
- Decided to notify all hospitals that as of Oct 3, 2011, PFD would only transport to JC-certified stroke centers
 - Notification made in March



The Story

- Mid-September, area hospital asked “*What about us?*”
 - Had been JC-certified, now DNV-certified
 - Still wanted stroke patients
- Initial response was “dunno”
 - What was right answer?



Background: CMS and DNV

- In 2008, CMS approved Det Norske Veritas (DNV) Healthcare, Inc., as a national accreditation program for hospitals seeking to participate in the Medicare program
 - i.e. DNV meets or exceeds Medicare Conditions of Participation (CoP)
- Until then, only JC and Healthcare Facilities Accreditation Program (for osteopathic hospitals) met CoP



Det Norske Veritas

- Established in Norway in 1864 to inspect Norwegian merchant vessels
- Provides risk management services
- Accredits hospitals
- Issues primary stroke center certification
 - In PA, 2 hospitals have received DNV primary stroke center certification
 - 44 JC-certified primary stroke centers in PA



DNV

MANAGING RISK



JC and DNV

JC

3-year cycle

Name recognition

> 5000 client hospitals

Standards change often

- Do not always comply with CMS CoP
- Confusing to hospitals, compliance challenging

Ann.fees \$1,780-36,845

DNV

3-year cycle

Not well known

~150 client hospitals

Standards closely aligned with CMS CoPs

Ann. fees \$7,800-33K

The Outcome

- After investigation, discussion, accepted DNV
 - No justification not to
- There are now 12 JC- or DNV-certified stroke centers among the PFD's 23 receiving hospitals
- *But wait...*
 - October 2011, JC, AHA/ASA announced plans to designate *Comprehensive Stroke Centers*
 - Primary Stroke Center requirements *plus* more

The Future

- Choice between JC primary stroke center, JC comprehensive stroke center, DNV primary stroke center, etc.,etc.,etc...
- Which is better?
- How to incorporate in regional system of care?
- Does certification equate with better care?



Concluding Thoughts

- Ultimate goal of EMS: get right patient to right place in the right time
- Certification helps with verification of capability
 - Multiple certifying bodies either enhance patient care or increase confusion
- With move toward regionalized care, EMS agencies will need to determine role of certification, which ones to accept
 - Then prepare to defend their decision



Questions?

