ACCREDITATION
CANADA

Information Package

Stroke Distinction™ Program

About Health Standards Organization and Accreditation Canada

Health Standards Organization (HSO) is a global not-for-profit organization that develops and delivers evidence-informed standards, innovative assessment programs and quality improvement support services to enable health and social service stakeholders in Canada and around the world to achieve quality services for all.

In 2017, HSO was accredited as a Standards Development Organization (SDO) by the Standards Council of Canada to develop National Standards of Canada for the health and social service ecosystem. HSO standards are the foundation for HSO's innovative assessment programs. HSO's affiliate Accreditation Canada, and other international assessment bodies, implement assessment programs in health and social service organizations, educational programs and systems. HSO is the only SDO in Canada specializing in health and social services. Its standards and assessment programs are designed and delivered in both of Canada's official languages, French and English.

Accreditation Canada has over 60 years of experience providing assessment services to more than 1,600 clients at 7,000 sites around the world. HSO and Accreditation Canada's joint mission is to unleash the power and potential of people around the world who share a passion for achieving quality health services for all.

Overview

Developed in partnership with the Canadian Stroke Network (now the Heart and Stroke Foundation), Accreditation Canada's Stroke Distinction program follows standards based on nationally recognized Canadian Stroke Best Practice Recommendations. It also includes the use of stroke-specific protocols, client and family education and an excellence and innovation project. An on-site visit is conducted by expert surveyors with extensive practical experience in stroke service.

Any organization that provides a structured stroke care program can participate in the Stroke Distinction™ program.

Participating in the Stroke Distinction program helps organizations:

Enhance client experience and improve outcomes

Mitigate risk and increase efficiency

Improve teamwork and communication

Following the successful completion of the Stroke Distinction program, the organization receives a Stroke Distinction Award that is valid for four years. At the end of the four years, the organization begins a new cycle.

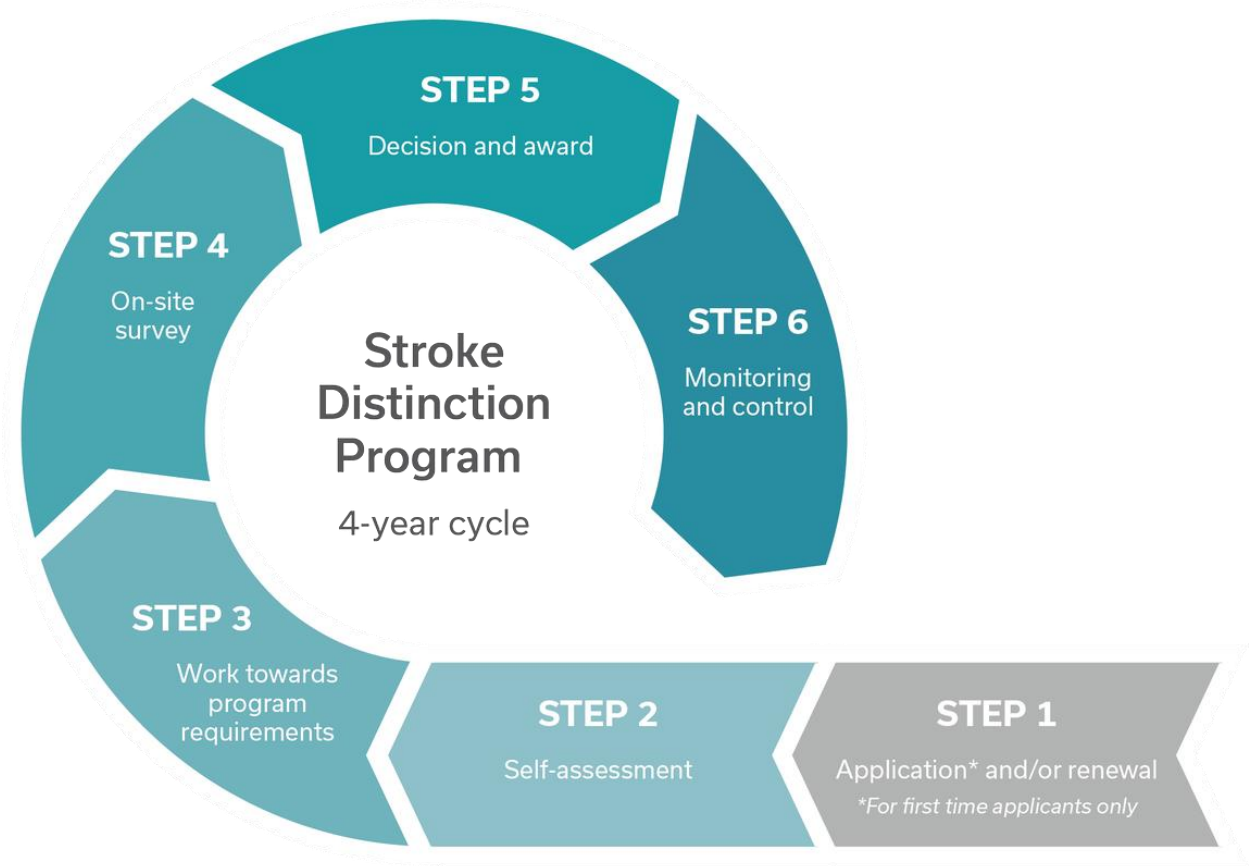
To determine whether a Stroke Distinction will be awarded, Accreditation Canada verifies:

1. The degree of compliance with the standards;
2. The achievement of key quality indicator thresholds;
3. The implementation of stroke protocols or clinical practice guidelines;
4. Commitment to excellence and innovation; and
5. Commitment to client and family education.

Stroke Distinction Program Cycle

Stroke Distinction clients participate in a six-stage process conducted over a four-year cycle (See Figure 1).

Figure 1 – *Stroke Distinction program cycle*



Step 1: Application[1] and renewal (month 1): Learn about the program, educate your organization on its benefits and once ready[2], enroll in the program. Become familiar with online resources.

Step 2: Self-assessment (months 2-4): Self-assess and see where you stand against program requirements.

Step 3: Work towards program requirements (months 5-16): Using the results from your self-assessment, action plan accordingly to address any gaps.

Step 4: On-site survey (month 17): Undergo an assessment by peer surveyors to verify conformance against program requirements and to identify areas for improvement.

Step 5: Decision and award (month 18): After a successful survey, your organization receives the Stroke Distinction Award.

Step 6: Monitoring and control (month 19-onward): Continuously monitor your organization's performance against program requirements and make improvements[3].

Program Components

Standards of excellence

The Stroke Distinction standards of excellence are based on the Canadian Stroke Best Practice Recommendations. They provide evidence-informed best practices, helping your organization deliver the highest-quality and safest care possible.

There are three standards in the Stroke Distinction program:

1. Providing a System of Care for People with Lived Experience of Stroke (HSOA16303:2020): Used in a regional setting where services are coordinated for a variety of sites (acute and rehabilitation). Used by appropriate interdisciplinary team members.
2. Acute Stroke Services (HSO A16301:2019): Used by sites that provide acute stroke services and that have a defined service boundary or catchment area. Acute stroke services usually have two phases — hyperacute and acute. The hyperacute phase lasts from the onset of stroke signs and symptoms to the completion of the initial assessment and management in the emergency department. The acute phase proceeds from there until the client is medically stable and able to begin rehabilitation or proceed to an alternate level of care.
3. Inpatient Stroke Rehabilitation Services (HSO A16302:2019): Used by sites that provide inpatient stroke rehabilitation services and that have a defined service boundary or catchment area. Stroke rehabilitation services include designated, funded, recognized beds for stroke clients who receive formal inpatient rehabilitation. Rehabilitation takes place in stand-alone rehabilitation units as part of an integrated stroke unit, or on a general or specialized rehabilitation unit.

[1] Applies to NEW Stroke Distinction™ client organizations only
[2] See Appendix B for readiness checklist.
[3] Refer to Stroke Distinction™ decision guidelines for a detailed list of monitoring and control activities

Key Quality Indicators

Based on evidence-informed best practices and the most recent literature, Key Quality Indicators (KQIs) facilitate cultures of measure, wherein organizations can implement outcome-focused process improvements that are based on real data.

The KQIs comprise a core component of the Stroke Distinction™ program. The updated indicators no longer make a distinction between core and optional. They focus on the quality of care provided to acute ischemic stroke clients admitted to acute inpatient units, stroke rehabilitation inpatient units or integrated stroke units (combines acute management and sub-acute intensive rehabilitation during the same stay) or a dedicated inpatient unit that clusters clients with a diagnosis of acute ischemic stroke. By focusing the quality indicators on acute ischemic stroke, reporting and analysis is streamlined to allow for more consistent, reliable, valid data collection and reporting as well as improved usability for Stroke Distinction™ program clients. As a result, any organization providing a structured stroke care program can participate in the Stroke Distinction™ program, which supports positive change and improved outcomes.

The Stroke Distinction™ program provides baseline thresholds, quality improvement targets and best practice targets (where applicable) to help organizations compare themselves against established benchmarks to improve quality over time.

Prior to the first on-site survey, data must be submitted for one quarter (i.e. one data point). A maximum six-month time lag is provided to allow organizations time to collect, clean and submit data.

Your organization will be required to collect and submit data for KQIs on an ongoing basis. Where objectives are not met, organizations are required to submit action plans outlining their improvement goals. (Refer to Appendix C for a list of the KQIs).

Protocols

The implementation of standardized clinical stroke protocols is a key component of excellence in stroke services. Standardized protocols help ensure that stroke services are people-centred, consistent, adhere to evidence-informed best practices, follow the latest evidence-based clinical guidelines for service delivery, and maintain safety and quality across the continuum of care.

Protocols are typically initiated by members of the team to ensure rapid stroke awareness recognition and response, hyperacute and acute stroke management, and coordinated transitions between stages of care.

Assessment criteria are used to assess whether the organization's clinical stroke protocols meet the requirements for Stroke Distinction. These are assessed by tracer methodology and document review. (Refer to Appendix D for a list of the protocols).

Client and Family Education

Education and self-management support are integral parts of stroke care that should be addressed at all stages across the continuum of stroke services for stroke clients, their families and/or caregivers. Education is an ongoing and vital part of the stroke recovery process and must involve the stroke client as well as their family members and/or caregivers. Information provided to stroke clients about their journey toward recovery can lead to improved understanding of coping and self-management strategies, and improved ability to maintain the strategies over time. Simply distributing information is not sufficient. Client education must be interactive.

Assessment criteria are used to assess whether your organization's stroke education program meets the requirements for Stroke Distinction. The education program is assessed against the assessment criteria through tracer methodology and document review.

Excellence and Innovation

Formally recognizing excellence and innovation as a priority for your organization empowers staff at all levels to make improvements. Excellence and innovation projects encourage knowledge sharing and collaboration around a common improvement goal.

Organizations must demonstrate the full implementation of (at least one) project or initiative that aligns with best practice guidelines, utilizes the latest knowledge and integrates evidence to enhance the quality of stroke services. Examples include projects to improve communication at transition points, the delivery of comprehensive patient care, and tPA rates and response times.

Assessment criteria are used to assess whether the project or initiative meets the requirements to achieve Stroke Distinction. The project or initiative is assessed by tracer methodology and document review.

Learn More

Find out why Alberta Health Services have chosen to take the extra step towards stroke excellence.

Speak with a Stroke Distinction Advisor today to find out if the program is right for you. They will provide you with the Stroke Distinction information package, containing complete program details for your evaluation.

Email LearnMore@accreditation.ca for more information.

"Stroke Distinction has provided a framework to raise the quality of care and standards for stroke rehabilitation, aligning resources to key priority areas for improvement."

JOANNE ZEE

UHN – Toronto Rehab

Appendix A - Frequently Asked Questions

What is Stroke Distinction and how was it developed?

In partnership with the Canadian Stroke Network (now the Heart and Stroke Foundation), Accreditation Canada developed the Stroke Distinction program in 2008 and 2009. The program requirements closely align with the Canadian Stroke Best Practice Recommendations and Core Performance Indicators. The program recognizes health organizations that demonstrate clinical excellence and an outstanding commitment to leadership in stroke care. It offers rigorous and highly specialized standards of excellence, in-depth performance indicators and protocols, and an on-site visit by expert surveyors with extensive practical experience in stroke services.

A pan-Canadian Advisory Committee guided the development of the standards and other program components, which were pilot tested in the fall of 2009 in the following six locations across Canada: Calgary, Regina, Hamilton, Toronto, Montreal, and St. John. The standards were also circulated through a web-based national consultation to gather feedback on the content. The results of the evaluation were used to refine the program prior to its initial release in 2010.

To reflect developments in stroke care and to support organizations with better tools, the Stroke Distinction program was updated in 2020. These updates included revised Acute Services and Inpatient Stroke Rehabilitation Services standards, performance indicators, targets and submission/review process, as well as the development of a new, easy-to-use client portal.

In 2019-2020, Health Standards Organization (HSO) and Accreditation Canada collaborated to refresh the Stroke Distinction program to ensure clinical relevancy and appropriateness for persons with lived experience of stroke.

How is Stroke Distinction different from Qmentum?

While both the Qmentum and Stroke Distinction programs are based on the same principle of evaluation and improving performance against a defined set of standards, they each have different scopes.

- The Stroke Distinction program focuses specifically on stroke services and the teams that support and deliver them, whereas the Qmentum program provides a holistic, organization-wide assessment of health services including obstetrics, palliative care, perioperative care and more.
- The Stroke Distinction program employs key quality indicators that aim to enable continuous quality improvement with the use of data.
- The Stroke Distinction program also employs additional program requirements, such as client and family education, stroke protocols and commitment to excellence and innovation.

What types of organizations should apply for Stroke Distinction?

The Stroke Distinction program was designed to be flexible to a variety of stroke service delivery models, including:

- Organizations that apply as stand-alone acute care centres (use acute care standards)
- Organizations that apply as stand-alone rehabilitation centres (use rehabilitation standards)
- Organizations that apply as stand-alone centres with acute and rehabilitation services (use acute care and rehabilitation standards)

- Organizations that apply as networks or integrated systems where acute care and/or rehabilitation services are provided at multiple locations (use the integrated system standards, acute care standards and/or rehabilitation standards)
- Collaboratives of organizations offering integrated acute or rehabilitation stroke services

What support does Accreditation Canada provide?

Once enrolled, you will be assigned a Client Engagement Lead who will coach you through each step of the Stroke Distinction cycle. This includes:

- Interpreting standards and other program requirements
- Providing clarification with respect to indicator requirements
- Helping you navigate the organization portal and provide the required background information
- Developing your on-site visit schedule
- Arranging a pre-visit teleconference with you and the surveyors to finalize the logistics and arrangements for the on-site visit

What is the client portal and what is required to fill in the profile?

Your Client Engagement Lead will be available to help you navigate your portal and profile. The portal is an online interface that houses the following information:

- Profile – information about your organization and the services you provide at your locations will be required.
- Program components – information and an overview of each of the program components
- Resources – links and documents that will assist you in going through the process
- Results – your report, including a summary of your results.

What will happen when the surveyors visit? What and who should be prepared?

When the surveyors visit your organization, they will spend some time planning their activities (usually identified in the schedule as a planning day). To kick-off the visit, they will meet with your team's leadership to discuss how your services are planned, designed and delivered. As part of this introductory session, your team will meet the surveyors and will have the opportunity to provide a brief overview of your program.

While surveyors will meet with the team initially as a group, the focus of the on-site survey is the tracer methodology, which will involve surveyors speaking with team members and clients and observing direct care provision while tracing a client through the episode of care using client files. Surveyors will then use the information obtained through the on-site survey activities to assess and record conformity with the program requirements in their software.

The on-site survey ends with a debriefing, during which surveyors will provide an overview of your organization's strengths and areas for improvement.

How will we know if we have achieved Stroke Distinction status? How will we be recognized?

Following the on-site survey, Accreditation Canada's Accreditation Decision Committee will review the results of your on-site visit and compliance with indicator requirements, and render a decision regarding whether you have achieved Stroke Distinction status.

You will receive the following recognition for having achieved Stroke Distinction:

- A plaque and certificate of achievement that includes the locations that were included in the process
- Acknowledgement of your achievement at the Canadian Stroke Congress

Appendix B - Stroke Distinction Preparation Checklist

The following checklist provides an overview of the logistical arrangements required in advance of enrollment and of the on-site survey.

Initial Stroke Team Planning (Approximately 6 months prior to enrollment)

- ☑ Gather a broad team of interested representatives involved in stroke care delivery and prevention from across the organization (e.g., pre-hospital (EMS), Stroke Prevention Clinic, Emergency Department, Inpatient care, Diagnostic Imaging, Laboratory Services, Communications, Admitting, Decision Support, Health Records, Senior Administration, Physician Leads, Rehabilitation and including other connections such as Community Case Manager).
- ☑ Ensure infrastructure to collect quality indicator data is in place.
- ☑ Ensure excellence and innovation project is planned or underway.
- ☑ (Recommended) Connect with other stroke programs that have completed Stroke Distinction for further information and experiences.
- ☑ (Recommended) Stroke team and associated partners meet and review current stroke care delivery model and implementation of processes of care based on Canadian Stroke Best Practice Recommendations (strokebestpractices.ca).

Internal Engagement and Support (Approximately 6 months prior to enrollment)

- ☑ Obtain leadership approval and funding.
- ☑ Identify a Stroke Distinction coordinator who will liaise regularly with Accreditation Canada's Client Engagement Lead. This individual may be your organization's Accreditation Coordinator or a leader from the stroke program (if it is the internal Accreditation Coordinator, then it is recommended that they partner with a leader from the stroke program).

Application Process (Approximately 12 months prior to desired date of on-site survey)

- ☑ Follow-up with the Accreditation Canada Business Development team for application documentation and support.
- ☑ Establish initial and ongoing communication with the Client Engagement Lead assigned to your organization, who will support the organization throughout the Stroke Distinction process.
- ☑ Gain access to organizational Stroke Distinction portal and provide specified background information.

Self-Assessment (Approximately 12 - 9 months prior to desired date of on-site survey)

- ☑ Review program requirements in detail.
    - Stroke Standards
    - Clinical Protocols
    - Client and Family Education
    - Excellence and Innovation Project
    - Key Quality Indicators

- ☑ Identify areas of strength and challenges in stroke care delivery based on Stroke Distinction program components.
- ☑ Meet with Decision Support/Health Informatics/Health Records team to review quality indicator requirements, and the resources required to collect this data and prepare it for submission to Accreditation Canada.
- ☑ Mobilize quality improvement strategies to address challenges.

Readiness for On-site Visit (Approximately 9 months prior to desired date of on-site survey)

- ☑ Work with your Client Engagement Lead to determine the timing of your organization's Stroke Distinction on-site visit.
- ☑ Develop and implement an internal communication and education strategy regarding Stroke Distinction, so all staff and departments are aware and prepared.
- ☑ Collect, analyze and submit six months of key quality indicator data (this step may also be carried out earlier in the process).
- ☑ Ensure all required documentation (e.g., protocols, policies, stroke program materials, educational resources) are updated and current with Stroke Best Practices (this step may also be carried out earlier in the process).
- ☑ Confirm that your excellence and innovation project meets criteria identified by Stroke Distinction and ensure it is implemented and an evaluation is completed.
- ☑ Provide information to your Client Engagement Lead that is required to develop the on-site survey schedule.

Appendix C – KQIs and their Applicability to Inpatient Stroke Services

Table 1 – KQI Applicability based on availability of Inpatient Stroke Services

KQI	Acute Stroke Units (n=10)	Rehabiliation Stroke Units (n=16)	Integrated Stroke Unit (n=16)	Comprehensive Stroke Centres (provide EVT) (n=18)
#1: Proportion of acute ischemic stroke clients who receive initial brain Computed Tomography (CT) or Magnetic Resonance Imaging (MRI) on same day of arrival	☑	☑	☑	☑
#2: Proportion of acute ischemic stroke clients administered Intravenous (IV) thrombolysis within 30 minutes of Emergency Department (ED) arrival	☑	☑	☑	☑
#3: Proportion of acute ischemic stroke clients administered intravenous (IV) thromobolysis	☑	☑	☑	☑
#4: Proportion of acute ischemic stroke clients who receive endovascular thrombectomy (EVT)				☑
#5: Proportion of acute ischemic stroke clients with a successful endovascular thrombectomy (EVT) procedure				☑
#6: Proportion of acute ischemic stroke clients screened with a standardized screening tool for dysphagia on same day of hospital arrival	☑	☑	☑	☑
#7: Proportion of all acute ischemic stroke clients having an initial standardized rehabilitation assessment within 2 days of hospital arrival	☑	☑	☑	☑
#8: Proportion of acute ischemic stroke clients admitted to a dedicated stroke unit, or in a dedicated inpatient unit that provides a structured stroke care program	☑	☑	☑	☑
#9: Proportion of acute ischemic stroke clients diagnosed with preventable complications during acute inpatient stay	☑	☑	☑	☑

#10: Distribution of Length of Stay (LOS) of acute ischemic stroke clients in an acute inpatient unit	☑	☑	☑	☑
#11: 30-day acute ischemic stroke patient mortality during acute inpatient stay	☑	☑	☑	☑
#12: Proportion of acute ischemic stroke clients transferred from acute inpatient unit to rehabilitation inpatient unit	☑	☑	☑	☑
#13: Proportion of acute ischemic stroke clients admitted to inpatient rehabilitation assessed for falls risk with standardized tool within 2 days of hospital arrival		☑	☑	☑
#14: Proportion of acute ischemic stroke clients screened for depression using a standardized screening tool during inpatient rehabilitation stay		☑	☑	☑
#15: Proportion of acute ischemic stroke clients screened for cognitive impairment with a standardized screening tool during inpatient rehabilitation stay		☑	☑	☑
#16: Proportion of acute ischemic stroke clients with an improvement in functional status from time of admission on inpatient rehabilitation unit to time of discharge based on a standardized measurement tool		☑	☑	☑
#17: Length of Stay (LOS) of acute ischemic stroke clients in an inpatient rehabilitation unit		☑	☑	☑
#18: Proportion of acute ischemic stroke clients with diagnosis of atrial fibrillation at discharge on appropriate anticoagulant therapy for both acute inpatient and rehabilitation inpatient	☑	☑	☑	☑

Appendix D – Protocols

Protocols for Acute Stroke Services

1. Emergency Medical Services (EMS) stroke screening
2. EMS bypass/direct transport to stroke facilities (including air ambulance)
3. EMS pre-notification of suspected stroke
4. Emergency Department notification of hospital-based stroke team
5. Neurovascular imaging for potential stroke clients (rapid access to CT)
6. tPA eligibility screening
7. tPA administration
8. Administering acute ASA therapy
9. Formal criteria for identifying appropriate clients for referral to inpatient rehabilitation
10. Swallowing ability assessment
11. Initial assessment of rehabilitation needs
12. Assessing and managing diabetes mellitus (when present)
13. Pressure injury prevention
14. Falls prevention

Protocols for Inpatient Stroke Rehabilitation Services

1. Formal intake process for triaging client referrals and accepting clients for inpatient rehabilitation
2. Swallowing ability assessment
3. Initial assessment of rehabilitation needs
4. Assessing and managing diabetes mellitus (when present)
5. Pressure injury prevention
6. Falls prevention