Revised Requirements for Primary Stroke Center Certification

Applicable to Advanced Disease-Specific Care Certification for Primary Stroke Center Certification (PSC)

Effective July 1, 2014

Program Management (DSPR)

Standard DSPR.1
The program defines its leadership roles.

Elements of Performance for DSPR.1
A 1. The program identifies members of its leadership team.

Requirement Specific to Primary Stroke Center Certification
a. A Primary Stroke Center The organization appoints a primary stroke center (PSC) medical director is appointed.
   Note: A stroke center PSC medical director does not have to be a board certified neurologist; however, that would be neurology or neurosurgery, but must have sufficient knowledge of cerebrovascular disease to provide administrative leadership, clinical guidance, and input to the optimum condition stroke program.

A 4. The program leader(s) identifies, in writing, the composition of the interdisciplinary team.

Requirement Specific to Primary Stroke Center Certification
a. Written documentation regarding The primary stroke program operations delineates specific responsibilities for members of the core stroke team duties.

Standard DSPR.3
The program meets the needs of the target population.

Elements of Performance for DSPR.3
A 4. The services provided by the program are relevant to the target population.

Requirements Specific to Primary Stroke Center Certification
a. A description of the emergency medical system (EMS) is complete with any available treatment guidelines for pre-hospital personnel. Also, if available, include EMS stroke patient routing plans that address transferring stroke patients to stroke centers and stroke educational initiatives of the hospital for pre-hospital personnel. If these items are not available, a plan should be provided that demonstrates an initiative by the hospital to provide such with the EMS.

   a. The primary stroke center collaborates with emergency medical services (EMS) providers to make certain the following:

   • The program has access to treatment protocols utilized by EMS providers and pre-hospital personnel for emergency stroke care.

   • The program has stroke patient destination protocols utilized by EMS providers that address transport of stroke patients to primary stroke centers, in accordance with law and regulation.

Key: A indicates scoring category A; C indicates scoring category C; D indicates that documentation is required; M indicates Measure of Success is needed; I indicates an Immediate Threat to Health or Safety; S indicates situational decision rules apply; D indicates direct impact requirements apply; R indicates an identified risk area

Copyright 2014 The Joint Commission
b. Primary stroke centers that provide support to remote area hospitals have protocols that address the following:
- Prompt diagnosis and emergency treatment of stroke patients at remote sites
- Transfer of stroke patients to the primary stroke center

c. The primary stroke center has either a stroke unit or designated beds for the acute care of stroke patients.

Note: Stroke units can be defined and implemented in a variety of ways. The stroke unit does not have to be a specific enclosed area with beds designated only for acute stroke patients; it may be a specified unit or number of beds to which most stroke patients are admitted.

d. The primary stroke center has the ability to perform computed tomography (CT) of the head on site 24 hours a day, 7 days a week.

Note: A brain magnetic resonance imaging (MRI) may be performed in lieu of a head CT, if the same time parameters can be met in the acute setting.

e. For post-acute stroke patients, brain MRI and vascular imaging with a magnetic resonance angiogram (MRA) or computed tomography angiogram (CTA) are available when clinically indicated to determine or guide treatment choices.

f. At least one modality for cardiac imaging, such as echocardiography, is available to all patients admitted for a stroke.

Standard DSPR.5
The program determines the care, treatment, and services it provides.

Elements of Performance for DSPR.5

A 1. The program defines in writing the care, treatment, and services it provides.

Requirement Specific to Primary Stroke Center Certification

a. The organization’s formulary or medication list must include an IV thrombolytic therapy (IV administered) medication for ischemic stroke that is approved by the U.S. Food and Drug Administration.

A 3. The program provides care, treatment, and services to patients in a planned and timely manner.

Requirement Specific to Primary Stroke Center Certification

a. The primary stroke center has the ability to complete initial laboratory tests on site 24 hours a day, 7 days a week.

Note: Laboratory tests include a complete blood cell count with platelet count, coagulation studies (Prothrombin Time, International Normalized Ratio), blood chemistries, and troponin.

A 6. The program has a process to provide emergency/urgent care.

Requirements Specific to Primary Stroke Center Certification

a. Physicians on the acute stroke team have knowledge and expertise in the diagnosis and treatment of cerebrovascular disease.

The primary stroke center has designated practitioners knowledgeable in the diagnosis and treatment of stroke who are responsible for responding to patients with an acute stroke 24 hours a day, 7 days a week.

b. The organization has written documentation on the process used to notify the designated practitioners who respond to patients with an acute stroke.

c. At least one of the designated practitioners is able to respond to the patient’s bedside within 15 minutes of notification.

Note: The organization may choose to maintain a consistent team or group of practitioners for this purpose, or it may choose to rotate this responsibility as needed. These practitioners may include physicians, nurses, nurse practitioners, and physician assistants from any unit or department as determined by the organization.

d. Emergency department licensed independent practitioners have 24-hour access to a timely, informed consultation about the use of IV thrombolytic therapy, which is obtained from a physician privileged in the diagnosis and treatment of ischemic stroke.

Note: For the purpose of The Joint Commission’s Primary Stroke Center Certification, an informed consultation includes bedside consultation or telemedicine consultation from a privileged physician.

c. Written documentation exists for stroke team notification system and expected response times.

Note: Optimal practitioner experience in the diagnosis and treatment of stroke will be available within 15 minutes by telephone and at the bedside (as per a referring physician’s request) of an acute stroke patient within the period designated in the protocol and/or as instructed by the stroke center director. Response time adherence may also be accomplished through telemedicine and/or with a resident or other practitioner in contact with an experienced stroke practitioner within the time designated by the protocol.

c. Written documentation exists for stroke team notification system and expected response times.

Note: Optimal practitioner experience in the diagnosis and treatment of stroke will be available within 15 minutes by telephone and at the bedside (as per a referring physician’s request) of an acute stroke patient within the period designated in the protocol and/or as instructed by the stroke center director. Response time adherence may also be accomplished through telemedicine and/or with a resident or other practitioner in contact with an experienced stroke practitioner within the time designated by the protocol.

Note: Optimal practitioner experience in the diagnosis and treatment of stroke will be available within 15 minutes by telephone and at the bedside (as per a referring physician’s request) of an acute stroke patient within the period designated in the protocol and/or as instructed by the stroke center director. Response time adherence may also be accomplished through telemedicine and/or with a resident or other practitioner in contact with an experienced stroke practitioner within the time designated by the protocol.

Note: Optimal practitioner experience in the diagnosis and treatment of stroke will be available within 15 minutes by telephone and at the bedside (as per a referring physician’s request) of an acute stroke patient within the period designated in the protocol and/or as instructed by the stroke center director. Response time adherence may also be accomplished through telemedicine and/or with a resident or other practitioner in contact with an experienced stroke practitioner within the time designated by the protocol.

Note: Optimal practitioner experience in the diagnosis and treatment of stroke will be available within 15 minutes by telephone and at the bedside (as per a referring physician’s request) of an acute stroke patient within the period designated in the protocol and/or as instructed by the stroke center director. Response time adherence may also be accomplished through telemedicine and/or with a resident or other practitioner in contact with an experienced stroke practitioner within the time designated by the protocol.

Note: Optimal practitioner experience in the diagnosis and treatment of stroke will be available within 15 minutes by telephone and at the bedside (as per a referring physician’s request) of an acute stroke patient within the period designated in the protocol and/or as instructed by the stroke center director. Response time adherence may also be accomplished through telemedicine and/or with a resident or other practitioner in contact with an experienced stroke practitioner within the time designated by the protocol.
A 7. The program provides the number and types of practitioners needed to deliver or facilitate the delivery of care, treatment, and services.

Requirements Specific to Primary Stroke Center Certification

a. Written documentation shows evidence of neurosurgical coverage or protocol for transfer to an appropriate facility.

Neurosurgical coverage is documented in a written plan and is approved by the covering neurosurgeon(s), stroke program leaders, and any involved facilities. A neurosurgical call schedule is readily available in the emergency department and to primary stroke center staff.

b. For sites that transfer patients for neurosurgical emergencies, there is a written protocol for transfer.

b. For sites that do not transfer patients for neurosurgical emergencies, the primary stroke center has the following:
   • A fully functional operating room (OR) facility that is available 24 hours a day, 7 days a week with the necessary staff for neurosurgical services.
   • All OR equipment necessary to perform neurosurgical procedures.
   • The OR facility and staff for neurosurgical services are available within two hours of the recognized need for such services.

Standard DSPR.6
The program has current reference and resource materials.

Elements of Performance for DSPR.6
A 1. Practitioners have access to reference materials, including clinical practice guidelines, in either hard copy or electronic format.

Requirement Specific to Primary Stroke Center Certification

a. Protocols and care paths for the acute workup of ischemic or hemorrhagic stroke patients (preprinted or electronic documents) are available in the emergency department, acute care areas, and stroke unit (preprinted documents or electronic) for the acute assessment and treatment of patients with ischemic or hemorrhagic stroke.

Delivering or Facilitating Clinical Care (DSDF)

Standard DSDF.1
Practitioners are qualified and competent.

Elements of Performance for DSDF.1
A 1. Practitioners have education, experience, training, and/or certification consistent with the program’s scope of services, goals and objectives, and the care provided.

Requirements Specific to Primary Stroke Center Certification

a. The organization’s clinical staff has knowledge of the process used to notify designated practitioners of the need to respond to patients with an acute stroke.

b. Eighty percent of emergency department practitioners are knowledgeable about and demonstrate knowledge of IV thrombolytic therapy protocols for acute stroke, including the following:
   • Communications with inbound emergency medical services (EMS), activation of the acute stroke team, and the location and application of stroke-related protocols.
   • The pathophysiology, presentation, assessment, diagnostics, and treatment of patients with acute stroke, including the following:
     i. Initial treatment plan: Treatment of patients during the first three hours of care, including thrombolytic therapy for patients who present within three hours of initial onset of symptoms after the patient was last known to be well.
     ii. Indications for use of IV thrombolytic therapy.
     iii. Contraindications to IV thrombolytic therapy.
     iv. Education to be provided to patients and families regarding the risks and benefits of IV thrombolytic therapy.
     v. Signs and symptoms of neurological deterioration post IV thrombolytic therapy.
   • The recognition, assessment, and management of acute stroke complications.

b. Eighty percent of emergency department practitioners can do the following:
   • Demonstrate knowledge of the communication system used with inbound EMS.
   • Demonstrate knowledge of the location and application of stroke-related protocols.
   • Demonstrate knowledge of the care of patients with acute stroke, including pathophysiology, presentation, assessment, and treatment.
diagnostics, and treatment
- Demonstrate competency in the diagnosis of acute stroke
- Demonstrate utilization of protocols for stroke triage
- Demonstrate competency in treatment options for acute stroke
- Utilize protocols for the monitoring of an acute stroke patient

d. The organization is required to have staff trained to perform and interpret cardiac imaging tests, such as echocardiography.

A 4. Orientation provides information and necessary training pertinent to the practitioner's responsibilities. Completion of the orientation is documented.

Requirement Specific to Primary Stroke Center Certification

a. Emergency department practitioners show familiarity with the following:
   - The pathophysiology, presentation, assessment, diagnostics, and treatment of patients with acute stroke
   - The location and application of stroke-related protocols, activation of the acute stroke team, and communications with inbound emergency medical services (EMS)
   - The recognition, assessment, and management of acute stroke complications

A 7. Ongoing in-service and other education and training activities are relevant to the program's scope of services.

Requirements Specific to Primary Stroke Center Certification

a. Practitioners working in the stroke unit demonstrate evidence of initial and ongoing training in the care of acute stroke patients.
   ba. Members of the core stroke team, as defined by the organization, receive at least eight hours annually of continuing education or other equivalent educational activity, as determined appropriate by the stroke center director and as appropriate to the practitioners' level of responsibility.

Note: Stroke units can be defined and implemented in a variety of ways. The stroke unit does not have to be a specific enclosed area with beds designated only for acute stroke patients, but it will be a specified unit to which most stroke patients are admitted.

b. Emergency department staff, as identified by the organization, participates in educational activities related to stroke diagnosis and treatment a minimum of twice a year.

Standard DSDF.2
The program develops a standardized process originating in clinical practice guidelines (CPGs) or evidence-based practice to deliver or facilitate the delivery of clinical care.

Element of Performance for DSDF.2
A 1. The selected clinical practice guidelines are evaluated for their relevance to the target population.

Requirement Specific to Primary Stroke Center Certification

a. Protocols demonstrate that the stroke center can provide US Food and Drug Administration–approved IV thrombolytic therapy for stroke in accordance with indications and package inserts. For example, for institutions that deliver IV thrombolytic therapy, protocol is available, with a three-hour window. Protocol is de novo or adapted from extant resources and published guidelines.

A 2. The selected clinical practice guidelines are based on evidence that is determined to be current by the clinical leaders.

Requirements Specific to Primary Stroke Center Certification

a. Use of the protocol, including IV thrombolytic therapy when indicated by the treating licensed independent practitioner, is reflected in the order sets or pathways and is documented in the patient's medical record according to organizational procedure.
   a. The primary stroke center has written protocols based on clinical practice guidelines, including:
      - Protocols for emergent care of patients with ischemic stroke
      - Protocols for emergent care of patients with hemorrhagic stroke
   b. The dysphagia screen used by the program is an evidence-based bedside testing protocol approved by the organization.
   c. Protocols for IV thrombolytic therapy, when indicated, are reflected in the order sets or pathways and utilized in the acute care of the stroke patient.
   d. Time parameters for stroke workup are included in a stroke assessment protocol or the emergency department stroke protocol.

A 3. The program leader(s) and practitioners review and approve clinical practice guidelines prior to implementation.

Requirement Specific to Primary Stroke Center Certification
a. Acute stroke protocols or order sets and pathways are included in the institution’s routine process for review and updating. Protocols for emergent care of patients with ischemic and hemorrhagic strokes are reviewed for current evidence at least annually using an interdisciplinary approach.

A 4. Practitioners are educated about clinical practice guidelines and their use.

**Requirement Specific to Primary Stroke Center Certification**

a. The organization demonstrates that eighty percent of emergency department care practitioners can provide evidence of review of the institution’s acute stroke protocol. The institution may choose how it will represent this evidence to The Joint Commission.

b. A blood glucose level is completed for any patient presenting with stroke symptoms.

c. A computed tomography of the head (head CT) is completed within 25 minutes of patient presentation with stroke symptoms.

d. Interpretation of a head CT by a physician is completed within 20 minutes and documented.

**Note:** Review of the images does not have to be done on site. Evaluation can be performed through telemedicine.

e. Laboratory tests, electrocardiogram (ECG), and chest x-ray are completed within 45 minutes of patient presentation with stroke symptoms, if ordered by the practitioner.

**Note:** Laboratory tests may include a complete blood cell count with platelet count, coagulation studies (Prothrombin time, International normalized ratio), blood chemistries, and troponin.

f. All patients exhibiting stroke symptoms are screened for dysphagia prior to receiving any oral intake of fluids, food, or medication.

g. The stroke unit or designated beds has the capability of continuously and simultaneously monitoring the following:
   - Blood pressure
   - Heart rate and rhythm, with automatic arrhythmia detection
   - Respirations
   - Oxygenation via pulse oximetry or another modality

h. The stroke program provides for early assessment of rehabilitation needs for all patients admitted with stroke.

i. The primary stroke center has a process to notify medical staff and other personnel about the deterioration of a stroke patient, which may include, but is not limited to, changes in vital signs and neurological status.

**Requirements Specific to Primary Stroke Center Certification**

a. Monitoring systems (as ordered) provide continuous data on the following physiologic parameters:
   - Heart rate or rhythm with automatic arrhythmia detection
   - Blood pressure with noninvasive blood pressure monitoring
   - Oximetry

b. Time parameters for stroke workup are included in the protocol or the emergency department workup protocol.

c. Use of the protocol is reflected in the order sets, pathways, or medical records.

a. An emergency department physician performs an assessment for a suspected stroke patient within 15 minutes of patient arrival in the emergency department.
   - The NIH Stroke Scale (NIHSS) is used for the initial assessment of patients with acute stroke.
   - Ongoing assessment(s) of the patient are completed in accordance with the program’s acute stroke protocols.

b. A blood glucose level is completed for any patient presenting with stroke symptoms.

c. A computed tomography of the head (head CT) is completed within 25 minutes of patient presentation with stroke symptoms.

d. Interpretation of a head CT by a physician is completed within 20 minutes and documented.

**Note:** Review of the images does not have to be done on site. Evaluation can be performed through telemedicine.

e. Laboratory tests, electrocardiogram (ECG), and chest x-ray are completed within 45 minutes of patient presentation with stroke symptoms, if ordered by the practitioner.

**Note:** Laboratory tests may include a complete blood cell count with platelet count, coagulation studies (Prothrombin time, International normalized ratio), blood chemistries, and troponin.

f. All patients exhibiting stroke symptoms are screened for dysphagia prior to receiving any oral intake of fluids, food, or medication.

g. The stroke unit or designated beds has the capability of continuously and simultaneously monitoring the following:
   - Blood pressure
   - Heart rate and rhythm, with automatic arrhythmia detection
   - Respirations
   - Oxygenation via pulse oximetry or another modality

h. The stroke program provides for early assessment of rehabilitation needs for all patients admitted with stroke.

i. The primary stroke center has a process to notify medical staff and other personnel about the deterioration of a stroke patient, which may include, but is not limited to, changes in vital signs and neurological status.

**Requirements Specific to Primary Stroke Center Certification**

a. Monitoring systems (as ordered) provide continuous data on the following physiologic parameters:
   - Heart rate or rhythm with automatic arrhythmia detection
   - Blood pressure with noninvasive blood pressure monitoring
   - Oximetry

b. Time parameters for stroke workup are included in the protocol or the emergency department workup protocol.

c. Use of the protocol is reflected in the order sets, pathways, or medical records.

a. An emergency department physician performs an assessment for a suspected stroke patient within 15 minutes of patient arrival in the emergency department.
   - The NIH Stroke Scale (NIHSS) is used for the initial assessment of patients with acute stroke.
   - Ongoing assessment(s) of the patient are completed in accordance with the program’s acute stroke protocols.
available on site 24 hours a day, 365 days a year (barring short-term failure, whereby the hospital should divert potential acute stroke patients). However, review of the images does not have to be done on site. Evaluation can be performed off site by telemedicine technology.

a. Brain magnetic resonance imaging (MRI), magnetic resonance angiogram (MRA), and computed tomography angiogram (CTA) scans are interpreted within two hours of completion, if these tests are ordered to be completed as soon as possible.

b. The completion of laboratory tests, electrocardiogram (ECG), and chest x-ray should not delay the administration of IV thrombolytics.

c. Rehabilitation therapy is initiated as indicated by the patient assessment and may include speech language pathology services, physical therapy, occupational therapy, or any combination of these therapies.

Standard DSDF.5
The program manages co-morbidities and concurrently occurring conditions and/or communicates the necessary information to manage these conditions to other practitioners.

Element of Performance for DSDF.5
C 1. The program coordinates care for patients with multiple health needs. 

Requirements Specific to Primary Stroke Center Certification
a. Protocols for care related to patient referrals demonstrate that the program does the following:
   • Addresses processes for receiving transfers
   • Addresses processes for transferring patients to another facility
   • Evaluates the receiving organization’s ability to meet the individual patient’s and family’s needs

b. Based on prognosis and the patient’s individual needs and preferences, patients are referred to palliative care when indicated.

c. Based on prognosis and the patient’s individual needs and preferences, patients are referred to hospice or end-of-life care when indicated.

d. Based on prognosis, individual needs, and consultation with the family, patients are referred to community resources to facilitate integration into the community such as:
   • Outpatient therapy, including physical therapy, occupational therapy, and speech-language pathology services
   • Support groups
   • Social services
   • Vocational rehabilitation
   • Behavioral health services
   • Family therapy services
   • Respite care services

ae. For primary stroke centers that treat and transfer acute stroke patients, written documentation includes time parameters and transfer procedures.

Standard DSDF.6
The program initiates discharge planning and facilitates arrangements for subsequent care, treatment, and services to achieve mutually agreed upon patient goals.

Elements of Performance for DSDF.6
C 2. In preparation for discharge, the program considers the patient’s anticipated needs and goals when identifying the setting and practitioners for continuing care, treatment, and services.

Requirement Specific to Primary Stroke Center Certification
a. Protocols related to transitions of care demonstrate that the program does the following:
   • Addresses procedures for transitions of care for patients internally and post hospitalization
   • Addresses procedures for referrals when the organization does not provide post acute, inpatient rehabilitation services

C 4. The program provides education and serves as a resource, as needed, to practitioners who are assuming responsibility for the patient’s continued care, treatment, and services.

Requirements Specific to Primary Stroke Center Certification
a. The primary stroke center provides educational activities to pre-hospital personnel, as defined by the organization.

ab. Documentation shows The primary stroke center provides at least onetwo stroke public education activities per year.

Supporting Self-Management (DSSE)

Standard DSSE.1
The program involves patients in making decisions about managing their disease or condition.

Elements of Performance for DSSE.1
C 1. The program involves patients in decisions about their care, treatment, and services.
**Clinical Information Management (DSCT)**

**Standard DSCT.4**
The program shares information with relevant practitioners and/or health care organizations about the patient's disease or condition across the continuum of care.

**Elements of Performance for DSCT.4**

C2. The program shares information with relevant practitioners and/or health care organizations to facilitate continuation of patient care.

**Requirement Specific to Primary Stroke Center Certification**

a. The following results are communicated and available to the ordering physician and stroke team as applicable:
   - Head computed tomography (CT)
   - Computed tomography angiography (CTA)
   - Brain magnetic resonance imaging (MRI)
   - Magnetic resonance angiography (MRA)

**Standard DSCT.5**
The program initiates, maintains, and makes accessible a medical record for every patient,

**Elements of Performance for DSCT.5**

C4. The medical record contains sufficient information to justify the care, treatment, and services provided.

**Requirement Specific to Primary Stroke Center Certification**

a. Documentation indicates the reason eligible ischemic stroke patients did not receive IV thrombolytic therapy.

C5. The medical record contains sufficient information to document the course and results of care, treatment, and services.

**Requirements Specific to Primary Stroke Center Certification**

a. Documentation indicates the ability to complete initial lab tests and availability on site 24 hours a day, 7 days a week.

   **Note:** Lab tests include a complete blood cell count with platelet count, coagulation studies (PT, INR), and blood chemistries.

   Stroke program practitioners document all assessments and interventions provided for stroke patients, including date and time, in accordance with the organization’s policy.

**Performance Measurement (DSPM)**

**Standard DSPM.1**
The program has an organized, comprehensive approach to performance improvement.

**Elements of Performance for DSPM.1**

A1. The program leader(s) identifies goals and sets priorities for improvement in a performance improvement plan.

**Requirement Specific to Primary Stroke Center Certification**

a. The program monitors its performance for administering IV thrombolytics within 60 minutes to eligible patients presenting for stroke care.

b. As of March 1, 2015, the program will meet its administration of IV thrombolytic within 60 minutes to eligible patients presenting for stroke care at least 50% of the time.

c. The program will select a minimum of two relevant patient care data elements to be monitored for internal or external benchmarking each year.

   **Note:** The data elements may be chosen from information being monitored and documented in the stroke log. This is an addition to stroke core measures and the monitoring of performance of IV thrombolytic therapy.

A2. The program leader(s) involves the interdisciplinary team and other practitioners across disciplines and/or settings in performance improvement planning and activities.

**Requirement Specific to Primary Stroke Center Certification**

a. There is evidence of specific stroke performance measurement and review through the quality improvement process and by the stroke team.

   Stroke performance measures are analyzed by the stroke team and organization’s quality department.

b. The stroke program has a specified committee that meets a minimum of twice per year to evaluate protocols and practice patterns as indicated.

c. If the primary stroke center performs endovascular procedures for the treatment of ischemic stroke, it will have a multidisciplinary program-level review that will focus on at least the following adverse patient outcomes:
• All causes of death within 72 hours of the endovascular procedure
• Symptomatic intracerebral hemorrhage

**Note 1:** Endovascular procedures include mechanical thrombectomy and intra-arterial thrombolytics.

**Note 2:** A multidisciplinary program-level review is defined as a review at the program level to assess causes of patient adverse outcomes with the aim of decreasing the incidence of such outcomes.

A 5. The program collects data related to its target population to identify opportunities for performance improvement.

**Requirements Specific to Primary Stroke Center Certification**

a. The primary stroke center has documentation exists to reflect tracking of performance measures and indicators.

b. If the primary stroke center performs endovascular procedures for the treatment of ischemic stroke, it will collect data on, at a minimum, the following adverse patient outcomes:
   • All causes of death within 72 hours of the endovascular procedure
   • Symptomatic intracerebral hemorrhage

**Note:** Endovascular procedures include mechanical thrombectomy and intra-arterial thrombolytics.

A 6. The program analyzes its performance measurement data to identify opportunities for performance improvement.

**Requirements Specific to Primary Stroke Center Certification**

a. There is evidence that specific stroke performance measurement data, focused on use of IV thrombolytic therapy, are evaluated through the quality improvement process and by the stroke team.

   The primary stroke center demonstrates a focus on IV thrombolytic therapy in its performance measurement data.

b. The primary stroke center evaluates IV thrombolytic therapy data through the quality improvement process and by the stroke team.

A 7. The program documents actions taken to achieve improvement.

**Requirements Specific to Primary Stroke Center Certification**

a. Documentation exists The primary stroke center has documentation to reflect specific interventions to improve in the selected measure stroke performance measurement data.

b. **Documentation exists** The primary stroke center has documentation to reflect implementation period and reevaluation point of interventions taken to improve stroke performance measurement data.

A 8. The program determines if improvements have been achieved and are being sustained.

**Requirement Specific to Primary Stroke Center Certification**

a. Documentation exists The primary stroke center has documentation to reflect specific outcomes to determine success that improved stroke performance measurement data.

**Standard DSPM.3**

The program collects measurement data to evaluate processes and outcomes.

**Note:** Measurement data must be internally trended over time and may be compared to an external data source for comparative purposes.

**Elements of Performance for DSPM.3**

A 2. The program collects data related to processes and/or outcomes of care.

**Requirements Specific to Primary Stroke Center Certification**

a. Documentation indicates the ability to complete and report lab tests in less than 45 minutes from being ordered.

   The stroke team log includes at least the following information:
   • Practitioner response time to acute stroke patients (See also DSPR.5, EP 6a; DSDF.3, EP 2a)
   • Type(s) of diagnostic tests and acute treatment used
   • Door to IV tissue plasminogen activator (tPA) time
   • Disposition of the patient (for example, upon admission to organization, discharge, transfer to another organization)

b. Documentation indicates the ability to perform an ECG and chest x-ray within the same time frame as laboratory testing.

   The program utilizes a stroke registry or similar data collection tool to monitor the data and measure outcomes.

c. Evidence of stroke team log that captures stroke team response time to acute stroke patients, treatment used, and patient disposition. The log can be captured by written or electronic means.
and/or may be done retrospectively through chart audits.

The program monitors its IV thrombolytic complications, which include symptomatic intracerebral hemorrhage and serious life-threatening systemic bleeding.

**Note 1:** Symptomatic intracerebral hemorrhage is defined by a completed computed tomography (CT) within 36 hours that shows intracerebral hemorrhage along with a physician’s note indicating clinical deterioration due to intracerebral hemorrhage.

**Note 2:** Serious, life-threatening systemic bleeding is defined as bleeding within 36 hours from the administration of IV thrombolytics requiring multiple transfusions along with a physician’s note attributing IV thrombolytics as the reason for multiple transfusions.