Proposed Requirements for Comprehensive Stroke Center

Please Note: The current requirements for Disease-Specific Care Advanced Certification Program for Primary Stroke are included in this document. Proposed requirements for Disease-Specific Care Advanced Certification Program for Comprehensive Stroke Center are shaded in grey.

DSPR.1
The program defines its leadership roles.

<table>
<thead>
<tr>
<th>Elements of Performance for DSPR.1</th>
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</thead>
<tbody>
<tr>
<td>1. The program leaders are qualified to meet the program's mission, goals, and objectives.</td>
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<td>2. The program defines the accountability of its leaders.</td>
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<td>3. The leaders participate in designing, implementing, and evaluating care, treatment, and services.</td>
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<td>4. The leaders provide for the uniform performance of patient care, treatment, and services.</td>
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<td>5. The leaders confirm that practitioners practice within the scope of their licensure, training, and current competency.</td>
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<td>6. The leaders develop a performance improvement plan for leadership quality.</td>
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<td>7. The leaders set expectations for development of plans to manage and improve quality at the program level.</td>
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**Requirements Specific to Primary Stroke Center Certification**

- a. A Primary Stroke Center medical director is appointed.
- Note: A stroke center medical director does not have to be a board-certified neurologist; however, that would be the optimum condition.

- a. Written documentation shows support of the Primary Stroke Center by hospital/health system administration.
DSPR.2
The program is designed, implemented, and evaluated collaboratively.

Elements of Performance for DSPR.2

1. All relevant individuals and/or disciplines participate in designing the program.

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.

2. All relevant individuals and/or disciplines participate in implementing the program.

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.

3. All relevant individuals and/or disciplines participate in evaluating the program.

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.
DSPR.3
The program meets the needs of the target population and/or health care service area.

Elements of Performance for DSPR.3

27 1. The leaders approve the program’s mission and scope of service.

28 2. The program’s mission and scope of service are defined in writing.

29 3. The program identifies its target population.

30 4. The program’s available services are relevant to the target population.

DSPR.4
The program follows a code of ethics.

Elements of Performance for DSPR.4

31 1. The program protects the integrity of clinical decision making.

32 2. The program respects the participant’s right to decline participation in the program.

33 3. The program has a process for receiving and resolving complaints and grievances in a timely manner.

DSPR.5
The program complies with applicable laws and regulations.

Elements of Performance for DSPR.5

34 1. The program complies with applicable laws and regulations.
**DSPR.6**
The program has current reference and resource materials readily available.

### Elements of Performance for DPRS.6

<table>
<thead>
<tr>
<th>Page</th>
<th>Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>35</td>
<td>1. Reference materials (hard copy or electronic) are easily accessible to practitioners.</td>
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**Requirements Specific to Primary Stroke Center Certification**

<table>
<thead>
<tr>
<th>Page</th>
<th>Requirement</th>
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<tbody>
<tr>
<td>36</td>
<td>a. Protocols/care paths for the acute workup of ischemic/hemorrhagic stroke patients are available in the emergency department, acute care areas, and stroke unit (preprinted documents or electronic).</td>
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<td>37</td>
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<tr>
<th>Page</th>
<th>Requirement</th>
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<tbody>
<tr>
<td>38</td>
<td>2. Reference materials and resources are authoritative and current.</td>
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DSPR.7
The program’s facilities are safe and physically accessible. Note: This standard applies only to programs with a physical area in which they regularly host participants for program-related activities (for example, visits, classes).

Elements of Performance for DSPR.7

39 1. The program evaluates its security.

40 2. The program implements strategies to minimize security risks.

41 3. The program develops an emergency plan.

42 4. The program implements strategies to minimize the risk of disruption of care due to an environmental emergency.

43 5. The program evaluates its fire risk.

44 6. The program implements strategies to minimize the risk of fire and fire safety-related issues.

45 7. The program develops a medical equipment management plan.

46 8. The program implements its medical equipment management plan.

47 9. The program evaluates risks to its power, gas, and communication services.

48 10. The program implements strategies to minimize risks to its power, gas, and communication services.

49 11. Staff has learned environment of care risk-reduction strategies.

50 12. The program tracks incidents related to the environment of care and makes changes accordingly.
The program communicates to participants the scope and level of care, treatment, and services it provides.

**Elements of Performance for DSPR.8**

1. The program provides care, treatment, and services to the participants in a planned and timely manner.

**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.

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

c. For sites that do not transfer patients for neurosurgical emergencies, the stroke center has a fully functional operating room (OR) facility and staff for neurosurgical services within two hours of the recognized need for such services.

d. Documentation indicates that on a 24/7 basis, 80% of acute stroke patients have a diagnostic brain image completed (and results reported to or reviewed by a member of the stroke team) within 45 minutes of it being ordered, when clinically indicated (in acute hemorrhagic or ischemic stroke resuscitation candidates). Note: The brain image can be obtained by CT or MRI and needs to definitively rule out/detect intracranial hemorrhage, or other causes of the stroke syndrome. The imaging needs to be 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.

e. Documentation indicates the ability to complete initial lab tests and availability on site 24/7. Note: Lab tests include a complete blood cell count with platelet count, coagulation studies (PT, INR), and blood chemistries.

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

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

h. The organization’s formulary or medication list must include a thrombolytic therapy (IV administered) medication for ischemic stroke.

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

**Requirements Specific to Comprehensive Stroke Center Certification**

a. The Comprehensive Stroke Center performs advanced imaging with multi-modal imaging capabilities including:

   - Carotid duplex ultrasound
   - Catheter angiography
   - CT angiography available 24 hours a day, 7 days a week
   - MRI, including diffusion weighted MRI, available 24 hours a day, 7 days a week
   - Extracranial ultrasonography
   - MR angiography- MRA available 24 hours a day, 7 days a week
   - Transcranial Doppler
   - Transesophageal Echocardiography
   - Transthoracic Echocardiography

b. The Comprehensive Stroke Center has the capacity to perform microsurgical neurovascular clipping of aneurysms.
c. The Comprehensive Stroke Center has the capacity to perform neuro-endovascular coiling of aneurysms when indicated.

d. The Comprehensive Stroke Center has the capacity to perform stenting of extracranial carotid arteries when indicated.

e. The Comprehensive Stroke Center has the capacity to perform carotid endarterectomy (CEA) when indicated.

f. The Comprehensive Stroke Center has an intensive care unit (ICU) for complex stroke patients that includes staff and licensed independent practitioners with the expertise and experience to provide neuro-critical care.

g. Protocols for care demonstrate that the Comprehensive Stroke Center:

- Addresses evidence-based endovascular procedures including exclusion criteria.
- Addresses the circumstances in which the hospital would not accept patients for neurosurgical and cerebrovascular surgery.

h. Protocols for care demonstrate that the Comprehensive Stroke Center addresses ongoing collaboration with emergency medical staff (EMS) including an annual collaborative review of protocols.

2. The program informs participants about how to access care, treatment, and services, including after hours (if applicable).

3. Adequate numbers and types of practitioners are available to deliver or facilitate the delivery of care, treatment, and services.

Requirements Specific to Comprehensive Stroke Center Certification

a. The Comprehensive Stroke Center:

- Has a written and adhered to call schedule for physicians (attending) with expertise in critical care and cerebrovascular disease providing coverage 24 hours a day, 7 days a week.
- Demonstrates coverage of the Comprehensive Stroke Center 24 hours a day, 7 days a week by physicians (attending and/or residents) with expertise in critical care and cerebrovascular disease.

b. The Comprehensive Stroke Center medical director is a physician with extensive experience and expertise in neurology and cerebrovascular disease. Examples include:

- Vascular neurologist
- Critical care neurologist
- Vascular neurosurgeon

c. The Comprehensive Stroke Center Director or designee is available 24 hours a day, 7 days a week.

d. The Comprehensive Stroke Center Director or designee is available by phone in 20 minutes and available in-house in 45 minutes.

e. The Rehabilitation services are directed by a physician with expertise and experience in neuro-rehabilitation. Examples of such physicians include:

- Psychiatrist
- Neurologist with neuro-rehabilitation expertise

f. The Comprehensive Stroke Center is required to have the following practitioners and staff members providing care as indicated:

1. Physicians

- At least one neuro-interventionalist is available 24 hours a day, 7 days a week.
- At least one physician with imaging experience in head CT and brain MRI is available 24 hours a day, 7 days a week.
- At least one diagnostic radiologist is available 24 hours a day, 7 days a week.
- Physicians with critical care and cerebrovascular experience staff the intensive care unit (ICU) for complex stroke patients.
- In addition to the neuro-interventionalists, one or more additional physicians with cerebrovascular experience are to be available by phone in 20 minutes and available in-house in 45 minutes, 24 hours a day, 7 days a week.
- Neurosurgeons with expertise in cerebrovascular surgery are available 24 hours a day, 7 days a week.
- Surgeons with expertise in carotid endarterectomy.
- Other neurosurgical personnel are to be available within 30 minutes, 24 hours a day, 7 days a week, to perform emergent neurosurgical procedures.
- One or more neurosurgeons are available within 30 minutes, 24 hours a day, 7 days a week.

2. Imaging Staff
- One or more certified radiology technologists are required to be available 24 hours a day, 7 days a week.
- One or more certified radiology technologists are required to be available to assist with cerebral angiogram.
- One or more qualified magnetic resonance imaging (MRI) technologists are required to be available 24 hours a day, 7 days a week (not necessarily in-house).
- One or more qualified radiology technologists are required to be available 24 hours a day, 7 days a week to assist with cerebral angiogram.

3. Rehabilitation Therapies
- Physical therapy, occupational therapy, and speech therapy staff are available 24 hours a day, 7 days a week to perform patient assessments during the acute stroke phase.
- Physical therapy, occupational therapy, and speech therapy staff have a master’s degree in their field.
- The Comprehensive Stroke Center has one or more speech therapists on call 24 hours a day, 7 days a week that are qualified to perform swallowing function assessments.
- Comprehensive Stroke Center has one or more advanced practice nurses (APNs) who:
  - Support delivery of evidence-based acute stroke assessment and management
  - Provide expert nursing consultation and practice oversight
  - Develop and deliver acute stroke continuing education programs
  - Participate in performance improvement processes
  - Participate in stroke research

4. The program evaluates services provided through contractual arrangement to ensure that the scope and level of care, treatment, and services are consistently provided.

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

Requirements Specific to Primary Stroke Center Certification

a. Written documentation exists for stroke team notification system and expected response times. Note: Optimally, a practitioner experienced 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.

b. Eighty percent of emergency department 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

**Requirements Specific to Comprehensive Stroke Center Certification**

a. The Comprehensive Stroke Center is involved in stroke research.

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**DSPR.9**

The scope and level of care, treatment, and services provided are comparable for individuals with the same acuity and type of disease being managed.

**Elements of Performance for DSPR.9**

1. Individuals have access to an adequate level of resources required to meet the health care needs for the disease(s) being managed.

**Requirements Specific to Primary Stroke Center Certification**

a. Emergency department licensed independent practitioners have 24-hour access to a timely, informed consultation about the use of IV thrombolytic therapy, 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.

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

c. Documentation indicates that on a 24/7 basis, 80% of acute stroke patients have a diagnostic brain image completed (and results reported to or reviewed by a member of the stroke team) within 45 minutes of it being ordered, when clinically indicated (in acute hemorrhagic or ischemic stroke resuscitation candidates). Note: The brain image can be obtained by CT or MRI and needs to definitively rule out/detect intracranial hemorrhage, or other causes of the stroke syndrome. The imaging needs to be 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.

d. Documentation indicates the ability to complete initial lab tests and availability on site 24/7.

Note: Lab tests include a complete blood cell count with platelet count, coagulation studies (PT, INR), and blood chemistries.
DSPR.10
Eligible patients have access to the program.

Elements of Performance for DSPR.10

1. The program defines enrollment and/or participation requirements.
2. The program uses a methodology based on perceived needs to identify potential participants that are not direct referrals.
3. The program gives multiple opportunities for individuals to participate in the program.
Practitioners are qualified and competent.

Elements of Performance for DSDF.1

1. Practitioners have education, experience, training, and/or certification consistent with the program’s mission, goals, and objectives.

Requirements Specific to Primary Stroke Center Certification

- Eighty percent of emergency department practitioners are knowledgeable about the following:
  - Communications with inbound Emergency Medical System (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:
    a. Initial treatment plan: Treatment of patient during the first three hours of care, including thrombolytic therapy for patients who present within three hours of initial onset of symptoms
    b. Indications for use of IV thrombolytic therapy
    c. Contraindications to IV thrombolytic therapy
    d. Education to be provided to patients and families regarding the risks and benefits of IV thrombolytic therapy
    e. Signs and symptoms of neurological deterioration post–IV thrombolytic therapy
  - The recognition, assessment, and management of acute stroke complications

Requirements Specific to Comprehensive Stroke Center Certification

- RNs working in the emergency department, Stroke Unit, intensive care unit (ICU) for complex stroke patients, and catheterization laboratory (cath lab) are formally educated and experienced in the provision of evidence-based acute stroke nursing care.
- RNs working on a stroke unit or ICU for complex stroke patients are knowledgeable about the stroke scale used in the organization.
  Note: An example of a stroke scale includes the National Institutes of Health Stroke Scale (NIHSS).
- Advanced practice nurses (clinical nurse specialists or nurse practitioners) have focused expertise in acute stroke and Neuro-ICU advanced nursing management.
- The Comprehensive Stroke Center has the following practitioners and staff members providing care as indicated:
  - Pharmacist with expertise regarding neurology/stroke care
  - Data collection personnel
  - Nurse case managers and social workers with expertise regarding neurology/stroke care
  - Nurse case managers and social workers with expertise regarding care coordination
  - Nurse case managers and social workers with expertise regarding the different levels of rehabilitation and knowledge of referrals to the appropriate level of rehabilitation (for example, acute, sub-acute, outpatient)
  - Nurse case managers and social workers with expertise regarding community resources (for example, respite care, Meals-on-Wheels, counseling services)
- The Comprehensive Stroke Center demonstrates acceptable intracranial and extracranial ultrasound proficiency, as evidenced through accreditation by an established accrediting body. Examples of such accrediting bodies include:
2. Practitioners hired in the program meet minimum requirements for licensure, education, training, experience, and current competence.

Requirements Specific to Primary Stroke Center Certification

a. Written documentation regarding stroke program operations delineates specific requirements and assignment of stroke team duties.

3. The program evaluates practitioners for current licensure and current competence.

4. The program uses primary source verification to authenticate current licensure of all practitioners.

5. Orientation provides information and necessary training appropriate to program responsibilities.

Requirements 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 System (EMS)
   - The recognition, assessment, and management of acute stroke complications

b. Practitioners working in the stroke unit demonstrate evidence of initial and ongoing training in the care of acute stroke patients.

c. Members of the core stroke team 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 care 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.

Requirements Specific to Comprehensive Stroke Center Certification

a. The Comprehensive Stroke Center provides specific training and education, including a formal orientation on evidenced-based acute stroke assessment and nursing management, for all nurses providing care in the emergency department, acute stroke unit, intensive care unit (ICU) for complex stroke patients, and catheterization laboratory (cath lab).

6. The program assesses practitioner competence within program-defined time frames.

Requirements Specific to Primary Stroke Center Certification
a. 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.

**Requirements Specific to Comprehensive Stroke Center Certification**

a. Intensive care unit (ICU) RNs caring for complex stroke patients demonstrate expertise in:

- Neurologic and cardiovascular assessment
- Nursing assessment and management of ventriculostomy devices (external ventricular pressure monitoring and drainage)
- Treatment of increased intracranial pressure
- Nursing care of hemorrhagic stroke patients (intracerebral hemorrhage and subarachnoid hemorrhage)
- Nursing care of patients receiving thrombolytic and/or intra-arterial rescue therapy
- Management of malignant ischemic stroke with craniectomy
- Use of therapeutic hypothermia protocols
- Use of intravenous vasopressor, antihypertensive, and positive inotropic agents
- Methods for systemic and intracranial hemodynamic monitoring
- Methods for invasive and non-invasive ventilatory management

7. Ongoing in-service and other education and training activities are relevant to the program’s needs.

**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.

b. Members of the core stroke team 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.

**Requirements Specific to Comprehensive Stroke Center Certification**

a. The Comprehensive Stroke Center requires specific training and education for physicians and staff members, including stroke unit staff and emergency department staff, as follows:

- Nurses providing acute stroke care are required to attend three or more training sessions per year including 10 or more hours (Continuing Education Units) of education on neurovascular disease (for example, nurses providing care in the emergency department, acute stroke unit, intensive care unit (ICU) for complex stroke patients, and catheterization laboratory (cath lab)).
- Nurses providing acute stroke care are required to attend one regional or national meeting every other year related to comprehensive stroke care (for example, nurses providing care in the emergency department, acute stroke unit, ICU for complex stroke patients, and catheterization laboratory (cath lab)).
- Emergency department staff members attend at least one educational program in cerebrovascular disease.
- Emergency department staff members attend two or more hours of education per year on acute stroke care.
- The neuro-critical care unit director attends eight or more hours of education per year on cerebrovascular disease and/or acute stroke care.
b. RNs working in the emergency department complete at least two contact hours of continuing education annually that is focused on acute stroke nursing assessment and management.
c. Nurses working on a stroke unit (SU) or ICU for complex stroke patients complete at least 10 contact hours of continuing education per year that is focused on acute stroke nursing assessment and management.
d. The Comprehensive Stroke Center staff prepare and present two or more educational courses per year for the staff or for those staff outside the Comprehensive Stroke Center.

8. The program identifies and responds to their program-specific learning needs.
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.

Elements of Performance for DSDF.2

1. The clinical practice guidelines used are based on evidence that has been evaluated as current by the clinical leaders.

Requirements Specific to Primary Stroke Center Certification

a. Protocols demonstrate that the stroke center can provide U.S. 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.

Requirements Specific to Comprehensive Stroke Center Certification

a. Nursing care delivery must be supported by evidence-based practice policies and protocols.

2. The clinical practice guidelines used have been evaluated as appropriate for the target population.

Requirements Specific to Primary Stroke Center Certification

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

b. For Primary Stroke Centers that treat and transfer acute stroke patients, written documentation includes time parameters and transfer procedures.

Requirements Specific to Comprehensive Stroke Center Certification

a. Protocols for emergency care demonstrate that the Comprehensive Stroke Center:

- Addresses emergency management care including rapid assessment, rapid communication between emergency department and emergency medical services (EMS) staff, and medical stabilization of patient en route to emergency department.
- Addresses procedures for the emergency department initiating the stroke team.
- Reviews emergency department/EMS protocols at least annually.

b. Protocols for care, treatment, and services demonstrate that the Comprehensive Stroke Center:

- Has a process to administer intra-arterial fibrinolytics according to current evidence-based practices and research.
- Has a process to provide endovascular recanalization according to current evidence-based practices and research.
- Has interdisciplinary interventions addressing the reduction of peri-stroke complications.
- Addresses the initiation of endovascular procedures.
- Has multidisciplinary team members who are to evaluate the patient before and after surgery.
- Has multidisciplinary team members who are to evaluate the patient before and after endovascular procedures.
3. When a program implements clinical practice guidelines selected by a sponsoring organization (for example, a disease management service provider uses a CPG chosen by the health plan with which it contracts), the program establishes that they are appropriate for their intended use.

4. The program's assessment activities are consistent with clinical practice guidelines.

**Requirements Specific to Primary Stroke Center Certification**

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

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

c. Monitoring systems (as ordered) provide continuous data on the following physiologic parameters:

   - Heart rate/rhythm with automatic arrhythmia detection
   - Blood pressure with noninvasive blood pressure monitoring
   - Oximetry

**Requirements Specific to Comprehensive Stroke Center Certification**

a. The patient is assessed to identify cognitive decline, depression, and other social issues prior to discharge.  
   Note: This requirement is not applicable to comatose patients.

b. The patient is assessed to identify post hospitalization care requirements such as:

   - Acute rehabilitation
   - Long term acute care
   - Skilled nursing/sub-acute care
   - Outpatient services and physician appointments
   - Home care with required services
   - Palliative care services

   c. The patient's family members, including the primary care giver, have been assessed to determine their readiness to provide care to the patient.

5. The program's intervention activities are consistent with clinical practice guidelines.

**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.

6. The program reviews clinical practice guidelines for appropriateness on an ongoing basis.

**Requirements 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
7. The program implements modifications to clinical practice guidelines.

8. Clinical leaders and practitioners review and approve clinical practice guidelines for implementation.

9. Practitioners are educated about clinical practice guidelines and their use.

**Requirements Specific to Primary Stroke Center Certification**

a. Eighty percent of emergency department 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.

**DSDF.3**

The program is designed to meet the participant's needs.

**Elements of Performance for DSDF.3**

1. The program defines the elements of assessment for the targeted population.

2. The assessment(s) is completed within the time frame determined by the program.

**Requirements Specific to Primary Stroke Center Certification**

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

3. The plan of care is developed based on the participant's assessed needs.

4. The program uses a specified method for prioritizing the needs of participants.

5. The program implements interventions based on priority and risk.

6. The program individualizes delivery of care.

7. The program continually evaluates, revises, and implements the plan of care to meet the participant's ongoing needs.
The program manages co-morbidities and concurrently occurring conditions and/or communicates the necessary information to manage these conditions to appropriate practitioners.

### Elements of Performance for DSDF.4

1. The program coordinates care for participants with multiple health needs.
   
   **Requirements Specific to Comprehensive Stroke Center Certification**
   
   a. Protocols for care related to patient referrals demonstrate that the Comprehensive Stroke Center:
   - Addresses processes for receiving transfers.
   - Addresses processes for transferring patients to another hospital/facility.
   - Evaluates the receiving organizations’ ability to meet the individual patient's needs.

2. The program communicates important information regarding co-occurring conditions and co-morbidities to the appropriate practitioner(s) to treat or manage the conditions.

3. Co-morbidities and co-occurring conditions needing medical intervention are treated by the program practitioners or referred to appropriate practitioners for care.

   **Requirements Specific to Comprehensive Stroke Center Certification**
   
   a. Protocols for care related to transitions of care demonstrate that the Comprehensive Stroke Center:
   - Addresses procedures for transitions of care for patients internally and post-hospitalization.
   - Addresses procedures for referral when the Comprehensive Stroke Center does not provide post-acute, inpatient rehabilitation services.
   b. Based on their prognosis, and in consultation with the patient and their family, patients are referred to community resources to facilitate integration into the community such as:
   - Out-patient therapy including physical therapy, occupational therapy, and speech therapy
   - Support groups
   - Social services
   - Vocational rehabilitation
   - Behavioral health services
   - Family therapy services
   - American Heart Association and American Stroke Association
   c. Based on their prognosis, patients are referred to palliative care when indicated.
   d. Based on their prognosis, patients are referred to hospice/end-of-life care when indicated.

4. The program has a process to provide emergency/urgent care.
**DSSE.1**
The program involves participants in making decisions about managing their disease or condition.

### Elements of Performance for DSSE.1

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<tbody>
<tr>
<td>1.</td>
<td>The program involves participants in decisions about their clinical care.</td>
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<td><strong>Requirements Specific to Comprehensive Stroke Center Certification</strong></td>
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<tr>
<td>2.</td>
<td>Participants and practitioners mutually agree upon goals.</td>
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<td><strong>Requirements Specific to Comprehensive Stroke Center Certification</strong></td>
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<tr>
<td>3.</td>
<td>The program informs participants of their responsibility to provide information to facilitate treatment and cooperate with practitioners.</td>
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<td>4.</td>
<td>The program informs participants of all potential consequences for noncompliance with recommended treatment(s).</td>
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<tr>
<td>5.</td>
<td>The program assesses the participant’s readiness, willingness, and ability to engage in self-management activities.</td>
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<td>6.</td>
<td>The program assesses the family’s readiness, willingness, and ability to provide or support self-management activities when needed.</td>
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<td><strong>Requirements Specific to Comprehensive Stroke Center Certification</strong></td>
</tr>
<tr>
<td></td>
<td>a. For patients returning home, problem solving strategies are provided to the family for post-hospital care.</td>
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</tbody>
</table>
DSSE.2
The program addresses lifestyle changes that support self-management regimens.

Elements of Performance for DSSE.2

1. As necessary, the program promotes lifestyle changes that support self-management regimens.

2. As necessary, the program involves family and community support structures in the participant's care regimens.

3. As necessary, the program evaluates barriers to lifestyle changes.

4. The program assesses and documents the participant's response to recommended lifestyle changes.

5. The program assesses the effectiveness of efforts to help the participant in making lifestyle changes.

Requirements Specific to Comprehensive Stroke Center Certification

a. Post-hospital care is coordinated based on the assessment of the patient's and family's identified needs.
b. For patients returning home, the family members receive a comprehensive assessment to determine their skills, capacities, and resources to provide post-hospital care.
The program addresses participants’ education needs.

**Elements of Performance for DSSE.3**

1. The program’s materials comply with recommended elements of intervention supported by the literature and promoted through the clinical practice guidelines.

2. The program presents content in a manner that is culturally sensitive.

3. The program presents content in an understandable manner relevant to the participant's level of literacy.

4. The program makes initial and ongoing assessments of the participant's comprehension of program-specific information.

5. The program addresses the participant's education needs related to lifestyle changes that support self-management regimens.

**Requirements Specific to Comprehensive Stroke Center Certification**

- For patients returning home:
  - Education is provided on post-hospital care.
  - Education and resources are provided about durable medical equipment (DME) when indicated.
  - Education is provided to the family about respite care.
  - Resource information is provided to the family about respite care.

6. The program addresses the education needs of the participant regarding health promotion.

**Requirements Specific to Primary Stroke Center Certification**

- Documentation shows at least one stroke public education activity per year.

**Requirements Specific to Comprehensive Stroke Center Certification**

- The Comprehensive Stroke Center sponsors at least two public educational activities that focus on stroke prevention and care annually.

7. The program addresses the education needs of the participant regarding disease prevention.

8. The program addresses the education needs of the participant regarding his or her illness(es) and treatment(s).

9. The program communicates to the participant the results of its family risk assessment.
DSCT.1
Participant information is confidential and secured.

Elements of Performance for DSCT.1

1. The program preserves participant confidentiality.
2. Records and information are safeguarded against loss, destruction, tampering, and unauthorized access or use.
3. Participants are made aware of how data and information related to them will be used by the organization.
4. Practitioners are made aware of how data and information related to them will be used by the organization.
5. The program defines methods for adding comments in the form of statements or addenda into the formal records.
6. The program defines access limitations to information for individuals and/or positions.
7. The program defines access limitations to information connected to compliance measures for individuals and/or positions.
8. The program defines criteria requiring the release of information by consent.
9. The program defines a process that is followed when confidentiality and security are violated.
DSCT.2
Information management processes meet the program’s internal and external information needs.

Elements of Performance for DSCT.2

507 1. Data are easily retrieved in a timely manner without compromising security and confidentiality.

508 2. The program determines how long health records and other data and information are retained in accordance with applicable law and patient need.

510 3. The program uses aggregate data and information to support managerial decisions.

Requirements Specific to Primary Stroke Center Certification

511 a. 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.

514 4. The program uses aggregate data and information to support operations.

Requirements Specific to Primary Stroke Center Certification

515 a. 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.

518 5. The program uses aggregate data and information to support performance improvement activities.

Requirements Specific to Primary Stroke Center Certification

519 a. 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.

522 6. The program uses aggregate data and information to support participant care.

Requirements Specific to Primary Stroke Center Certification

523 a. 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.
DSCT.3
Participant information is gathered from a variety of sources.

Elements of Performance for DSCT.3

1. Information is gathered directly from the participant and/or family.
2. Information is gathered from all relevant practitioners or health care organizations.

DSCT.4
The program shares information with any relevant practitioner or setting about the participant's disease or condition across the continuum of care.

Elements of Performance for DSCT.4

1. The program shares information directly with the participant and/or family.
2. The program shares information with other relevant practitioners or health care organizations as needed.
DSCT.5
The program initiates, maintains, and makes accessible a health or medical record for every participant.

Elements of Performance for DSCT.5

1. Practitioners have access to all participant information as needed.
2. The health or medical record contains sufficient information to identify the patient or the participant (if other than the patient).
3. The health or medical record contains sufficient information to support the diagnosis.
4. The health or medical record contains sufficient information to justify care, treatment, and services.
5. The health or medical record contains sufficient information to document the course and results of care, treatment, and services.
6. The health or medical record contains sufficient information to track the patient's movement through the care system.
7. The health or medical record contains sufficient information to facilitate continuity of care both internally and externally to the program.
8. Health or medical records are periodically reviewed for complete, accurate, and timely maintenance.
## DSPM.1
The program has an organized, comprehensive approach to performance improvement.

### Elements of Performance for DSPM.1

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<table>
<thead>
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<tbody>
<tr>
<td>539</td>
<td>1. The performance improvement program: Is well designed and planned.</td>
</tr>
<tr>
<td></td>
<td><strong>Requirements Specific to Primary Stroke Center Certification</strong></td>
</tr>
<tr>
<td>540</td>
<td>a. Evidence of specific stroke performance measurement and review by quality improvement department and stroke team exists.</td>
</tr>
<tr>
<td></td>
<td><strong>Requirements Specific to Comprehensive Stroke Center Certification</strong></td>
</tr>
<tr>
<td>542</td>
<td>a. The Comprehensive Stroke Center has a peer review process to review all patients that have received care, treatment, and services after a subarachnoid hemorrhage or ischemic stroke.</td>
</tr>
<tr>
<td>544</td>
<td>2. The performance improvement program: Collects relevant data.</td>
</tr>
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<td></td>
<td><strong>Requirements Specific to Primary Stroke Center Certification</strong></td>
</tr>
<tr>
<td>545</td>
<td>a. Documentation exists to reflect tracking of performance measures and indicators.</td>
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<tr>
<td></td>
<td><strong>Requirements Specific to Comprehensive Stroke Center Certification</strong></td>
</tr>
<tr>
<td>546</td>
<td>a. The Comprehensive Stroke Center monitors aggregate periprocedure complication rates for:</td>
</tr>
<tr>
<td>547</td>
<td>- Increased intracranial pressure</td>
</tr>
<tr>
<td>548</td>
<td>- Placement of a transducer</td>
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<tr>
<td>549</td>
<td>- Placement of a ventriculostomy</td>
</tr>
<tr>
<td>550</td>
<td>- Performance of decompressive craniectomy</td>
</tr>
<tr>
<td>551</td>
<td>- Performance of endovascular recanalization</td>
</tr>
<tr>
<td>552</td>
<td>b. The Comprehensive Stroke Center demonstrates that care is provided for greater than or equal to 20 patients each year with a diagnosis of subarachnoid hemorrhage.</td>
</tr>
<tr>
<td>554</td>
<td>c. The Comprehensive Stroke Center demonstrates that greater than or equal to 10 craniotomies for aneurysm clipping or coiling procedures are performed each year.</td>
</tr>
<tr>
<td>556</td>
<td>d. The Comprehensive Stroke Center monitors annual aneurysm clipping and coiling mortality rates.</td>
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<tr>
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<td><strong>Requirements Specific to Primary Stroke Center Certification</strong></td>
</tr>
<tr>
<td>558</td>
<td>a. Documentation exists to reflect specific interventions to improve in the selected measure.</td>
</tr>
<tr>
<td>559</td>
<td>b. Documentation exists to reflect specific outcomes to determine success.</td>
</tr>
<tr>
<td>560</td>
<td>c. Documentation exists to reflect implementation period and reevaluation point.</td>
</tr>
</tbody>
</table>
4. The performance improvement program: Improves and sustains performance.

5. The program plans performance improvement activities for practitioners across disciplines and/or settings.

Requirements Specific to Primary Stroke Center Certification

a. Evidence of specific stroke performance measurement and review by quality improvement department and stroke team exists.

6. The program utilizes patient satisfaction data for performance improvement activities.

Requirements 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.

b. 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.
DSPM.2
The program uses measurement data to evaluate processes and outcomes. Not...
**DSPM.3**
The program maintains data quality and integrity.

**Elements of Performance for DSPM.3**

1. The program uses data sets, definitions, codes, classifications, and terminology throughout the organization.
2. Data collection is timely, accurate, complete, and relevant to the program.
3. The program minimizes data bias.
4. The program monitors data reliability and validity.
5. The program defines sampling methodology based on measurement principles.
6. The program uses data analysis tools.
7. The program evaluates variables that affect program outcomes.

**DSPM.4**
The process for identifying, reporting, managing, and tracking sentinel events is defined and implemented.

**Elements of Performance for DSPM.4**

1. A process exists for identifying these events if and when they occur.
2. A process exists for internally tracking these events if and when they occur.
3. A process exists for analyzing these events if and when they occur.
4. The program implements changes based on its analysis of sentinel events.
DSPM.5
The program collects and analyzes data regarding variance from the clinical practice guidelines to improve the standardized process.

Elements of Performance for DSPM.5

1. The program tracks data variances at the individual participant level.
2. The program uses outcomes analysis to determine modification to the clinical practice guidelines and their use.

Requirements 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.

DSPM.6
The program evaluates participant perception of the quality of care.

Elements of Performance for DSPM.6

1. The program evaluates patient/participant satisfaction and perception of quality of care.
2. The program uses patient/participant satisfaction results to analyze quality of care and make improvements.