

# Advanced Disease-Specific Care Certification Requirements for Comprehensive Stroke Center (CSC)

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## Program Background

The Joint Commission's Comprehensive Stroke Center (CSC) Certification program requirements were substantially derived from the Brain Attack Coalition and American Stroke Association's evidence-based *Recommendations for Comprehensive Stroke Centers: A Consensus Statement from the Brain Attack Coalition* published in 2005 in *Stroke*.\*

Disease-Specific Care Certification core standards, (Program Management, Delivering or Facilitating Clinical Care, Supporting Self-Management, Clinical Information Management, Performance Measurement) serve as a platform for the CSC requirements. In 2011 a multidisciplinary advisory panel of technical experts convened to provide The

\*American Heart Association, Inc. Recommendations for Comprehensive Stroke Centers: A Consensus Statement from the Brain Attack Coalition. *Stroke: Journal of the American Heart Association*. Jul 2005. Accessed Apr 6, 2012. <http://www.stroke-site.org/coalition/comprehensiveJuly2005.pdf>.

**KEY:** **A** indicates scoring category A; **C** indicates scoring category C; **Ⓢ** indicates that documentation is required; **Ⓜ** indicates Measure of Success is needed; **⚠** indicates an Immediate Threat to Health or Safety; **⚠** indicates situational decision rules apply; **⚠** indicates direct impact requirements apply

Joint Commission with additional recommendations during the development of the CSC Certification program requirements. Given the rapid evolution of technology for complex stroke patients, The Joint Commission will review the CSC requirements in 2013.

## Eligibility

In addition to the eligibility requirements outlined on pages CERT-1 and CERT-2 of this manual, candidate CSCs must validate compliance with minimum case volumes during the year prior to the date of application. (At recertification, case volume data reflecting the previous two years are required.) The following details the minimum case volumes, as well as other eligibility criteria:

### 1. Volume

- The CSC:
  - ❑ Demonstrates that care is provided to 20 or more patients per year with a diagnosis of subarachnoid hemorrhage.
  - ❑ Demonstrates that 15 or more endovascular coiling or surgical clipping procedures for an aneurysm are performed per year.
  - ❑ Will administer IV tPA<sup>†</sup> to 25 eligible patients per year.

**Note 1:** *Providing IV tPA to an average of 25 eligible patients over a two-year period is acceptable.*

**Note 2:** *IV tPA administered in the following situations can be counted in the requirement of 25 administrations per year:*

- ❑ *IV tPA ordered and monitored by the CSC via telemedicine, with administration occurring at another hospital.*
- ❑ *IV tPA administered by another hospital that then transferred the patient to the CSC.*

### 2. Advanced imaging capabilities

- The hospital will be able to provide:
  - ❑ Carotid duplex ultrasound
  - ❑ Catheter angiography available on site 24 hours a day, 7 days a week
  - ❑ CT angiography available on site 24 hours a day, 7 days a week
  - ❑ Extracranial ultrasonography
  - ❑ MR angiography (MRA) available on site 24 hours a day, 7 days a week

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<sup>†</sup>Throughout the Certification Requirements for Comprehensive Stroke Center, reference is made to IV thrombolytic therapy. The only U.S. Food and Drug Administration–approved thrombolytic treatment for ischemic stroke at this time is tissue plasminogen activator (tPA).

- ❑ MRI, including diffusion-weighted MRI, available on site 24 hours a day, 7 days a week
  - ❑ Transcranial Doppler
  - ❑ Transesophageal echocardiography
  - ❑ Transthoracic echocardiography
3. Post-hospital care coordination for patients
  4. Dedicated neuro-intensive care unit (ICU) beds for complex stroke patients
    - Dedicated neuro-ICU beds for complex stroke patients that include staff and licensed independent practitioners with the expertise and experience to provide neuro-critical care 24 hours a day, 7 days a week.
  5. Peer review process
    - The hospital will have a peer review process to review and monitor the care provided to patients with ischemic stroke, subarachnoid hemorrhage and administration of tPA.
  6. Participation in stroke research
    - The CSC will participate in Institutional Review Board (IRB)–approved, patient-centered stroke research.

## Standards Requirements

Hospitals applying for CSC Certification will be evaluated using the standards in the *Disease-Specific Care Certification Manual*, under the “Advanced Disease-Specific Care Certification Requirements for Comprehensive Stroke Center.”

## Performance Measures Requirements

CSCs must continue to meet the performance measure requirements for primary stroke centers. Organizations are required to collect data on the eight Joint Commission stroke core measures and use this information for ongoing performance improvement efforts. Specifications for the stroke core measures are detailed in the *Specifications Manual for National Hospital Inpatient Quality Measures* available at: [http://www.jointcommission.org/specifications\\_manual\\_for\\_national\\_hospital\\_inpatient\\_quality\\_measures.aspx](http://www.jointcommission.org/specifications_manual_for_national_hospital_inpatient_quality_measures.aspx).

Comprehensive stroke performance measures are currently in development and will be finalized in early 2013. When available, currently certified CSCs and organizations seeking comprehensive stroke certification will be required to adopt these measures in addition to the eight stroke core measures.

The standards for stroke certification follow.

# Certification Participation Requirements (CPR)

## Overview

This chapter includes specific certification participation requirements (CPRs) which apply to the certification process and are required to maintain a certification award. These differ from review eligibility criteria in that the certification process may be initiated even when all CPRs have not yet been met. For an organization seeking certification for the first time, compliance with the CPRs is assessed during the initial review. For the certified program, compliance with these requirements is assessed throughout the certification cycle through on-site reviews, Evidence of Standards Compliance (ESC), and periodic updates of organization-specific data and information. Organizations are either compliant or not compliant with CPRs. When an organization does not comply with a CPR, the organization will be assigned a Requirement for Improvement (RFI) similar to noncompliance with a standard. However, refusal to permit performance of an unscheduled or unannounced for-cause review (CPR 3) or falsification of information (CPR 7) will immediately lead to Preliminary Denial of Certification. Any RFI can potentially impact the certification decision and follow-up requirements, as determined by established certification decision rules. Failure to resolve an RFI has the potential to lead to loss of certification.

**Note 1:** *The CPRs are applicable to disease-specific care services, lung volume reduction surgery, and ventricular assist device surgery.*

**Note 2:** *The term “organization” is used throughout as a reference to the following types of organizations: Disease-specific care services, lung volume reduction surgery, and ventricular assist device surgery.*

CSC

# Requirements

The following is a list of all requirements for this chapter. They are presented here for your convenience without footnotes or other explanatory text. If you have a question about a term used here, please check the Glossary.

## Certification Participation Requirements (CPR)

- CPR 1** The organization allows The Joint Commission to review the results of external evaluations from publicly recognized bodies.
- CPR 2** The organization reports any changes in the information provided in the application for certification and any changes made between reviews.
- CPR 3** The organization permits the performance of a review at The Joint Commission's discretion.
- CPR 4** The organization uses performance measures relevant to the services provided and populations served.
- CPR 5** The organization submits performance measurement data to The Joint Commission on a routine basis.
- CPR 6** The organization notifies the public it serves about how to contact its organization management and The Joint Commission to report concerns about patient safety and quality of care.
- CPR 7** The organization provides accurate information throughout the certification process.
- CPR 8** The organization accurately represents its certification status and the facilities and services to which Joint Commission certification applies.
- CPR 9** Applicants and certified organizations do not use Joint Commission employees to provide certification-related consulting services.
- CPR 10** The organization accepts the presence of Joint Commission reviewer management staff or a Board of Commissioners member in the role of observer of an on-site review.
- CPR 11** Any individual who provides care, treatment, and services can report concerns about safety or the quality of care to The Joint Commission without retaliatory action from the organization.

- CPR 12** The organization submits information to The Joint Commission as required.
- CPR 13** The organization is truthful and accurate when describing information in its Quality Report to the public.
- CPR 14** The disease-specific care program is part of a currently Joint Commission–accredited organization.
- CPR 15** The disease-specific care program provides care, treatment, services, and an environment that pose no risk of an “Immediate Threat to Health or Safety,” also known as “Immediate Threat to Life” or ITL situation.

# Requirements, Rationales, Elements of Performance, and Scoring

## CPR 1

The organization allows The Joint Commission to review the results of external evaluations from publicly recognized bodies.

### Elements of Performance for CPR 1

- A** 1. Ⓣ When requested, the organization provides The Joint Commission with all official records and reports of licensing, examining, reviewing, or planning bodies. ▲

## CPR 2

The organization reports any changes in the information provided in the application for certification and any changes made between reviews.

### Elements of Performance for CPR 2

- A** 1. Ⓣ The organization notifies The Joint Commission in writing within 30 days of a change in ownership, control, location, capacity, or services offered.

**Note:** *When the organization changes ownership, control, location, capacity, or services offered, it may be necessary for The Joint Commission to review the organization again. If the organization does not provide written notification to The Joint Commission within 30 days of these changes, the organization could lose its certification.*

## CPR 3

The organization permits the performance of a review at The Joint Commission's discretion.

### Elements of Performance for CPR 3

- A** 1. The organization permits the performance of a review at The Joint Commission's discretion. ▲

# Introduction to CPR 4 and CPR 5

## Stage I: Non-Standardized Measures

For disease-specific care programs without a standardized measure set defined by The Joint Commission, the program may select measures from the universe of measures. The program identifies clinical, perception of care, financial, or functional performance measures that are relevant to the services provided and the population served. The measures identified are to be submitted at the time of Application for Certification.

## Stage II: Standardized Measures

For certification programs with standardized measure sets defined by The Joint Commission, the program is required to collect data on the standardized measures.

## CPR 4

The organization uses performance measures relevant to the services provided and populations served.

## Elements of Performance for CPR 4

- A 1. For Stage I programs:** A minimum of 4 performance measures must be identified by the disease-specific care program.
- A 2. For Stage I programs:** A minimum of 2 of the 4 identified performance measures must be clinical in nature.
- A 3. For Stage I programs:** Organizations seeking disease-specific care certification are required to have collected performance measure data for a minimum of 4 months prior to the initial on-site certification review.
- A 4. © For Stage I programs:** The organization collects performance measure data; analyzes the data internally; and generates run charts, control charts, or other appropriate applicable performance improvement tools, showing monthly data points, for use in performance improvement activities.
- A 5. For Stage II programs:** Organizations seeking disease-specific care certification are required to have collected data on standardized performance measures for a minimum of 4 months prior to the initial on-site certification review.

- A 6. © For Stage II programs:** The organization collects standardized performance measure data monthly; analyzes the data internally; and generates run charts, control charts, or other appropriate applicable performance improvement tools, showing monthly data points, for use in performance improvement activities.

## CPR 5

The organization submits performance measurement data to The Joint Commission on a routine basis.

### Elements of Performance for CPR 5

- A 1. For Stage I programs:** The organization continues to use a measure if data suggest an unstable pattern of performance or identify an opportunity for improvement.
- A 2. For Stage I programs:** The organization changes to a new measure if the data reflect continuing stable and satisfactory performance.
- A 3. For Stage II programs:** The organization submits data on standardized performance measures to The Joint Commission at least quarterly.
- A 4. © For Stage I and Stage II programs:** The organization makes its performance measure data available during on-site certification reviews.
- A 5. For Stage I programs:** The organization submits data on performance measures to The Joint Commission upon request at the time of the intracycle and recertification reviews. ▲

## CPR 6

The organization notifies the public it serves about how to contact its organization management and The Joint Commission to report concerns about patient safety and quality of care.

**Note:** *Methods of notice may include, but are not limited to, distribution of information about The Joint Commission, including contact information in published materials such as brochures and/or posting this information on the organization's website.*

### Elements of Performance for CPR 6

- A 1.** The organization informs the public it serves about how to contact its management to report concerns about patient safety and quality of care.

- A 2.** The organization informs the public it serves about how to contact The Joint Commission to report concerns about patient safety and quality of care.

## **CPR 7**

The organization provides accurate information throughout the certification process.

### **Elements of Performance for CPR 7**

- A 1.** The organization provides accurate information throughout the certification process. (See also CPR 12, EP 1) **2**

**Note 1:** *Information may be received in the following ways:*

- *Provided verbally*
- *Obtained through direct observation by, or in an interview or any other type of communication with, a Joint Commission employee*
- *Derived from documents supplied by the organization to The Joint Commission*
- *Submitted electronically by the organization to The Joint Commission*

**Note 2:** *For the purposes of this requirement, falsification is defined as the fabrication, in whole or in part, of any information provided by an applicant or certified organization to The Joint Commission. This includes redrafting, reformatting, or deleting document content. However, the organization may submit supporting material that explains the original information submitted to The Joint Commission. These additional materials must be properly identified, dated, and accompanied by the original documents.*

## **CPR 8**

The organization accurately represents its certification status and the facilities and services to which Joint Commission certification applies.

### **Elements of Performance for CPR 8**

- A 1.** The organization's advertising accurately reflects the scope of facilities and services that are certified by The Joint Commission.
- A 2.** The organization does not engage in any false or misleading advertising about its certification award.

## CPR 9

Applicants and certified organizations do not use Joint Commission employees to provide certification-related consulting services.

### Elements of Performance for CPR 9

- A 1.** The organization does not use Joint Commission employees to provide any certification-related consulting services. **▲<sub>2</sub>**

**Note:** *Consulting services include, but are not limited to, the following:*

- *Helping the organization to meet Joint Commission standards*
- *Helping the organization to complete intracycle monitoring requirements*
- *Assisting the organization in remediating areas identified in its monitoring as needing improvement*
- *Conducting mock reviews for the organization*

## CPR 10

The organization accepts the presence of Joint Commission reviewer management staff or a Board of Commissioners member in the role of observer of an on-site review.

### Elements of Performance for CPR 10

- A 1.** The organization allows Joint Commission reviewer management staff or a member of the Board of Commissioners to observe the on-site review.

**Note:** *The observer will not participate in the on-site review process, including the scoring of standards compliance. The organization will not incur any additional fees because an observer(s) is present.*

## CPR 11

Any individual who provides care, treatment, and services can report concerns about safety or the quality of care to The Joint Commission without retaliatory action from the organization.

### Elements of Performance for CPR 11

- A 1.** The organization educates its staff and other individuals who provide care, treatment, and services that concerns about the safety or quality of care provided in the organization may be reported to The Joint Commission.

- A 2.** The organization informs its staff that it will take no disciplinary or punitive action because an employee or other individual who provides care, treatment, and services reports safety or quality-of-care concerns to The Joint Commission.
- A 3.** The organization takes no disciplinary or punitive action against employees or other individuals who provide care, treatment, and services when they report safety or quality-of-care concerns to The Joint Commission.

## **CPR 12**

The organization submits information to The Joint Commission as required.

### **Rationale for CPR 12**

The cornerstone of The Joint Commission's certification process is the emphasis on a continuous process. As such, in order to realize the full benefit of a more continuous certification process, certified organizations will be required to have regular interactions with The Joint Commission.

### **Elements of Performance for CPR 12**

- A 1.** The organization meets all requirements for timely submission of data and information to The Joint Commission. (*See also* CPR 7, EP 1) **▲**

**Note 1:** *The Joint Commission will impose the following consequence for failure to comply with this CPR:*

*If the organization consistently fails to meet the requirements for the timely submission of data and information to The Joint Commission, the organization will be required to undergo a Certification with Follow-up Survey. Failure to resolve this issue at the time of the Certification with Follow-up Survey may result in a certification decision change.*

**Note 2:** *The proposed consequences address only compliance with the requirement itself. They do not address the content of the organization's submissions to The Joint Commission. For example, if information in an organization's electronic application for certification (E-App) leads to inaccuracies in the appropriate length of the review and a longer review is required, the organization will incur the additional costs of the longer review. In addition, if there is evidence that the organization has intentionally falsified the information submitted to The Joint Commission, the Information Accuracy and Truthfulness Policy and its consequences will be applicable.*

## CPR 13

The organization is truthful and accurate when describing information in its Quality Report to the public.

### Elements of Performance for CPR 13

- A 1.** The organization adheres to The Joint Commission’s published guidelines for how it describes information in its Quality Report.

## CPR 14

The disease-specific care program is part of a currently Joint Commission–accredited organization.

### Elements of Performance for CPR 14

- A 1.** The program must be part of a currently Joint Commission–accredited organization, if that organization is accreditation eligible.

**Note:** *This requirement does not apply to a program seeking advanced disease-specific care certification for lung volume reduction surgery or ventricular assist device destination therapy.*

## CPR 15

The disease-specific care program provides care, treatment, services, and an environment that pose no risk of an “Immediate Threat to Health or Safety,” also known as “Immediate Threat to Life” or ITL situation.

### Elements of Performance for CPR 15

- A 1.** The program provides care, treatment, services, and an environment that pose no risk of an “Immediate Threat to Health or Safety,” also known as “Immediate Threat to Life” or ITL situation. ▲

# Program Management (DSPR)

## Overview

Providing high-quality care requires an infrastructure capable of supporting the activities of the participant and practitioner. Leaders must commit resources to support, evaluate, and improve services. Commitments such as these require leaders to know their organization's strengths, challenges, and areas for improvement. They must also have a thorough understanding of their patient population so that the care they provide is relevant to their population's needs.

CSC

The standards in this chapter focus on the following:

- Designing and implementing the program
- Evaluating the program
- Offering a relevant program for patients
- Providing safe and adequate access to care
- Conducting the program in an ethical manner
- Supplying reference resources to practitioners
- Offering the program in safe and accessible facilities

Please note that not all standards or elements of performance apply to every disease-specific care program. For example, disease management service providers may facilitate or support care by telephone interventions but may not have a physical site where participants are seen or gathered. In these cases, the facility standards may not apply. Each disease-specific care program should consider its individual circumstances and services.

# Standards

The following is a list of all standards for this chapter. They are presented here for your convenience without footnotes or other explanatory text. If you have a question about a term used here, please check the Glossary.

## Program Management (DSPR)

- DSPR.1** The program defines its leadership roles.
- DSPR.2** The program is collaboratively designed, implemented, and evaluated.
- DSPR.3** The program meets the needs of the target population.
- DSPR.4** The program follows a code of ethics.
- DSPR.5** The program determines the care, treatment, and services it provides.
- DSPR.6** The program has current reference and resource materials.
- DSPR.7** The program's facilities are safe and accessible.

# Standards, Elements of Performance, and Scoring

## Standard DSPR.1

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The program defines its leadership roles.

### Elements of Performance for DSPR.1

**A** 1. The program identifies members of its leadership team.

**A** 2. Ⓓ The program defines the accountability of its leader(s).

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#### ***Requirement Specific to Comprehensive Stroke Center Certification***

a. Written documentation shows support of the Comprehensive Stroke Center by hospital/health system administration.

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**A** 3. The program leader(s) guides the program in meeting the mission, goals, and objectives.

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

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#### ***Requirement Specific to Comprehensive Stroke Center Certification***

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

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**A** 5. The program leader(s) participates in designing, implementing, and evaluating care, treatment, and services.

**A** 6. The program leader(s) provides for the uniform performance of care, treatment, and services. Ⓜ

**A** 7. The program leader(s) makes certain that practitioners practice within the scope of their licensure, certification, training, and current competency. ⚠<sub>3</sub>

**A** 8. The program leader(s) monitors the performance of the program's interdisciplinary team as it relates to achievement of the program's mission, goals, and objectives.

## Standard DSPR.2

The program is collaboratively designed, implemented, and evaluated.

### Elements of Performance for DSPR.2

- A 1. The interdisciplinary team designs the program.
- A 2. The interdisciplinary team implements the program.
- A 3. The interdisciplinary team evaluates the program.
- A 4. The interdisciplinary team uses the results of the program evaluation to improve performance.

## Standard DSPR.3

The program meets the needs of the target population.

### Elements of Performance for DSPR.3

- A 1. © The leader(s) defines, in writing, the program's mission and scope of service.
- A 2. The leader(s) approves the program's mission and scope of service.
- A 3. The program identifies its target population.
- A 4. The services provided by the program are relevant to the target population.

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#### **Requirements Specific to Comprehensive Stroke Center Certification**

- a. The Comprehensive Stroke Center performs advanced imaging with multimodal imaging capabilities, including:
  - Carotid duplex ultrasound
  - Catheter angiography, available 24 hours a day, 7 days a week
  - CT angiography, available 24 hours a day, 7 days a week
  - Extracranial ultrasonography
  - MR angiography (MRA), available 24 hours a day, 7 days a week
  - MRI, including diffusion-weighted MRI, 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 when indicated

- Neuro-endovascular coiling of aneurysms when indicated
  - Stenting of extracranial carotid arteries when indicated
  - Carotid endarterectomy (CEA) when indicated
- c. The Comprehensive Stroke Center has dedicated neuro-intensive care unit (ICU) beds for complex stroke patients that include having staff and licensed independent practitioners with the expertise and experience to provide neuro-critical care 24 hours a day, 7 days a week.
- d. A description of the emergency medical services (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.
- e. The Comprehensive Stroke Center sponsors at least two public educational activities that focus on stroke prevention and care annually.
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## **Standard DSPR.4**

The program follows a code of ethics.

### **Elements of Performance for DSPR.4**

- A 1.** The program protects the integrity of clinical decision making.
- A 2.** The program respects the patient's right to decline participation in the program.
- A 3.** The program has a process for receiving and resolving complaints and grievances in a timely manner.

## **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.

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#### ***Requirements Specific to Comprehensive Stroke Center Certification***

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

- b. The Comprehensive Stroke Center is involved in Institutional Review Board (IRB)–approved, patient-centered stroke research.
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- A** 2. The program communicates to the patient the care, treatment, and services it provides.
  - A** 3. The program provides care, treatment, and services to patients in a planned and timely manner.
  - A** 4. The program complies with applicable law and regulation.
  - C** 5. The program informs the patient and family about how to access care, treatment, and services, including after hours (if applicable). **M**  $\triangle_3$
  - A** 6. The program has a process to provide emergency/urgent care.  $\triangle_3$
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**Requirements Specific to Comprehensive Stroke Center Certification**

- a. The Comprehensive Stroke Center has protocols or processes to meet the concurrent emergent needs of two or more complex stroke patients in an emergency situation (an example of this type of “emergency situation” occurs if there are two complex stroke patients who need critical assessment or advanced imaging by members of the stroke team at the same time).
- b. 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 Comprehensive Stroke Center Certification, an informed consultation includes bedside consultation or telemedicine consultation from a privileged physician.*

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- A** 7. The program provides the number and types of practitioners needed to deliver or facilitate the delivery of care, treatment, and services.  $\triangle_3$
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**Requirements Specific to Comprehensive Stroke Center Certification**

- a. The Comprehensive Stroke Center:
  - Has a written and adhered to call schedule for attending physicians 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 attending physicians or residents with expertise in critical care and cerebrovascular disease.
- b. The Comprehensive Stroke Center Director or designee is available 24 hours a day, 7 days a week.
- c. The Comprehensive Stroke Center Director or designee can be reached by phone within 20 minutes and can be available in-house within 45 minutes.
- d. 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 other physician with imaging experience in head CT and brain MRI is available 24 hours a day, 7 days a week.
    - At least one neuroradiologist, or diagnostic radiologist with complex stroke experience and expertise, is available 24 hours a day, 7 days a week.
    - Physicians with critical care and cerebrovascular experience staff the intensive care unit (ICU) that contains the dedicated neuro-ICU beds for complex stroke patients

**Note:** *Physician “experience” may be demonstrated by, for example, a certified fellowship in neuro-critical care or vascular neurology.*

- In addition to the neuro-interventionalist, one or more physicians with cerebrovascular experience are to be available by phone within 20 minutes and available in-house within 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 24 hours a day, 7 days a week.
  - 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).
3. Endovascular Catheterization Laboratory Staff
- At least one endovascular technician is required to be available 24 hours a day, 7 days a week.
  - At least one endovascular professional nurse is required to be available 24 hours a day, 7 days a week.
4. Rehabilitation Therapies
- Physical therapy and occupational therapy practitioners are available 6 days a week and on call the 7th day to perform patient assessments during the acute stroke phase.
  - One or more speech therapists that are qualified to perform patient swallowing function assessments during the acute stroke phase are available 7 days a week.
  - The physical therapy, occupational therapy, and speech therapy practitioners in leadership positions have master's degrees in their field.

**Note:** *Although not required, other professionals may be hired as determined by the organization to provide other quality services to complex stroke patients in the Comprehensive Stroke Center. Examples of these other professionals could include psychologists, recreational therapists, or others as needed.*

5. The 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 Comprehensive Stroke Center research

- A 8.** Ⓓ The program evaluates services provided through contractual arrangement to make certain the care, treatment, and services are consistently provided in a safe, quality manner. This evaluation is documented.
- C 9.** Variables such as staffing, setting, or payment source do not affect outcomes of care, treatment, and 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.

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#### **Requirement Specific to Comprehensive Stroke Center Certification**

- 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).
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- A 2.** Reference materials and resources are current and evidence-based.

## **Standard DSPR.7**

The program's facilities are safe and accessible.

**Note:** *The program may use the organization's plan and processes for safety and accessibility if they address the program's unique needs and target population.*

### **Elements of Performance for DSPR.7**

- A 1.** The program identifies its security risks.
- C 2.** The program implements strategies to minimize security risks. Ⓜ ⚠
- A 3.** Ⓓ The unique needs of the program's patients and/or the program's setting are included in the organization's emergency management plan.
- C 4.** The program implements strategies to minimize the risk of disruption of care due to an emergency. Ⓜ
- A 5.** The program evaluates its fire risk. ⚠

- C** 6. The program implements strategies to minimize the risk of fire and address fire safety-related issues. **M** 3
- A** 7. **D** The program develops a medical equipment management plan.
- C** 8. The program implements its medical equipment management plan. **M**
- A** 9. The program evaluates risks to its power, gas, and communication services.
- C** 10. The program implements strategies to minimize risks to its power, gas, and communication services. **M**
- C** 11. The program educates staff on environment of care risk-reduction strategies. **M**
- A** 12. **D** The program tracks incidents related to the environment of care and makes changes accordingly.

# Delivering or Facilitating Clinical Care (DSDF)

## Overview

Delivering, facilitating, or improving the delivery of high-quality clinical care is at the heart of disease management. Patients with chronic disease count on practitioners to provide the best care possible. Of course, delivering or facilitating high-quality care means that practitioners are constantly striving to improve. Therefore, the standards in this chapter focus on the following:

- Using qualified, competent practitioners
- Delivering or facilitating the delivery of care using evidence-based clinical practice guidelines (CPGs)<sup>‡</sup>
- Individualizing care to meet patients' needs
- Managing co-morbidities and concurrently occurring conditions
- Initiating discharge planning and facilitating subsequent care, treatment, and services

These activities require an interdisciplinary approach. Each practitioner's role and responsibilities are determined by his or her professional skills, competence, and credentials; the care provided; and the program's policies.

**Note:** *Clinical practice guidelines (CPGs) are found in the literature under many names—practice parameters, practice guidelines, patient care protocols, standards of practice, clinical pathways, care maps, and so forth. In all cases, CPGs should be evidence based and effective for the targeted patient populations.*

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<sup>‡</sup> The National Guideline Clearing House (NGCH) (<http://www.guideline.gov>) offers evidence-based guidelines and is a joint effort among the Agency for Healthcare Research and Quality, the American Medical Association, and the American Association of Health Plans. If the guideline submitted is in the NGCH, it will meet the criteria of the standard; however, CPGs not in the NGCH may still meet the standard.

## Standards

The following is a list of all standards for this chapter. They are presented here for your convenience without footnotes or other explanatory text. If you have a question about a term used here, please check the Glossary.

### Delivering or Facilitating Clinical Care (DSDF)

- DSDF.1** Practitioners are qualified and competent.
- 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.
- DSDF.3** The program is implemented through the use of clinical practice guidelines selected to meet the patient's needs.
- DSDF.4** The program develops a plan of care that is based on the patient's assessed needs.
- DSDF.5** The program manages co-morbidities and concurrently occurring conditions and/or communicates the necessary information to manage these conditions to other practitioners.
- DSDF.6** The program initiates discharge planning and facilitates arrangements for subsequent care, treatment, and services to achieve mutually agreed upon patient goals.

# Standards, Elements of Performance, and Scoring

## Standard DSDF.1

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Practitioners are qualified and competent.

### Elements of Performance for DSDF.1

- A** 1. ④ 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 Comprehensive Stroke Center Certification***

- a. 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
- b. The rehabilitation services are directed by a physician with expertise and experience in neurorehabilitation. Examples of such physicians include:
  - Psychiatrist
  - Neurologist with neuro-rehabilitation expertise
- c. Eighty percent of emergency department practitioners are knowledgeable about 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 the patient during the first three hours of care, including thrombolytic therapy for patients who present within three hours of initial onset of symptoms
    - 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
- d. Advanced practice nurses (clinical nurse specialists or nurse practitioners) have focused expertise in comprehensive stroke care and ICU advanced nursing management.
- e. 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, subacute, out-patient)
  - Nurse case managers and social workers with expertise regarding community resources (for example, respite care, Meals-on-Wheels, counseling services)
- f. RNs working in the emergency department, stroke unit, intensive care unit (ICU) that contains dedicated neuro-ICU beds for complex stroke patients, and endovascular catheterization laboratory (cath lab) are formally educated and experienced in the provision of evidence-based comprehensive stroke nursing care.
- g. RNs working in the stroke unit or the ICU that contains dedicated neuro-ICU beds for complex stroke patients are knowledgeable about the stroke scale used in the organization.

**Note:** *An example of a stroke scale is the National Institutes of Health Stroke Scale (NIHSS).*

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- A 2.** (D) The program verifies each practitioner's licensure using a primary source verification process upon hire and at licensure expiration.

- A 3.** Ⓓ The program assesses practitioner competency at time of hire. This assessment is documented.
- A 4.** Ⓓ Orientation provides information and necessary training pertinent to the practitioner’s responsibilities. Completion of the orientation is documented.
- 

***Requirement Specific to Comprehensive Stroke Center Certification***

- a. The Comprehensive Stroke Center requires specific training and education, including a formal orientation on evidence-based comprehensive stroke assessment and nursing management for all nurses providing care for complex stroke patients in the emergency department, acute stroke unit, intensive care unit (ICU) that contains dedicated neuro-ICU beds, and endovascular catheterization laboratory (cath lab).
- 

- A 5.** Ⓓ The program assesses practitioner competence on an ongoing basis. This assessment is documented.
- 

***Requirement Specific to Comprehensive Stroke Center Certification***

- a. RNs that staff the intensive care unit (ICU) that contains dedicated neuro-ICU beds 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 intracranial pressure
  - Nursing care of hemorrhagic stroke patients (intracerebral hemorrhage and subarachnoid hemorrhage)
  - Nursing care of patients receiving intravenous thrombolytic therapy and intra-arterial thrombolytic 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
- 

- A 6.** The program identifies and responds to each practitioner’s program-specific learning needs.

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

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**Requirement 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:
- The medical director of the intensive care unit (ICU) that contains the dedicated neuro-ICU beds for complex stroke patients attends eight or more hours of education per year on cerebrovascular disease and/or acute stroke care.
  - 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.*

- Nurses working in the emergency department, as identified by the organization, are required to complete two or more hours of education per year on acute stroke care, and at least one education program on cerebrovascular disease.
- Other emergency department staff members, as identified by the organization, attend at least one educational program on cerebrovascular disease.
- Other emergency department staff members, as identified by the organization, attend two or more hours of education per year on acute stroke care.
- Nurses providing comprehensive stroke care, as identified by the organization, are required to attend a minimum of eight hours of education on neurovascular disease and stroke (for example, nurses providing care in the stroke unit, ICU that contains the dedicated neuro-ICU beds for complex stroke patients, and endovascular catheterization laboratory).

- A minimum of one or more nurses providing comprehensive stroke care, as identified by the organization, is required to attend one regional or national meeting/seminar every other year related to comprehensive stroke care.

**Note:** *This could include nurses providing care in the emergency department, stroke unit, ICU that contains the dedicated neuro-ICU beds for complex stroke patients, and endovascular catheterization laboratory.*

- The nurse(s) attending the regional or national meetings/seminars provides education to the organization's Comprehensive Stroke Center nurses and other professional staff.
- 

## **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.

### **Elements of Performance for DSDF.2**

- A 1.** The selected clinical practice guidelines are evaluated for their relevance to the target population.
- 

#### ***Requirement 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 the patient en route to the emergency department.
  - Addresses procedures for the emergency department to initiate the stroke team.
  - Reviews emergency department/EMS protocols at least annually.
- 

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

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**Requirements Specific to Comprehensive 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..
  - b. 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.
  - c. Time parameters for stroke workup are included in the protocol or the emergency department workup protocol.
  - d. Protocols for care demonstrate that the Comprehensive Stroke Center:
    - Addresses evidence-based endovascular procedures including exclusion criteria.
    - Addresses the circumstances under which the hospital would not accept transferred patients for neurosurgical and cerebrovascular surgery.

**Note:** *These circumstances should include when an organization makes the decision to be on “bypass”, secondary to constrained resources.*

    - Demonstrates efforts to address ongoing collaboration with emergency medical services (EMS) including an annual collaborative review of protocols.
  - e. 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 peristroke complications.
    - Addresses the initiation of endovascular procedures.
  - f. Nursing care delivery must be supported by evidence-based practice policies and protocols.
-

- A 3.** Ⓓ The program leader(s) and practitioners review and approve clinical practice guidelines prior to implementation.
- A 4.** Practitioners are educated about clinical practice guidelines and their use.

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**Requirement Specific to Comprehensive 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.
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- A 5.** The program demonstrates evidence that it is following the clinical practice guidelines when providing care, treatment, and services.
- C 6.** The program implements modifications to clinical practice guidelines based on current evidence-based practice.

### **Standard DSDF.3**

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The program is implemented through the use of clinical practice guidelines selected to meet the patient's needs.

#### **Elements of Performance for DSDF.3**

- A 1.** The program establishes an interdisciplinary team based on the patient's assessed needs and direction from clinical practice guidelines.

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**Requirement Specific to Comprehensive Stroke Center Certification**

- a. Protocols for care, treatment, and services demonstrate that the Comprehensive Stroke Center:
    - Addresses multidisciplinary team members, as identified by the organization, who are to evaluate the patient before and after surgery.
    - Addresses multidisciplinary team members, as identified by the organization, who are to evaluate the patient before and after endovascular procedures.
- 

- C 2.** The assessment(s) and reassessment(s) are completed according to the patient's needs and clinical practice guidelines. **M** **3**

---

**Requirements Specific to Comprehensive Stroke Center Certification**

- a. Use of the assessment protocol is reflected in the order sets, pathways, or medical records.
- b. 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
- c. 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.*

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- C 3.** The program implements care, treatment, and services based on the patient’s assessed needs. **M** **A**

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**Requirement Specific to Comprehensive Stroke Center**

- a. 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. (Refer to DSPR.8, EP 1, Requirement a)*

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**Standard DSDF.4**

The program develops a plan of care that is based on the patient’s assessed needs.

**Elements of Performance for DSDF.4**

- A 1.** The plan of care is developed using an interdisciplinary approach and patient participation.

- A 2.** The program individualizes the plan of care for each patient.  $\triangle_3$
- A 3.** The individualized plan of care is based on the patient's goals and the time frames to meet those goals.
- A 4.** The individualized plan of care reflects coordination of care with other programs, as determined by patient co-morbidities.  $\triangle_3$

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**Requirements Specific to Comprehensive Stroke Center Certification**

- a. Based on prognosis and the patient's individual needs, patients are referred to palliative care when indicated.
  - b. Based on prognosis and the patient's individual needs, patients are referred to hospice/end-of-life care when indicated.
- 

- C 5.** The program explains the plan of care to the patient in a manner he or she can understand.
- A 6.** The program informs patients of all potential consequences of not complying with recommended care, treatment, and services.  $\triangle_3$
- C 7.** The program informs patients of their responsibility to provide information to facilitate treatment and cooperate with practitioners.
- C 8.** The program continually evaluates, revises, and implements revisions to the plan of care to meet the patient's ongoing needs.  $\textcircled{M}$

## **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.

### **Elements of Performance for DSDF.5**

- C 1.** The program coordinates care for patients with multiple health needs.  $\textcircled{M}$   $\triangle_3$

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**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.

- Addresses time parameters and transfer procedures in written documentation.
- Evaluates the receiving organization's ability to meet the individual patient's needs.
- b. Based on prognosis and individual needs, patients are referred to community resources to facilitate integration into the community, such as:
  - Outpatient therapy, including physical therapy, occupational therapy, and speech therapy
  - Support groups
  - Social services
  - Vocational rehabilitation
  - Behavioral health services
  - Family therapy services
  - Respite care services
  - American Heart Association and American Stroke Association

- 
- C 2.** Patients with co-morbidities and co-occurring conditions needing clinical and/or psychosocial care, treatment, and services are managed by the program's practitioners or referred to other practitioners for care. **M** **3**
  - C 3.** The program's practitioners communicate to other practitioners important information regarding co-occurring conditions and co-morbidities which is needed to manage the patient's conditions. **M** **3**

## 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 1.** In preparation for discharge, the program discusses and plans with the patient and family the care, treatment, and services that are needed in order to achieve the mutually agreed upon self-management plan and goals. **M**

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#### **Requirement 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. 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
    - Home with required services
    - Palliative care
- 

- 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 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 referrals when the Comprehensive Stroke Center does not provide post-acute, inpatient rehabilitation services.
- 

- C** 3. In preparation for discharge, the program communicates the patient's needs and goals to other practitioners who will continue to support the patient in achieving the desired outcomes.

- 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.
- 

***Requirement Specific to Comprehensive Stroke Center Certification***

- a. The Comprehensive Stroke Center licensed independent practitioners and staff members, as identified by the organization, prepare and present two or more educational courses per year for the staff or for those staff outside the Comprehensive Stroke Center.
-

# Supporting Self-Management (DSSE)

## Overview

One basic principle of disease management mandates that the patient must be actively involved in managing the disease. Patients who learn about their disease, their symptoms, and the warning signs of future complications tend to be better able to manage their long-term health. Practitioners can strive to offer high-quality care, but their effort will have greater results when patients are interested and informed. The standards in this chapter focus on the following:

- Assessing patients' self-management capabilities
- Providing support for patients in self-management activities
- Involving patients in developing the plan of care
- Educating patients in the theory and skills necessary to manage their disease(s)
- Recognizing and supporting self-management efforts

## Standards

The following is a list of all standards for this chapter. They are presented here for your convenience without footnotes or other explanatory text. If you have a question about a term used here, please check the Glossary.

### Supporting Self-Management (DSSE)

- DSSE.1** The program involves patients in making decisions about managing their disease or condition.
- DSSE.2** The program addresses the patient's self-management plan.
- DSSE.3** The program addresses patients' education needs.

# Standards, Elements of Performance, and Scoring

## 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. **M**

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#### **Requirements Specific to Comprehensive Stroke Center Certification**

- a. The Comprehensive Stroke Center is required to obtain informed consent from patients.
    1. The Comprehensive Stroke Center's written policy identifies the specific stroke interventions that require informed consent, in accordance with law and regulation. The informed consent process includes:
      - A discussion about the patient's proposed stroke interventions and care.
      - A discussion about potential benefits, risks, and side effects of the patient's proposed stroke interventions and care; the likelihood of the patient achieving his or her goals; and any potential problems that might occur as a result of the intervention.
      - A discussion about reasonable alternatives to the patient's proposed stroke interventions and care. The discussion encompasses risks, benefits, and side effects related to the alternatives and the risks related to not receiving the proposed stroke interventions and care.
    2. The Comprehensive Stroke Center's written policy describes how informed consent is documented in the patient record.
  - b. The patient and family participate in planning post-hospital care.
- 
- C** 2. The program assesses the patient's readiness, willingness, and ability to engage in self-management activities. **M**
- C** 3. The program assesses the family and/or caregiver's readiness, willingness, and ability to provide or support self-management activities when needed. **M**

---

**Requirements Specific to Comprehensive Stroke Center Certification**

- a. The patient’s family members, including the primary caregiver, have been assessed to determine their readiness to provide care to the patient.
  - b. For patients returning home, the family members receive a comprehensive assessment to determine their skills, capacities, and resources to provide post-hospital care.
- 

- C** 4. The program utilizes the assessment of the patient and family and/or caregiver to guide the development of a self-management plan. **M**
- 

**Requirement Specific to Comprehensive Stroke Center Certification**

- a. For patients returning home, problem-solving strategies are provided to the family for post-hospital care.
- 

- C** 5. Patients and practitioners mutually agree upon goals. **M**
- 

**Requirement Specific to Comprehensive Stroke Center Certification**

- a. Goals are established for post-hospital care.
- 

**Standard DSSE.2**

The program addresses the patient’s self-management plan.

**Elements of Performance for DSSE.2**

- C** 1. The program promotes lifestyle changes that support self-management activities.
- C** 2. The program evaluates barriers to lifestyle changes. **M**
- C** 3. The program engages family and community support structures in the patient’s self-management plan, as directed by the patient.
- C** 4. The program assesses and documents the patient’s response to recommended lifestyle changes. **M**
- C** 5. The program addresses the education needs of the patient regarding disease progression and health promotion. **M**
- C** 6. The program revises the self-management plan according to the patient’s assessed needs.

## Standard DSSE.3

The program addresses the patient's education needs.

### Elements of Performance for DSSE.3

- A** 1. © The program's education materials comply with recommended elements of care, treatment, and services, which are supported by literature and promoted through clinical practice guidelines and evidence-based practice.
- C** 2. The program presents content in an understandable manner according to the patient's level of literacy. **M**
- C** 3. The program presents content in a manner that is culturally sensitive. **M**
- C** 4. The program makes initial and ongoing assessments of the patient's comprehension of program-specific information. **M**
- C** 5. The program addresses the education needs of the patient regarding his or her disease or condition and care, treatment, and services. **M**

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#### **Requirements Specific to Comprehensive Stroke Center Certification**

- a. For patients returning home, education is provided for the patient and family on post-hospital care.
  - b. Education and resources are provided about durable medical equipment (DME) when indicated.
  - c. Education is provided to the family about respite care.
  - d. Resource information is provided to the family about respite care.
-

# Clinical Information Management (DSCT)

## Overview

Delivering or facilitating the delivery of health care is a complex endeavor that is highly dependent on the exchange of information. Over time, patients may receive a range of care in multiple settings from multiple practitioners. The goal of coordinating information across the continuum of care is to manage information so that care is maximized as well as improved. For this reason the disease-specific care program should understand its role within a health care delivery system that spans across settings, services, practitioners, and care levels. Because the continuum of care encompasses such a large scope of people and services, disease-specific care programs must maintain the integrity and security of their data and information as they compile and share it with others.

The standards in this chapter focus on the following:

- Proactively gathering and sharing information across the continuum to coordinate care across settings and over time
- Providing easy access to patient-related information
- Preserving confidentiality of patient information
- Maintaining data quality and integrity
- Integrating and interpreting data from various sources
- Using aggregate data to support the program's information needs and direction setting

Although efficiency may be improved by computerization and other technologies, the principles of good information management apply to all processes, whether paper based or electronic.

## Standards

The following is a list of all standards for this chapter. They are presented here for your convenience without footnotes or other explanatory text. If you have a question about a term used here, please check the Glossary.

### Clinical Information Management (DSCT)

- DSCT.1** Patient information is confidential and secured.
- DSCT.2** Information management processes meet the program's internal and external information needs.
- DSCT.3** Patient information is gathered from a variety of sources.
- 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.
- DSCT.5** The program initiates, maintains, and makes accessible a medical record for every patient.

# Standards, Elements of Performance, and Scoring

## Standard DSCT.1

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Patient information is confidential and secure.

### Elements of Performance for DSCT.1

- C** 1. Patients are made aware of how data and information related to them will be used by the program.
- A** 2. The program discloses health information only as authorized by the patient or as otherwise consistent with law and regulation.
- C** 3. Records and information are safeguarded against loss, destruction, tampering, and unauthorized access or use.
- A** 4. Ⓓ The program identifies, in writing, who is authorized to access, use, and disclose patient information.
- A** 5. Ⓓ The program defines a process for responding to a violation of confidentiality or security.
- C** 6. The program implements its process addressing a violation of confidentiality or security.

## Standard DSCT.2

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Information management processes meet the program's internal and external information needs.

### Elements of Performance for DSCT.2

- A** 1. Data are easily retrieved in a timely manner without compromising security and confidentiality.
- A** 2. The program uses aggregate data and information to support leadership decisions.
- A** 3. The program uses aggregate data and information to support operations.
- A** 4. The program uses aggregate data and information to support performance improvement activities.
- A** 5. The program uses aggregate data and information to support patient care.

### Standard DSCT.3

---

Patient information is gathered from a variety of sources.

#### Elements of Performance for DSCT.3

- C** 1. Information is gathered directly from the patient and family.
- C** 2. Information is gathered from relevant practitioners and/or health care organizations.

### Standard DSCT.4

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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

- C** 1. The program shares information directly with the patient.
- C** 2. The program shares information with relevant practitioners and/or health care organizations to facilitate continuation of patient care.

### Standard DSCT.5

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The program initiates, maintains, and makes accessible a medical record for every patient.

#### Elements of Performance for DSCT.5

- C** 1. All relevant practitioners have access to patient information as needed.
- C** 2. The medical record contains sufficient information to identify the patient. **M**
- C** 3. The medical record contains sufficient information to support the diagnosis. **M**
- C** 4. The medical record contains sufficient information to justify the care, treatment, and services provided. **M**

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#### **Requirement Specific to Comprehensive Stroke Center Certification**

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

- C** 5. The medical record contains sufficient information to document the course and results of care, treatment, and services. **M** **A**

- C** 6. The medical record contains sufficient information to facilitate continuity of care. **M**
- A** 7. The program reviews its medical records for completeness and accuracy.

# Performance Measurement (DSPM)

## Overview

Performance improvement (PI) activities should help identify and evaluate changes that the program must make to enhance performance. Performance improvement is a continuous process and is dependent on measuring the function of important processes and services, as well as the final outcomes of the care rendered.

The standards in this chapter focus on the following:

- Having an organized, comprehensive approach to PI
- Developing a performance improvement plan
- Trending and comparing data to evaluate processes and outcomes
- Using information garnered from measurement data to improve or validate clinical practice
- Using patient-specific, care-related data
- Evaluating the patient's perception of the quality of care
- Maintaining data quality and integrity

## Standards

The following is a list of all standards for this chapter. They are presented here for your convenience without footnotes or other explanatory text. If you have a question about a term used here, please check the Glossary.

### Performance Measurement (DSPM)

- DSPM.1** The program has an organized, comprehensive approach to performance improvement.
- DSPM.2** The program maintains data quality and integrity.
- DSPM.3** The program collects measurement data to evaluate processes and outcomes.
- DSPM.4** The program collects and analyzes data to determine variance from the clinical practice guidelines.
- DSPM.5** The program evaluates patient satisfaction with the quality of care.
- DSPM.6** The program has a sentinel event process that includes identifying, reporting, managing, and tracking sentinel events.

# Standards, Elements of Performance, and Scoring

## Standard DSPM.1

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The program has an organized, comprehensive approach to performance improvement.

### Elements of Performance for DSPM.1

- A 1.** Ⓒ The program leader(s) identifies goals and sets priorities for improvement in a performance improvement plan.
- A 2.** The program leader(s) involves the interdisciplinary team and other practitioners across disciplines and/or settings in performance improvement planning and activities.

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#### **Requirements Specific to Comprehensive Stroke Center Certification**

- a. Evidence of specific stroke performance measurement and review by the quality improvement department and stroke team exists.
  - b. The Comprehensive Stroke Center has a peer review process to review all patients who have received care, treatment, and services after a subarachnoid hemorrhage or ischemic stroke.
- 

- A 3.** Ⓒ The program has a written performance improvement plan.
- A 4.** The program leader(s) shares the program performance improvement plan with organizational leadership.
- A 5.** The program collects data related to its target population to identify opportunities for performance improvement.

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#### **Requirements Specific to Comprehensive Stroke Center Certification**

- a. The Comprehensive Stroke Center demonstrates that care is provided to 20 or more patients per year with a diagnosis of subarachnoid hemorrhage.
- b. The Comprehensive Stroke Center demonstrates that 15 or more endovascular coiling or surgical clipping procedures for aneurysm are performed per year.
- c. The Comprehensive Stroke Center monitors annual aneurysm clipping and coiling mortality rates.

- d. The Comprehensive Stroke Center demonstrates that IV tissue plasminogen activator (tPA) is administered 25 or more times per year for eligible patients.

**Note 1:** *Providing IV tPA to an average of 25 eligible patients per year over a two year period is acceptable.*

**Note 2:** *IV tPA administered in the following situations can be counted in the requirement of 25 administrations per year:*

- IV tPA ordered and monitored by the CSC via telemedicine with administration occurring at another hospital.
  - IV tPA administered by another hospital which then transferred the patient to the comprehensive stroke center.
- e. Documentation exists to reflect tracking of performance measures and indicators.
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- A 6.** The program analyzes its performance measurement data to identify opportunities for performance improvement.
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**Requirements Specific to Comprehensive 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.
  - b. The Comprehensive Stroke Center monitors complication rates of carotid endarterectomies (CEA) and carotid arterial stenting (CAS), and demonstrates aggregate complication rates of less than 6%.
  - c. The Comprehensive Stroke Center demonstrates a periprocedure stroke and death rate of less than or equal to 1% for diagnostic catheter angiography.
  - d. The Comprehensive Stroke Center demonstrates an aggregate serious complication rate of less than or equal to 2% for diagnostic catheter angiography.
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- A 7.** ④ The program documents actions taken to achieve improvement.
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**Requirements Specific to Comprehensive Stroke Center Certification**

- a. Documentation exists to reflect specific interventions for improvement in the selected measure.

- b. Documentation exists to reflect the implementation period and reevaluation point.
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- A 8.** The program determines if improvements have been achieved and are being sustained.
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**Requirement Specific to Comprehensive Stroke Center Certification**

- a. Documentation exists to reflect specific outcomes to determine success.
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**Standard DSPM.2**

The program maintains data quality and integrity.

**Elements of Performance for DSPM.2**

- C 1.** The program uses standardized data, definitions, and measure specifications in a consistent manner.
- C 2.** Data collection is timely, accurate, complete, and relevant to the program.
- A 3.** The program minimizes data bias.
- A 4.** The program monitors data reliability and validity.
- A 5.** The program uses sampling methodology based on measurement principles.
- A 6.** The program uses data analysis tools.

**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 1.** The program selects valid, reliable performance measures that are relevant to the target population and based on clinical practice guidelines or other evidence-based practice.
- A 2.** The program collects data related to processes and/or outcomes of care.

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### **Requirements Specific to Comprehensive 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. Documentation indicates the ability to complete and report lab tests in less than 45 minutes from being ordered.
- c. Documentation indicates the ability to perform an electrocardiogram (ECG) and chest x-ray within the same time frame as laboratory testing.
- d. Evidence of the stroke team log captures the stroke team's 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.
- e. The Comprehensive Stroke Center uses a stroke registry or similar data collection tool to monitor the data.
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**A 3.** The program collects patient satisfaction data relevant to its target population.

**A 4.** Data are aggregated at the program level.

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### **Requirement Specifics to Comprehensive Stroke Center Certification**

- a. The Comprehensive Stroke Center monitors aggregate periprocedure complication rates for:
- Placement of a transducer
  - Placement of a ventriculostomy
  - Performance of decompressive craniectomy
  - Performance of endovascular recanalization
- b. The Comprehensive Stroke Center monitors the percentage of complex stroke patients who receive a follow-up phone call by a member of the organization's stroke team within seven days of discharge.
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- A 5. The program reports aggregated data results to The Joint Commission at defined intervals.
- A 6. The program communicates to staff and organizational leaders the identified improvement opportunities.

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**Requirement Specific to Comprehensive Stroke Center Certification**

- a. The Comprehensive Stroke Center publicly reports outcomes related to interventional procedures, as determined by the organization (an example of this would be outcomes related to carotid endarterectomies).

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- A 7. Ⓓ The program incorporates identified improvement opportunities into the performance improvement plan.
  - A 8. The program demonstrates improvement in processes and patient outcomes.

**Standard DSPM.4**

The program collects and analyzes data to determine variance from the clinical practice guidelines.

**Elements of Performance for DSPM.4**

- A 1. The program tracks data variances at the patient level.
- A 2. The program evaluates variances that affect program performance and outcomes.
- A 3. The program uses data analysis to modify performance improvement activities in support of clinical practice guidelines.

**Standard DSPM.5**

The program evaluates patient satisfaction with the quality of care.

**Elements of Performance for DSPM.5**

- A 1. The program evaluates patient satisfaction with and perception of quality of care at the program level.
- A 2. Patient satisfaction data are utilized for program-specific performance improvement activities.

## **Standard DSPM.6**

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The program has a sentinel event process that includes identifying, reporting, managing, and tracking sentinel events.

### **Elements of Performance for DSPM.6**

- A** 1. A process exists for identifying sentinel events related to the program.
- A** 2. A process exists for internally tracking sentinel events if and when they occur.
- A** 3. A process exists for analyzing sentinel events as they relate to program activity.
- A** 4. The program leader(s) implements changes to the program based on the analysis of sentinel events.