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Accreditation and certification

Effective Jan. 1, 2018: New Thrombectomy-Capable Stroke Center Certification

In response to the need to identify hospitals that meet rigorous standards for performing endovascular thrombectomy (EVT) and caring for patients after the procedure, The Joint Commission has developed a new Thrombectomy-Capable Stroke Center (TSC) Certification program in collaboration with the American Heart Association/American Stroke Association. The standards for this program become effective Jan. 1, 2018.

The Joint Commission currently provides three levels of stroke center certification — Acute Stroke Ready (ASR), Primary Stroke Center (PSC) and Comprehensive Stroke Center (CSC).

About one-third of Joint Commission-certified PSCs perform EVT. Recent studies have shown the efficacy of EVT for treating large vessel occlusive (LVO) ischemic strokes. EVT is time-sensitive and current recommendations show that this procedure should ideally be done within six hours of the time the patient was last known to be well. A dispersed network of hospitals capable of providing mechanical thrombectomies can help more patients with LVO more rapidly receive the care they need.

The TSC certification expectations include:

- The ability to perform mechanical thrombectomy for the treatment of ischemic stroke 24/7.
- Dedicated intensive care unit beds to care for acute ischemic stroke patients.
- The availability of staff and practitioners closely aligned with what is expected of CSCs.
- The ability to perform expanded advanced imaging 24/7.
- A process to collect and review data regarding adverse patient outcomes following mechanical thrombectomy.
- The ability to submit data for eight stroke measures and five comprehensive stroke measures for the ischemic stroke population.

View the prepublication standards.

Reminder: Standards revisions related to stroke maintenance take effect Jan. 1, 2018

Revisions to The Joint Commission’s Stroke Certification program standards will become effective for accredited hospitals on Jan. 1, 2018. Earlier this year, The Joint Commission identified requirements for revision in the Acute Stroke Ready (ASR), Primary Stroke Center (PSC) and Comprehensive Stroke...
Center (CSC) Certification programs. All revisions are editorial in nature and do not change the original intent of the requirement; the revisions are intended to provide clarity and consistency.

The areas of revision include:
- Moving requirements that apply to multiple programs, so they are located at the same standard and element of performance (EP) across all programs, such as for Program Management (DSPR) standard DSPR.1, EP 1.
- Deleting redundant requirements.
- Revising requirements or adding notes for clarification, such as for DSPR.5, EP 6 in the PSC and ASR programs.

Learn more or view the prepublication standards.

Performance measurement

2018 ICD-10 code update for certification measure sets
The International Statistical Classification of Diseases and Related Health Problems Code Tables (ICD-10) for certification measures have been updated to include new, deleted and revised codes, and code descriptions for 2018.

Changes are effective for patient discharges on and after Oct. 1, 2017.

ICD-10 Code Tables are detailed in Appendix A of the Specification Manual for Joint Commission National Quality Measures available on The Joint Commission’s website. See the accompanying table for more information.

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<th>Measure Set</th>
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<td>Acute Stroke Ready</td>
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<td>Advanced Certification for Heart Failure</td>
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Coming soon: Training opportunity for Acute Stroke Ready data abstractors
A training webinar for individuals collecting data for The Joint Commission’s new Acute Stroke Ready (ASR) performance measures will be offered early next year, with the date to be announced soon. The webinar will provide:

- In-depth information about the scientific evidence supporting the measures.
- Included and excluded patient populations.
- Algorithm logic.
- Abstraction guidelines.

The ASR measure set is comprised of five measures:

- ASR-IP-1 Thrombolytic Therapy (IV t-PA initiated in the ED followed by inpatient admission to the ASRH)
- ASR-IP-2 Antithrombotic Therapy Administered By End of Hospital Day 2
- ASR-IP-3 Discharged on Antithrombotic Therapy
- ASR-OP-1 Thrombolytic Therapy (Drip and Ship)
- ASR-OP-2 Door to Transfer to Another Hospital
  - 2b Hemorrhagic Stroke
  - 2c Ischemic Stroke; drip and ship
  - 2d Ischemic Stroke; no IV t-PA prior to transfer

Learn more about the ASR measures, which become effective Jan. 1, 2018.

Webinar details will be posted on The Joint Commission’s Acute Stroke Ready Hospital webpage.

Resources

Other resources
New issues of Quick Safety:
Issue 38 – November 2017: Preventing reuse of devices used for blood glucose monitoring
Issue 37 – October 2017: Eliminating vincristine administration events
Issue 36 – September 2017: Improving access to home care

For more information: The Joint Commission Certification webpage
Send questions or comments to: certification@jointcommission.org