

Prepublication Requirements

• Issued June 16, 2021 •



Updated Data Registry Requirements

The Joint Commission has approved the following revisions for prepublication. While revised requirements are published in the semiannual updates to the print manuals (as well as in the online *E-dition*®), accredited organizations and paid subscribers can also view them in the monthly periodical *The Joint Commission Perspectives*®. To begin your subscription, call 800-746-6578 or visit <http://www.jcrinc.com>.

Please note: Where applicable, this report shows current standards and EPs first, with deleted language struck-through. Then, the revised requirement follows in bold text, with new language underlined.

APPLICABLE TO THE ACUTE STROKE READY HOSPITAL ADVANCED CERTIFICATION

Effective January 1, 2022

Performance Measurement (DSPM) Chapter

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.

Element(s) of Performance for DSPM.3

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

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Key: **D** indicates that documentation is required;

R indicates an identified risk area;

Requirements Specific to Acute Stroke Ready Certification

a. At a minimum, the stroke team log includes the following information for each entry:

- Practitioner response time to acute stroke patients (See also DSPR.5, EP 3a; DPDF.3, EP 2a)
 - Type(s) of diagnostic tests and acute treatment if used
 - Patient diagnosis
 - Door-to-IV thrombolytic time
 - Patient complications
 - Disposition of the patient (for example, upon admission to the organization, discharge, transfer to another organization)
- b. The program utilizes a ~~stroke registry or similar data collection tool~~ to monitor the data and measure outcomes.
- c. The program monitors its IV thrombolytic complications, which include symptomatic intracerebral hemorrhage and serious life-threatening systemic bleeding.

Note 1: Symptomatic intracerebral hemorrhage is defined by a completed computed tomography (CT) prior to transfer that shows intracerebral hemorrhage along with a physician's note indicating clinical deterioration due to intracerebral hemorrhage.

Note 2: Serious, life-threatening systemic bleeding is defined as bleeding prior to transfer requiring multiple transfusions along with a physician's note attributing IV thrombolytic therapy as the reason for multiple transfusions.

Requirements Specific to Acute Stroke Ready Certification

a. At a minimum, the stroke team log includes the following information for each entry:

- Practitioner response time to acute stroke patients (See also DSPR.5, EP 3a; DPDF.3, EP 2a)
- Type(s) of diagnostic tests and acute treatment if used
- Patient diagnosis
- Door-to-IV thrombolytic time
- Patient complications
- Disposition of the patient (for example, upon admission to the organization, discharge, transfer to another organization)

b. The program utilizes an **audited** registry to monitor **stroke** data and measure outcomes.

Note: See the Glossary for the definition of audited registry.

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

Note 1: Symptomatic intracerebral hemorrhage is defined by a completed computed tomography (CT) prior to transfer that shows intracerebral hemorrhage along with a physician's note indicating clinical deterioration due to intracerebral hemorrhage.

Note 2: Serious, life-threatening systemic bleeding is defined as bleeding prior to transfer requiring multiple transfusions along with a physician's note attributing IV thrombolytic therapy as the reason for multiple transfusions.
