

# 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 COMPREHENSIVE STROKE CENTER ADVANCED CERTIFICATION

Effective January 1, 2022

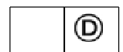
### Program Management (DSPR) Chapter

#### DSPR.5

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

#### Element(s) of Performance for DSPR.5

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



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

a. The comprehensive stroke center currently participates in patient-centered stroke research that is approved by the Institutional Review Board.

Note: Patient-centered research refers to research focusing on clinical patient studies. Participating in a ~~stroke~~ registry or in laboratory-based research does not meet this requirement.

b. The comprehensive stroke center has a written research protocol for current stroke research.

**Requirements Specific to Comprehensive Stroke Center Certification**

a. The comprehensive stroke center currently participates in patient-centered stroke research that is approved by the Institutional Review Board.

**Note:** Patient-centered research refers to research focusing on clinical patient studies. Participating in an audited registry for stroke data and measure outcomes or in laboratory-based research does not meet this requirement.

b. The comprehensive stroke center has a written research protocol for current stroke research.

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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**Requirements Specific to Comprehensive Stroke Center Certification**

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

**Note:** 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. 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.

c. ~~The comprehensive stroke center uses a stroke registry or similar data collection tool to monitor the data.~~

**Requirements Specific to Comprehensive Stroke Center Certification**

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

**Note:** 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. 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.

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

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

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