

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 PRIMARY STROKE CENTER 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 Primary Stroke Center Certification

a. The stroke team log includes at least the following information:

- Practitioner response time to acute stroke patients (See also DSPR.5, EP 6a; DSDF.3, EP 2a)
- Type(s) of diagnostic tests and acute treatment used
- Door to IV tissue plasminogen activator (tPA) time
- Disposition of the patient (for example, upon admission to 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) within 36 hours 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 within 36 hours from the administration of IV thrombolytic therapy that required multiple transfusions and was accompanied by a physician's note attributing IV thrombolytic therapy as the reason for multiple transfusions.

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- Type(s) of diagnostic tests and acute treatment used
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- Disposition of the patient (for example, upon admission to 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.

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