Revised Acute Stroke Ready Hospital Certification 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 CERTIFICATION PROGRAM
Effective January 1, 2024

Program Management (DSPR) Chapter

DSPR.01

The program defines its leadership roles.

Element(s) of Performance for DSPR.01

1. The program identifies members of its leadership team.

  Requirement Specific to Acute Stroke Ready Certification
  a. The organization appoints an Acute Stroke Ready medical director.
  Note: An Acute Stroke Ready medical director does not have to be board certified in neurology or neurosurgery but must have sufficient knowledge of cerebrovascular disease to provide administrative leadership, clinical guidance, and input to the program.
Requirements Specific to Acute Stroke Ready Certification
a. The program appoints a physician with sufficient knowledge of neurology and cerebrovascular disease as the acute stroke ready program’s medical director to provide administrative leadership and clinical oversight to the stroke program.
Note: The ASRHs medical director does not have to be board certified in neurology or neurosurgery but must have sufficient knowledge of cerebrovascular disease to provide administrative leadership, clinical guidance, and input to the program.
b. The acute stroke ready program appoints an individual who is qualified through education, training, or experience and who collaborates with the medical director to define, implement, and direct the program.
Note: This role may be an individual’s primary job responsibility or may be in addition to other duties.

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

Requirement Specific to Acute Stroke Ready Certification
a. Written documentation shows support of the Acute Stroke Ready program by the organization or health system administration.

Requirement Specific to Acute Stroke Ready Certification
a. Written documentation shows support of the acute stroke ready program by the organization or health system administration.

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

Requirements Specific to Acute Stroke Ready Certification
a. The acute stroke team should include, at a minimum, a nurse (or nurse practitioner or physician assistant) and a physician. Each member of the acute stroke team has basic training in acute stroke care, such as completion of continuing education in areas of acute stroke care or attendance at regional or national courses dealing with acute stroke care, or has prior experience in neuroscience intensive care.
b. The program documents the roles and responsibilities for members of the acute stroke team.
c. The organization defines its interdisciplinary team so that it reflects the needs of its patients.
Requirements Specific to Acute Stroke Ready Certification

a. The program identifies a core stroke team that includes, at a minimum, a nurse (or nurse practitioner or physician assistant) and a physician. Each member of the core stroke team has basic training in acute stroke care as defined by the program.
b. The program documents the roles and responsibilities for interdisciplinary team members including the core stroke team.
c. The program defines its interdisciplinary team so that it reflects the needs of its patients.

7. The program leader(s) makes certain that practitioners practice within the scope of their licensure, certification, training, and current competency.

Requirement Specific to Acute Stroke Ready Certification

a. Physicians and other licensed practitioners are trained, experienced, and privileged to diagnose and treat patients with stroke within the scope of their licensure, certification, training, current, and ongoing competency in accordance with applicable laws, regulations, and organizational requirements.

DSPR.02
The program is collaboratively designed, implemented, and evaluated.

Element(s) of Performance for DSPR.02

2. The interdisciplinary team implements the program.

Requirement Specific to Acute Stroke Ready Certification

a. The core stroke team approves the program’s education content for patients.
b. The core stroke team determines the training and education content for staff based on staff’s roles and responsibilities.

3. The interdisciplinary team evaluates the program.
**Requirement Specific to Acute Stroke Ready Certification**

a. At least quarterly, representatives of the interdisciplinary team meet to review performance of the stroke program and identify quality improvement opportunities. Documentation includes attendance records and meeting minutes.

**DSPR.03**

The program meets the needs of the target population.

**Element(s) of Performance for DSPR.03**

4. The services provided by the program are relevant to the target population.

**Requirements Specific to Acute Stroke Ready Certification**

a. The organization collaborates with emergency medical services (EMS) providers to make certain of the following:
   - The program has a relationship with EMS providers that includes notification when a patient with suspected stroke is being transported to the acute stroke ready hospital.
   - The program has access to treatment protocols utilized by EMS providers and prehospital personnel for emergency stroke care.
   - The program has protocols for working with EMS to facilitate the transport and transfer of acute stroke patients in a timely manner to the most appropriate facility.
   - The program works collaboratively with EMS to establish that personnel have specific training in the use of at least one accepted field assessment tool.

b. The program has written criteria for the admission, transfer, and discharge of stroke patients.

c. The organization has a written transfer protocol with at least one primary stroke center or one comprehensive stroke center or a stroke center of comparable capability.

d. Written transfer protocols with accepting facilities include the following:
   - Contact names
   - Contact phone numbers
   - Ability to transfer 24 hours a day, 7 days a week
   - Ground and air transportation options

Note: Access to stroke expertise may be in person or via telemedicine. If via telemedicine, there is the capability for a live interactive physical exam with real-time viewing of the patient and neuroimaging studies.

e. The program has access to stroke expertise 24 hours a day, 7 days a week.

f. Medical professionals providing remote medical guidance have training and expertise similar to primary or comprehensive stroke center providers.
Requirements Specific to Acute Stroke Ready Certification

a. The program collaborates with emergency medical services (EMS) providers to make certain of the following:
   - The program has a relationship with EMS providers that includes notification when a patient with suspected stroke is being transported to the acute stroke ready hospital.
   - The program has access to treatment protocols utilized by EMS providers and prehospital personnel for emergency stroke care and transport of suspected stroke patients to stroke centers.
   - The program works collaboratively with EMS to make certain that providers have specific training in the use of at least one accepted stroke field assessment tool.

b. The program has written protocols and processes for the admission, transfer, and discharge of stroke patients.

c. The program has the ability to perform computed tomography (CT) of the head on site 24 hours a day, 7 days a week.
   Note: A brain magnetic resonance imaging (MRI) may be performed in lieu of a head CT, if the same time parameters can be met in the acute setting.

d. The program has the ability to complete initial laboratory tests on site 24 hours a day, 7 days a week.
   Note: Laboratory tests may include a complete blood cell count with platelet count, coagulation studies (prothrombin time, International Normalized Ratio), blood chemistries, and troponin.

e. The program has a written transfer protocol with at least one primary stroke center or one comprehensive stroke center or a stroke center of comparable capability.

f. Written transfer protocols with accepting facilities include the following:
   - Contact names
   - Contact phone numbers
   - Ability to transfer 24 hours a day, 7 days a week
   - Ground and air transportation options

g. The program has access to stroke expertise 24 hours a day, 7 days a week.
   Note: Access to stroke expertise may be in person or via telemedicine. If via telemedicine, there is the capability for a live interactive physical exam with real-time viewing of the patient and their neuroimaging studies.

DSPR.05

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

Element(s) of Performance for DSPR.05

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

Key: ☐ indicates that documentation is required; ☑ indicates an identified risk area;
Prepublication Requirements continued
June 20, 2023

Requirement Specific to Acute Stroke Ready Certification
a. The organization’s formulary or medication list must include an IV thrombolytic therapy medication approved by the US Food and Drug Administration for the treatment of ischemic stroke.

3. The program provides care, treatment, and services to patients in a planned and timely manner.

Requirements Specific to Acute Stroke Ready Certification
a. The acute stroke team is on call 24 hours a day, 7 days a week, with the ability of at least one member to be at the patient’s bedside within 15 minutes of being called.
Note: The organization may choose to maintain a consistent team or group of practitioners for this purpose, or it may choose to rotate this responsibility as needed. These practitioners may include physicians, nurses, nurse practitioners, and physician assistants from any unit or department as determined by the organization.
b. The organization has the ability to complete initial laboratory tests on site 24 hours a day, 7 days a week.
Note: Laboratory tests may include a complete blood cell count with platelet count, coagulation studies (prothrombin time, International Normalized Ratio), blood chemistries, and troponin.
c. The organization has the ability to perform computed tomography (CT) of the head on site 24 hours a day, 7 days a week.

6. The program has a process to provide emergency/urgent care.

Key: D indicates that documentation is required; R indicates an identified risk area;
Requirements Specific to Acute Stroke Ready Certification

a. The organization appoints an acute stroke team to manage patients who present with this condition.
b. The program has at least one physician, nurse practitioner, or physician assistant on site to supervise patient care, order medication, and manage emergent issues.
   Note: The nurse practitioner or physician assistant must have prescriptive authority and the ability to consult with a covering physician if needed.
c. The organization has designated practitioners knowledgeable in the diagnosis and treatment of stroke who are responsible for responding to patients with an acute stroke 24 hours a day, 7 days a week.
d. The organization has written documentation on the process used to notify the designated practitioners who respond to patients with an acute stroke.
e. Emergency department licensed independent practitioners have 24-hour access to a timely, informed consultation about the use of IV thrombolytic therapy, which is provided by a physician privileged in the diagnosis and treatment of ischemic stroke.
   Note 1: For the purpose of The Joint Commission’s Acute Stroke Ready Hospital Certification, an informed consultation includes bedside consultation or telemedicine consultation from a privileged physician.
   Note 2: If the emergency department licensed independent practitioners are privileged in the diagnosis and treatment of ischemic stroke, then access to bedside or telemedicine consultation is not necessary.

Requirements Specific to Acute Stroke Ready Certification

a. The program appoints an acute stroke team to manage patients who present with stroke.
b. The program has at least one physician, nurse practitioner, or physician assistant on site to supervise patient care, order medication, and manage emergent issues.
   Note: The nurse practitioner or physician assistant must have prescriptive authority and the ability to consult with a covering physician if needed.
c. The program has designated physicians or other licensed practitioners knowledgeable in the diagnosis and treatment of stroke who are responsible for responding to patients with an acute stroke 24 hours a day, 7 days a week.
d. The program has written documentation of the process, including expected response time parameters that are used to notify the designated physicians or other licensed practitioners who respond to patients with an acute stroke.
   Note: The program develops acute stroke response time goals in alignment with current clinical practice guidelines and evidence-based practice.
e. Emergency department physicians and other licensed practitioners have 24-hour access, either in person or via telemedicine, to a physician who can provide a timely, informed consultation for stroke care when additional clinical expertise is needed.
   Note: If the emergency department physicians or other licensed practitioners are privileged in the diagnosis and treatment of stroke, then access to bedside or telemedicine consultation is not necessary.
7. The program provides the number and types of practitioners needed to deliver or facilitate the delivery of care, treatment, and services.

**Requirements Specific to Acute Stroke Ready Certification**
- Neurosurgical coverage is documented in a written plan and is approved by the covering neurosurgeon(s), stroke program leaders, and any involved facilities.
- Neurosurgical services are available to patients within three hours of it being deemed necessary.
- There is a written protocol for transfer that includes communication and feedback from the receiving facility.

**Requirement Specific to Acute Stroke Ready Certification**
- There is a written protocol for transfer that includes communication and feedback from the receiving facility.

**DSPR.06**

The program has current reference and resource materials.

**Element(s) of Performance for DSPR.06**

1. Practitioners have access to reference materials, including clinical practice guidelines, in either hard copy or electronic format.

**Requirement Specific to Acute Stroke Ready Certification**
- Protocols and care paths (preprinted or electronic documents) are available in the emergency department and in other acute care areas for the acute assessment and treatment of patients with ischemic or hemorrhagic stroke.

**Requirement Specific to Acute Stroke Ready Certification**
- Protocols, clinical practice guidelines, and orders (preprinted or electronic documents) are available in the emergency department and in other acute care areas for the acute assessment and treatment of patients with ischemic or hemorrhagic stroke.
DSDF.01

Practitioners are qualified and competent.

**Element(s) of Performance for DSDF.01**

1. 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 Acute Stroke Ready Certification**
   
   a. The organization’s clinical staff have knowledge of the process used to notify designated practitioners of the need to respond to patients with an acute stroke.
   
   b. Emergency department practitioners demonstrate knowledge of IV thrombolytic therapy protocols for acute stroke, including the following:
   
   - Treatment during the first three hours after the patient was last known to be well
   
   - Indications for use of IV thrombolytic therapy
   
   - Contraindications to IV thrombolytic therapy
   
   - Education to be provided to patients and families regarding the risks and benefits of IV thrombolytic therapy
   
   - Signs and symptoms of neurological deterioration after IV thrombolytic therapy

   **Requirements Specific to Acute Stroke Ready Certification**
   
   a. Physicians and other licensed practitioners demonstrate knowledge and understanding of the program’s protocols related to care, treatment, and services for stroke patients.

4. Orientation provides information and necessary training pertinent to the practitioner’s responsibilities. Completion of the orientation is documented.

   **Requirement Specific to Acute Stroke Ready Certification**
   
   a. The program provides initial orientation, education, and training that is pertinent to the program-specific stroke policies and procedures and individual licensed practitioners roles and responsibilities.

7. Ongoing in-service and other education and training activities are relevant to the program’s scope of services.
Requirements Specific to Acute Stroke Ready Certification
a. Members of the core stroke team, as identified by the organization, receive at least four hours annually of continuing education or other equivalent educational activity related to the care of patients with cerebrovascular disease.
b. Emergency department staff, as defined by the organization, participates in educational activities related to stroke diagnosis and treatment a minimum of twice a year.
Note: This requirement does not include emergency physicians. For more information, refer to Medical Staff (MS) Standard MS.12.01.01 in the Hospital E-dition® or the Comprehensive Accreditation Manual for Hospitals.
c. The medical director of the program (if not part of the core stroke team) receives annually at least four hours of education related to the care of patients with cerebrovascular disease.

Requirements Specific to Acute Stroke Ready Certification
a. The program provides ongoing education and training activities that are pertinent to the licensed practitioners’ roles and responsibilities when staff responsibilities change; when new or revised policies, procedures, or guidelines are implemented; and/or other intervals defined by the program.
b. Other staff in the organization who interact with stroke patients receive training on recognition of clinical signs and symptoms that require timely notification according to institution-specific policy and protocol.

DSDF.02
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.

Element(s) of Performance for DSDF.02

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

Requirements Specific to Acute Stroke Ready Certification
a. The program has written protocols based on clinical practice guidelines, including the following:
   - Protocols for emergent care of patients with ischemic stroke
   - Protocols for emergent care of patients with hemorrhagic stroke
b. The dysphagia screen used by the program is an evidence-based testing protocol approved by the organization.
c. Protocols for IV thrombolytic therapy, when indicated, are reflected in the order sets or pathways and utilized in the acute care of the stroke patient.
d. Time parameters for stroke workup are included in a stroke assessment protocol or the emergency department stroke protocol.

Key: ☐ indicates that documentation is required; ☐R indicates an identified risk area;
Requirements Specific to Acute Stroke Ready Certification
a. The program has written protocols based on clinical practice guidelines, including time parameters, for the following:
- Emergent care of patients with ischemic stroke, including the administration of IV thrombolytic therapy with inclusion and exclusion criteria
- Emergent care of patients with hemorrhagic stroke
- The transfer of complex stroke patients to higher levels of care
b. The dysphagia screen used by the program is a validated tool approved by the interdisciplinary team.

3. The program leader(s) and practitioners review and approve clinical practice guidelines prior to implementation.

Requirement Specific to Acute Stroke Ready Certification
a. Protocols for emergent care of patients with ischemic and hemorrhagic strokes are reviewed for current evidence at least annually and revised as necessary using an interdisciplinary approach.

Requirements Specific to Acute Stroke Ready Certification
a. The interdisciplinary team reviews clinical practice guidelines and current evidence at least annually and revises protocols for stroke care to remain in alignment.
Note: Current evidence includes but is not limited to clinical trials, current research, and scientific statements.

5. The program demonstrates evidence that it is following the clinical practice guidelines when providing care, treatment, and services.

Requirements Specific to Acute Stroke Ready Certification
a. The program’s formulary or medication list includes an IV thrombolytic therapy for the treatment of acute ischemic stroke.
Note: If a program maintains more than one IV thrombolytic on formulary for the treatment of acute ischemic stroke, written protocols are in place that define medication selection and administration.

Key: D indicates that documentation is required; R indicates an identified risk area;
Prepublication Requirements continued

June 20, 2023

DSDF.03

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

**Element(s) of Performance for DSDF.03**

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

**Requirements Specific to Acute Stroke Ready Certification**

- a. An emergency department physician, nurse-practitioner, or physician assistant performs an assessment for a suspected stroke patient within 15 minutes of patient arrival in the emergency department.
  
  Note: Nurse practitioners and physician assistants performing the initial assessment must have prescriptive authority and the ability to consult with a covering physician if needed.

- b. Ongoing assessment(s) of the patient is completed in accordance with the program's acute stroke protocols.

- c. The National Institutes of Health Stroke Scale (NIHSS) is used for the initial assessment of patients with acute stroke.
  
  Note: The NIHSS is completed by a qualified member of the team as determined by the organization.

- d. A blood glucose level is completed for any patient presenting with stroke symptoms.

- e. The organization has the ability to perform and read a non-contrast head CT or MRI within 45 and 60 minutes, respectively, of being ordered.
  
  Note: Review of the images does not have to be done on site. Evaluation can be performed through telemedicine. Images must be reviewed by a board-certified radiologist or other physician with expertise in reading head CT or brain MRI images.

- f. Laboratory tests, electrocardiogram (ECG), and chest x-ray are completed and resulted within 45 minutes of patient presentation with stroke symptoms, if ordered by the practitioner.
  
  Note: Laboratory tests may include a complete blood cell count with platelet count, coagulation studies (prothrombin time, International Normalized Ratio), blood chemistries, and troponin.

- g. All patients exhibiting stroke symptoms are screened for dysphagia prior to receiving any oral intake of medication, fluids, or food.

- h. The organization has a process to notify medical staff and other personnel about the deterioration of a stroke patient, which may include, but is not limited to, changes in vital signs and neurological status.

Key: 🔴 indicates that documentation is required; 🔴 indicates an identified risk area;
Requirements Specific to Acute Stroke Ready Certification
a. Ongoing assessment(s) of the patient is completed in accordance with the program's acute stroke protocols.
b. The National Institutes of Health Stroke Scale (NIHSS) is used for the initial assessment of patients with acute stroke.
   Note: The NIHSS is completed by a qualified member of the team as determined by the program.
c. A blood glucose level is completed for any patient presenting with stroke symptoms.
d. Laboratory and other diagnostic tests do not delay the administration of IV thrombolytic therapy.
   Note: Laboratory tests may include a complete blood cell count with platelet count, coagulation studies (prothrombin time, International Normalized Ratio), blood chemistries, and troponin.
e. All patients exhibiting stroke symptoms are screened for dysphagia prior to receiving any oral intake of medication, fluids, or food.
f. The program has a process to notify medical staff and other staff about the deterioration of a stroke patient, which may include, but is not limited to, changes in vital signs and neurological status.

3. The program implements care, treatment, and services based on the patient's assessed needs.

Requirements Specific to Acute Stroke Ready Certification
a. If brain magnetic resonance imaging (MRI) is required in place of a head CT, it is completed and interpreted within one hour of being ordered.
b. The completion of laboratory tests, electrocardiogram (ECG), and chest x-ray should not delay the administration of IV thrombolytic therapy.
c. Telemedicine/teleradiology equipment is on site for transmission of information, when needed.
d. Telemedicine link is initiated within 20 minutes of the emergency physician/acute stroke team determining it is necessary.

Requirement Specific to Acute Stroke Ready Certification
a. A telemedicine link is initiated within 20 minutes of the emergency physician or acute stroke team determining it is necessary or within the time frame specified in the contract, whichever is sooner.

DSDF.04
The program develops a plan of care that is based on the patient's assessed needs.

Key: ☐ indicates that documentation is required; ☐ indicates an identified risk area;
Element(s) of Performance for DSDF.04

4. The individualized plan of care reflects coordination of care with other programs, as determined by patient comorbidities.

**Requirement Specific to Acute Stroke Ready Certification**

a. Based on prognosis and the patient’s needs and preferences, patients are referred to palliative care, hospice, or end-of-life services when indicated.

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**DSDF.05**

The program manages comorbidities and concurrently occurring conditions and/or communicates the necessary information to manage these conditions to other practitioners.

Element(s) of Performance for DSDF.05

1. The program coordinates care for patients with multiple health needs.

**Requirements Specific to Acute Stroke Ready Certification**

a. Protocols for care related to patient referrals demonstrate that the program does the following:
   - Addresses processes for transferring patients to another facility
   - Evaluates the receiving organization’s ability to meet the individual patient’s and family’s needs
b. Based on prognosis and the patient’s individual needs and preferences, patients are referred to palliative care when indicated.
e. Based on prognosis and the patient’s individual needs and preferences, patients are referred to hospice or end-of-life care when indicated.
d. For patients transferring to a stroke center, patients should leave the organization within two hours of emergency department arrival or when medically stable. The program includes time parameters and transfer procedures to the stroke center.

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**Requirements Specific to Acute Stroke Ready Certification**

a. Protocols for care related to patient referrals demonstrate that the program does the following:
   - Addresses processes for transferring patients to another facility
   - Evaluates the receiving organization’s ability to meet the patient’s and family’s needs
b. For patients transferring to a higher-level stroke center, patients should leave the organization within two hours of emergency department arrival or when medically stable. The program includes time parameters and transfer procedures to the stroke center.

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**Key:**

- **D** indicates that documentation is required;  
- **R** indicates an identified risk area;
DSDF.06
The program initiates discharge planning and facilitates arrangements for subsequent care, treatment, and services to achieve mutually agreed upon patient goals.

Element(s) of Performance for DSDF.06

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 Acute Stroke Ready Certification
a. The acute stroke ready hospital makes educational opportunities available to prehospital personnel, as defined by the organization.

Requirement Specific to Acute Stroke Ready Certification
a. The acute stroke ready hospital makes educational opportunities available to prehospital personnel, as defined by the program.

Supporting Self-Management (DSSE) Chapter

DSSE.01
The program involves patients in making decisions about managing their disease or condition.

Element(s) of Performance for DSSE.01

1. The program involves patients in decisions about their care, treatment, and services.

Requirement Specific to Acute Stroke Ready Certification
a. The patient and family participate in planning posthospital care.

3. The program assesses the family and/or caregiver’s readiness, willingness, and ability to provide or support self-management activities when needed.

Requirement Specific to Acute Stroke Ready Certification
a. For patients returning home, the family members are assessed to determine their readiness, skills, capacities, and resources to provide posthospital care.
**DSSE.03**

The program addresses the patient's education needs.

**Element(s) of Performance for DSSE.03**

5. The program addresses the education needs of the patient regarding their disease or condition and care, treatment, and services.

*Requirements Specific to Acute Stroke Ready Certification*

a. For patients returning home, education is provided to the patient and family on posthospital care for the following:
- Durable medical equipment, when indicated by patient need
- Respite care, when indicated by patient need
- Financial resource information, when indicated by patient need

**Clinical Information Management (DSCT) Chapter**

**DSCT.04**

The program shares information with relevant practitioners and/or health care organizations about the patient’s disease or condition across the continuum of care.

**Element(s) of Performance for DSCT.04**

2. The program shares information with relevant practitioners and/or health care organizations to facilitate continuation of patient care.

*Requirement Specific to Acute Stroke Ready Certification*

a. The results of diagnostic imaging and laboratory testing are communicated and available to the ordering provider and stroke team, as applicable.

*Requirement Specific to Acute Stroke Ready Certification*

a. The results of diagnostic imaging and laboratory testing are actively communicated and available to the ordering physician or other licensed practitioner and stroke team as applicable.

**DSCT.05**

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

Key: ☐ indicates that documentation is required; ☒ indicates an identified risk area;
Element(s) of Performance for DSCT.05

4. The medical record contains sufficient information to justify the care, treatment, and services provided.

   Requirement Specific to Acute Stroke Ready Certification
   a. Documentation indicates the reason eligible ischemic stroke patients did not receive IV thrombolytic therapy.

   Requirements Specific to Acute Stroke Ready Certification
   a. Documentation indicates the reason potentially eligible ischemic stroke patients did not receive IV thrombolytic therapy.
   b. Documentation indicates the reason potentially eligible ischemic stroke patients were not transferred for endovascular therapy.

5. The medical record contains sufficient information to document the course and results of care, treatment, and services.

   Requirement Specific to Acute Stroke Ready Certification
   a. Stroke program practitioners document all assessments and interventions provided for stroke patients, including date and time, in accordance with the organization’s policy.

   Requirement Specific to Acute Stroke Ready Certification
   a. Stroke program physicians and other licensed practitioners document all assessments and interventions provided for stroke patients, including date and time, in accordance with the program’s policy.

Performance Measurement (DSPM) Chapter

DSPM.01

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

Element(s) of Performance for DSPM.01

1. The program leader(s) identifies goals and sets priorities for improvement in a performance improvement plan.

Key: D indicates that documentation is required; R indicates an identified risk area;
Requirement Specific to Acute Stroke Ready Certification
a. The program monitors its ability to administer IV thrombolytic therapy within 60 minutes to eligible patients presenting for stroke care.

Requirements Specific to Acute Stroke Ready Certification
a. The program reviews its process for managing patients who present with stroke to identify opportunities to reduce the time between patient arrival and the administration of IV thrombolytic therapy.  
b. The program sets a goal to administer IV thrombolytic therapy as timely and safely as possible, but no longer than 60 minutes after an eligible patient presents for stroke care.

2. The program leader(s) involves the interdisciplinary team and other practitioners across disciplines and/or settings in performance improvement planning and activities.

Requirements Specific to Acute Stroke Ready Certification
a. Stroke performance measures are analyzed by the stroke team and the organization’s quality department.  
b. The program has a specified committee that meets a minimum of twice per year to evaluate protocols and practice patterns as indicated.

Requirement Specific to Acute Stroke Ready Certification
a. The stroke team and the program’s quality department analyze stroke performance measures.

6. The program analyzes its performance measurement data to identify opportunities for performance improvement.

Requirements Specific to Acute Stroke Ready Certification
a. The program demonstrates a focus on IV thrombolytic therapy in its performance measurement data.  
b. The program evaluates IV thrombolytic therapy data through the quality improvement process and by the stroke team.

7. The program documents actions taken to achieve improvement.

Key: □ indicates that documentation is required; □ indicates an identified risk area;
Requirements Specific to Acute Stroke Ready Certification
a. The program has documentation to reflect the specific interventions taken to improve stroke performance measurement data.
b. The program has documentation to reflect the implementation and reevaluation of the interventions taken to improve stroke performance measurement data.

8. The program determines if improvements have been achieved and are being sustained.

Requirement Specific to Acute Stroke Ready Certification
a. The program has documentation to reflect specific outcomes that improved stroke performance measurement data.

**DSPM.03**

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.03**

2. The program collects data related to processes and/or outcomes of care.
**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 (Refer to DSPR.5, EP 3a; DSDF.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.
Requirements Specific to Acute Stroke Ready Certification

a. At a minimum, the stroke team log includes the following information for each entry:
- Physician or other licensed practitioner response time to acute stroke patients (Refer to DSPR.05, EP 6 DSDF.03, EP 2a)
- Type(s) of diagnostic tests and acute treatment if used
- Patient diagnosis
- Time from patient arrival to the administration of IV thrombolytic therapy
- Patient complications
- Disposition of the patient (for example, upon admission to the organization, discharge, transfer to another organization)

Note: The log can be captured by written or electronic means and/or may be done retrospectively through chart audits.

b. The program monitors its IV thrombolytic complications, which include symptomatic intracerebral hemorrhage and serious, life-threatening systemic bleeding for the time period in which the patient is under the care of the acute stroke ready program.

Note 1: Symptomatic intracerebral hemorrhage is defined by clinical deterioration and a brain image indicating parenchymal hematoma, subarachnoid hemorrhage, or intraventricular hemorrhage within 36 hours after the onset of treatment with IV or intraarterial thrombolytic therapy or mechanical endovascular reperfusion along with a physician’s note documenting that the clinical deterioration is due to symptomatic 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.