

Prepublication Requirements

• Issued June 20, 2023, Revised August 29, 2023 •



Revised Advanced Primary Stroke Center 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 ADVANCED PRIMARY STROKE CENTER 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 Primary Stroke Center Certification

- a. The ~~organization~~ appoints a primary stroke center (PSC) medical director.
 Note: A PSC 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 stroke program.

Requirements Specific to Primary Stroke Center Certification

a. The primary stroke center appoints a physician with extensive knowledge and expertise in neurology and cerebrovascular disease as the primary stroke center’s (PSC) medical director to provide administrative leadership and clinical oversight to the stroke program.

Note: The PSC’s 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 stroke program.

b. The primary stroke center appoints an individual who is qualified through education, training, or experience who collaborates with the medical director to define, implement, and direct the program.

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

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Requirement Specific to Primary Stroke Center Certification

a. The primary stroke center documents the roles and responsibilities for members of the core stroke team.

Requirements Specific to Primary Stroke Center Certification

a. The primary stroke center 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 primary stroke center.

b. The primary stroke center documents the roles and responsibilities for interdisciplinary team members including the core stroke team.

c. The primary stroke center 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.

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Requirement Specific to Primary Stroke Center 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.

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

R indicates an identified risk area;

DSPR.02

The program is collaboratively designed, implemented, and evaluated.

Element(s) of Performance for DSPR.02

2. The interdisciplinary team implements the program.

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Requirements Specific to Primary Stroke Center 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.

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Requirement Specific to Primary Stroke Center Certification

- a. At least quarterly, representatives of the interdisciplinary team meet to review 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.

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Requirements Specific to Primary Stroke Center Certification

a. The primary stroke center collaborates with emergency medical services (EMS) providers to make certain of the following:

- The program has access to treatment protocols utilized by EMS providers and pre-hospital personnel for emergency stroke care.
- The program has stroke patient destination protocols utilized by EMS providers that address transport of stroke patients to primary stroke centers, in accordance with law and regulation.

b. Primary stroke centers that provide support to remote area hospitals have protocols that address the following:

- Prompt diagnosis and emergency treatment of stroke patients at remote sites
- Transfer of stroke patients to the primary stroke center

c. The primary stroke center has either a stroke unit or designated beds for the acute care of stroke patients.

Note: Stroke units can be defined and implemented in a variety of ways. The stroke unit does not have to be a specific enclosed area with beds designated only for acute stroke patients; it may be a specified unit or number of beds to which most stroke patients are admitted.

d. The primary stroke center 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.

e. For post-acute stroke patients, brain MRI and vascular imaging with a magnetic resonance angiogram (MRA) or computed tomography angiogram (CTA) are available when clinically indicated to determine or guide treatment choices.

f. At least one modality for cardiac imaging, such as echocardiography, is available to all patients admitted for a stroke.

Requirements Specific to Primary Stroke Center Certification

a. The primary stroke center collaborates with emergency medical services (EMS) providers to make certain of the following:

- The primary stroke center has a relationship with EMS providers that includes notification when a patient with suspected stroke is being transported to the center.
- The primary stroke center has access to treatment protocols utilized by EMS providers for emergency stroke care and transport of suspected stroke patients to stroke centers.
- The primary stroke center works collaboratively with EMS to make certain providers have specific training in the use of at least one accepted stroke field assessment tool.

b. The primary stroke center has either a stroke unit or designated beds for the acute care of stroke patients.

Note: Stroke units can be defined and implemented in a variety of ways. The stroke unit does not have to be a specific enclosed area with beds designated only for acute stroke patients; it may be a specified unit or number of beds to which most stroke patients are admitted.

c. The primary stroke center has the ability to perform computed tomography (CT) of the head on site 24 hours a day, 7 days a week.

Key: **(D)** indicates that documentation is required; **(R)** indicates an identified risk area;

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 primary stroke center has the capacity to perform the following types of imaging when clinically indicated:

- Computed tomography angiography (CTA)
- Magnetic resonance imaging (MRI)
- Magnetic resonance angiography (MRA)

e. At least one modality for cardiac imaging, such as echocardiography, is available to all patients admitted for a stroke.

f. The primary stroke center 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 (such as prothrombin time and International Normalized Ratio), blood chemistries, and troponin.

g. The primary stroke center has written protocols and processes for the admission, transfer, and discharge of stroke patients.

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

i. 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

j. The primary stroke center 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 neuroimaging studies.

k. The primary stroke center develops standardized protocols and processes for the timely assessment, diagnosis, and management of patients who present with or develop signs and symptoms of large vessel occlusion.

Additional Requirements Specific to Primary Stroke Centers that Perform Mechanical Thrombectomy

~~g.~~ The primary stroke center has a neurointensive care unit or designated intensive care beds that are available 24 hours a day, 7 days a week for the care of stroke patients.

h. The primary stroke center has the following types of imaging available:

- Catheter angiography
 - ~~Computed tomography angiography (CTA)~~
 - Magnetic resonance imaging (MRI), including diffusion-weighted MRI
 - ~~Magnetic resonance angiography (MRA)~~
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Additional Requirements Specific to Primary Stroke Centers that Perform Mechanical Thrombectomy

l. The primary stroke center has protocols in place for the diagnosis, treatment, and transfer of patients if it does not perform mechanical thrombectomy 24 hours a day, 7 days a week.

m. The primary stroke center has a neurointensive care unit or designated intensive care beds that are available 24 hours a day, 7 days a week for the care of stroke patients.

Note: Stroke units can be defined and implemented in a variety of ways. The stroke unit does not have to be a specific enclosed area with beds designated only for acute stroke patients; it may be a specified unit or number of beds to which most stroke patients are admitted.

n. The primary stroke center has the following types of imaging available:

- Catheter angiography
- Magnetic resonance imaging (MRI), including diffusion-weighted MRI

DSPR.05

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

Element(s) of Performance for DSPR.05

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

Requirement Specific to Primary Stroke Center Certification

a. The primary stroke center has the ability to complete initial laboratory tests on site 24 hours a day, 7 days a week.

Note: Laboratory tests include a complete blood cell count with platelet count, coagulation studies (such as prothrombin time and International Normalized Ratio), blood chemistries, and troponin.

Additional Requirement Specific to Primary Stroke Centers that Perform Mechanical Thrombectomy

b. The primary stroke center performs advanced imaging with multimodal imaging capabilities for the following when indicated by patient need:

- Carotid duplex ultrasound
- Transcranial ultrasonography
- Transesophageal echocardiography (TEE)

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 Primary Stroke Center Certification

a. The primary stroke center 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.

b. The organization has written documentation on the process used to notify the designated practitioners who respond to patients with an acute stroke.

c. At least one of the designated practitioners is able to respond to the patient's bedside within 15 minutes of notification.

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.

d. Emergency department licensed independent practitioners have 24-hour access to a timely, informed consultation about the use of IV thrombolytic therapy, which is obtained from a physician privileged in the diagnosis and treatment of ischemic stroke.

Note 1: For the purpose of The Joint Commission's Primary Stroke Center 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 Primary Stroke Center Certification

a. The primary stroke center has 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.

b. 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.

c. 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 licensed independent 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.

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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. Neurosurgical coverage is documented in a written plan and is approved by the covering neurosurgeon(s), stroke program leaders, and any involved facilities. A neurosurgical call schedule is readily available in the emergency department and to primary stroke center staff.
- b. For sites that transfer patients for neurosurgical emergencies, there is a written protocol for transfer.
- c. For sites that do not transfer patients for neurosurgical emergencies, the primary stroke center has the following:
- A fully functional operating room (OR) facility that is available 24 hours a day, 7 days a week with the necessary staff for neurosurgical services
 - All OR equipment necessary to perform neurosurgical procedures
 - An OR facility and staff for neurosurgical services that are available within two hours
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Requirements Specific to Primary Stroke Center Certification

- a. For sites that transfer patients for endovascular therapy and neurosurgical emergencies, there is a written protocol, including time goals, for transfer.
- b. For sites that perform neurosurgical services, the primary stroke center has the following:
- A fully functional operating room (OR) facility that is available 24 hours a day, 7 days a week with the necessary staff for neurosurgical services
 - All OR equipment necessary to perform neurosurgical procedures
 - A written plan for neurosurgical coverage and a neurosurgical call schedule that is readily available to staff
- c. Surgeons, neurosurgeons, and other neurosurgical staff are available on site within 30 minutes to perform and support the performance of emergent neurosurgical procedures 24 hours a day, 7 days a week.
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Additional Requirements Specific to Primary Stroke Centers that Perform Mechanical Thrombectomy

d. Neurointerventional coverage is documented in a written plan and is approved by the covering neurointerventionalist(s) and stroke program leaders. A neurointerventional call schedule is readily available in the emergency department and to primary stroke center staff.

e. The following practitioners and staff are available to support the patient(s) undergoing mechanical thrombectomy:

- Diagnostic radiologist with complex stroke experience and/or a physician privileged to interpret computed tomography (CT) and magnetic resonance imaging (MRI) of the brain
- MRI technologists
- At least one endovascular catheterization laboratory technician
- At least one endovascular registered nurse

f. A physician privileged to perform mechanical thrombectomy is available on site within 45 minutes during the hours in which mechanical thrombectomies are performed.

g. Practitioners with critical care privileges provide on-site, 24-hour care to patients in the neurointensive care unit or designated intensive care beds used for the care of complex stroke patients.

Note 1: ~~Fellows with critical care experience are acceptable for meeting this requirement. In addition, residents with critical care experience, as determined and documented by the director of the residency program and medical director of the primary stroke center, are acceptable for meeting this requirement.~~

Note 2: ~~Advanced practice nurses (APNs) or physician assistants (PAs) with critical care experience are acceptable for meeting this requirement as an alternative to physicians when the following conditions are met:~~

- ~~- APN or PA has additional education in critical care and has a minimum level of experience, as determined by the organization.~~
 - ~~- Physicians with neurology and critical care experience are available for clinical backup 24 hours a day, 7 days a week.~~
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Additional Requirements Specific to Primary Stroke Centers that Perform Mechanical Thrombectomy

- d. Neurointerventional coverage is documented in a written plan. A neurointerventional call schedule is readily available in the emergency department and to primary stroke center staff.
- e. The following physicians, other licensed practitioners, and staff are available to support the patient(s) undergoing mechanical thrombectomy:
 - Neurointerventionalist(s)
 - Diagnostic radiologist with experience in diagnosing patients with acute stroke
 - Certified radiology and magnetic resonance imaging (MRI) technologists
 - Endovascular catheterization laboratory technician(s)
 - Endovascular registered nurse(s)
- f. A physician privileged to perform mechanical thrombectomy is available on site within 30 minutes during the hours in which mechanical thrombectomies are performed.
- g. Physicians and other licensed practitioners with critical care privileges provide on-site, 24-hour care to patients in the neurointensive care unit or designated intensive care beds used for the care of complex stroke patients.
Note: The program director, in conjunction with the medical director of the intensive care unit, determine who is competent to provide on-site critical care 24 hours a day, 7 days a week to complex stroke patients in accordance with applicable law and regulation. There is written documentation of ongoing competency, as determined by the organization. If advanced practice providers are utilized to meet this requirement, there are physicians available for clinical backup 24 hours a day, 7 days a week either in-person, by phone, or via telemedicine.

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.

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Requirement Specific to Primary Stroke Center Certification

- a. Protocols and care paths (preprinted or electronic documents) are available in the emergency department, acute care areas, and stroke unit for the acute assessment and treatment of patients with ischemic or hemorrhagic stroke.

Requirement Specific to Primary Stroke Center Certification

a. **Protocols, clinical practice guidelines, and orders** (preprinted or electronic documents) are available in the emergency department, acute care areas, and stroke unit for the acute assessment and treatment of patients with ischemic or hemorrhagic stroke.

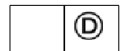
Delivering or Facilitating Clinical Care (DSDf) Chapter

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 Primary Stroke Center Certification

- a. The organization's clinical staff has 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
- c. Eighty percent of emergency department practitioners can do the following:
 - Demonstrate knowledge of the communication system used with inbound EMS
 - Demonstrate knowledge of the location and application of stroke-related protocols
 - Demonstrate knowledge of the care of patients with acute stroke, including pathophysiology, presentation, assessment, diagnostics, and treatment
 - Demonstrate competency in the diagnosis of acute stroke
 - Demonstrate utilization of protocols for stroke triage
 - Demonstrate competency in treatment options for acute stroke
 - Utilize protocols for the monitoring of an acute stroke patient
- d. The organization is required to have staff trained to perform and interpret cardiac imaging tests, such as echocardiography.

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

R indicates an identified risk area;

Requirements Specific to Primary Stroke Center 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.
- b. The primary stroke center is required to have staff trained to perform and interpret cardiac imaging tests, such as echocardiography.
- c. Registered nurses who care for stroke patients demonstrate comprehension of the stroke scale(s) used in the primary stroke center.

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

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Requirement Specific to Primary Stroke Center 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.

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Requirements Specific to Primary Stroke Center Certification

- a. Members of the core stroke team, as defined by the organization, receive at least eight hours annually of continuing education or other equivalent educational activity.
- b. Emergency department staff, as identified 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 Edition® or the Comprehensive Accreditation Manual for Hospitals.

Requirements Specific to Primary Stroke Center 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.

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

R indicates an identified risk area;

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.

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Requirements Specific to Primary Stroke Center Certification

- a. The primary stroke center has written protocols based on clinical practice guidelines, including:
 - ~~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 bedside 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.~~

Requirements Specific to Primary Stroke Center Certification

- a. The primary stroke center 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 and indications for transferring patients for endovascular therapy
 - 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.
- c. Protocols for IV thrombolytic therapy, when indicated, are reflected in the orders or pathways, and utilized in the acute care of the stroke patient.

Additional Requirement Specific to Primary Stroke Centers that Perform Mechanical Thrombectomy

- e. The primary stroke center has written protocols based on clinical practice guidelines for the care of patients with acute ischemic stroke requiring endovascular interventions.

Additional Requirement Specific to Primary Stroke Centers that Perform Mechanical Thrombectomy

d. The primary stroke center has written protocols based on clinical practice guidelines, including time parameters, for the care of patients with acute ischemic stroke requiring endovascular interventions.

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

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Requirement Specific to Primary Stroke Center Certification

a. Protocols for emergent care of patients with ischemic or hemorrhagic strokes are reviewed for current evidence at least annually using an interdisciplinary approach.

Requirements Specific to Primary Stroke Center 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.

4. Practitioners are educated about clinical practice guidelines and their use.

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Requirement Specific to Primary Stroke Center Certification

a. The organization demonstrates that 80% of emergency department practitioners are educated in the primary stroke center's acute stroke protocol(s).

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

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Requirement Specific to Primary Stroke Center 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.

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

R indicates an identified risk area;

Requirements Specific to Primary Stroke Center Certification

a. The primary stroke center'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.

DSD.F.03

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

Element(s) of Performance for DSD.F.03

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

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Requirements Specific to Primary Stroke Center Certification

a. An emergency department physician performs an assessment for a suspected stroke patient within 15 minutes of patient arrival in the emergency department.

- The NIH Stroke Scale (NIHSS) is used in the assessment of patients with acute stroke.

- Ongoing assessments of the patient are completed in accordance with the program's acute stroke protocols.

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

c. The hospital has the ability to perform and read a non-contrast computed tomography of the head (head CT) within 45 minutes of patient presentation with stroke symptoms.

d. Laboratory tests, electrocardiogram (ECG), and chest x-ray are completed 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 (such as prothrombin time and 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 stroke unit or designated beds has the capability of continuously and simultaneously monitoring the following:

- Blood pressure

- Heart rate and rhythm, with automatic arrhythmia detection

- Respirations

- Oxygenation via pulse oximetry or another modality

g. The stroke program provides for early assessment of rehabilitation needs for all patients admitted with stroke.

h. The primary stroke center 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.

Requirements Specific to Primary Stroke Center Certification

- a. The National Institutes of Health Stroke Scale (NIHSS) is used in the assessment of patients with acute stroke.
 - b. Ongoing assessments of the patient are completed in accordance with the primary stroke center's acute stroke protocols.
 - 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 (such as prothrombin time and 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 stroke unit or designated beds have the capability to continuously monitor the following:
 - Blood pressure
 - Heart rate and rhythm, with automatic arrhythmia detection
 - Respirations
 - Oxygenation via pulse oximetry or another modality
 - g. The primary stroke center provides for early assessment of rehabilitation needs for all patients admitted with stroke.
 - h. The primary stroke center 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.

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Requirements Specific to Primary Stroke Center Certification

- a. Brain magnetic resonance imaging (MRI), magnetic resonance angiogram (MRA), and computed tomography angiogram (CTA) scans are interpreted within two hours of completion, if these tests are ordered to be completed as soon as possible.
- b. The completion of laboratory tests, electrocardiogram (ECG), and chest x-ray should not delay the administration of IV thrombolytic therapy.
- e. Rehabilitation therapy is initiated as indicated by the patient assessment and may include speech-language pathology services, physical therapy, occupational therapy, or any combination of these therapies.

Requirements Specific to Primary Stroke Center 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.
- b. Rehabilitation therapy is initiated as indicated by the patient assessment and may include speech-language pathology services, physical therapy, occupational therapy, or any combination of these therapies.

DSD.F.04

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

Element(s) of Performance for DSD.F.04

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

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Requirements Specific to Primary Stroke Center Certification

- a. Based on prognosis and the patient's individual needs and preferences, patients are referred to palliative care when indicated.
- b. ~~Based on prognosis and the patient's individual needs and preferences, patients are referred to hospice or end-of-life care when indicated.~~
- e. ~~Based on prognosis, individual needs, and consultation with the family, patients are referred to community resources to facilitate integration into the community such as:~~
 - Outpatient therapy, including physical therapy, occupational therapy, and speech-language pathology services
 - Support groups
 - Social services
 - Vocational rehabilitation
 - Behavioral health services
 - Family therapy services
 - Respite care services

Requirements Specific to Primary Stroke Center 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.
- b. Based on prognosis and the patient’s and family’s needs and preferences, patients are referred to community resources to facilitate reentry into the community, such as the following examples:
 - Outpatient therapy, including physical therapy, occupational therapy, and speech-language pathology services
 - Support groups
 - Social services
 - Vocational rehabilitation
 - Behavioral health services
 - Family therapy services
 - Respite care services

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.

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Requirements Specific to Primary Stroke Center Certification

- a. Protocols for care related to patient referrals demonstrate that the program does the following:
 - Addresses processes for receiving transfers
 - 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. For primary stroke centers that treat and transfer acute stroke patients, written documentation includes time parameters and transfer procedures.

Requirements Specific to Primary Stroke Center Certification

a. Protocols for care related to patient referrals demonstrate that the primary stroke center does the following:

- Addresses processes for receiving transfers
- 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.

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

1. In preparation for discharge, the program discusses and plans with the patient and family the care, treatment, and services that are needed in order to achieve the mutually agreed upon self-management plan and goals.

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Requirement Specific to Primary Stroke Center Certification

a. Posthospital care is coordinated based on the assessment of the patient’s and family’s identified needs, such as the following:

- Acute rehabilitation
- Long term acute care
- Skilled nursing/subacute care
- Outpatient services
- Home care
- Respite services
- Palliative care

2. In preparation for discharge, the program considers the patient’s anticipated needs and goals when identifying the setting and practitioners for continuing care, treatment, and services.

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Requirement Specific to Primary Stroke Center Certification

- a. ~~Protocols related to transitions of care demonstrate that the program does the following:~~
 - ~~–Addresses procedures for transitions of care for patients internally and following hospitalization~~
 - ~~–Addresses procedures for referrals when the organization does not provide post-acute inpatient rehabilitation services~~

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.

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Requirements Specific to Primary Stroke Center Certification

- a. The primary stroke center provides educational activities to ~~pre-hospital~~ personnel, as defined by the ~~organization~~.
- b. The primary stroke center provides at least two ~~stroke public~~ education activities per year.

Requirements Specific to Primary Stroke Center Certification

- a. The primary stroke center provides educational activities to prehospital personnel, as defined by the stroke center.
- b. The primary stroke center provides at least two community education activities per year that focus on stroke prevention and care.

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.

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Requirement Specific to Primary Stroke Center Certification

- a. The patient and family participate in planning ~~post-hospital~~ care.

Requirement Specific to Primary Stroke Center Certification

- a. The patient and family participate in planning posthospital care.

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

R indicates an identified risk area;

Additional Requirements Specific to Primary Stroke Centers that Perform Mechanical Thrombectomy

- b. The primary stroke center obtains informed consent from patients when necessary.
- c. The primary stroke center’s written informed consent policy identifies the specific stroke interventions that require informed consent, in accordance with law and regulation. The following are discussed with the patient in the informed consent process:
 - Proposed stroke interventions and care for the patient
 - Potential benefits, risks, and side effects of the proposed stroke interventions and care; the likelihood of the patient achieving their goals; and any potential problems that might occur as a result of the intervention(s)
 - Reasonable alternatives to the proposed stroke interventions and care. The discussion encompasses risks, benefits, and side effects related to the alternatives and the risks related to not receiving the proposed stroke interventions and care
- d. The primary stroke center’s written policy describes how informed consent is documented in the medical record.

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

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Requirement Specific to Primary Stroke Center 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.

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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. 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

Additional Requirement Specific to Primary Stroke Centers that Perform Mechanical Thrombectomy

- b. The PSC has a process to follow-up with patients that received mechanical thrombectomy at their organization and were discharged home.
- Note 1: The follow-up process may include addressing appointments, medication and therapy compliance, and risk of recurrent stroke including personalized risk factors.
- Note 2: Follow-up may be conducted in person, via telemedicine, or via phone consultation.

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 Primary Stroke Center Certification

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

Requirement Specific to Primary Stroke Center 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

Key: **D** indicates that documentation is required; **R** indicates an identified risk area;

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

Element(s) of Performance for DSCT.05

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

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Requirement Specific to Primary Stroke Center Certification

- a. Documentation indicates the reason eligible ischemic stroke patients did not receive IV thrombolytic therapy.

Requirements Specific to Primary Stroke Center 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 did not receive or were not transferred for endovascular therapy.

Additional Requirement Specific to Primary Stroke Centers that Perform Mechanical Thrombectomy

- b. Documentation indicates the reason eligible ischemic stroke patients did not receive mechanical thrombectomy.

Additional Requirement Specific to Primary Stroke Centers that Perform Mechanical Thrombectomy

- c. Documentation indicates the reason potentially eligible ischemic stroke patients did not receive mechanical thrombectomy.**

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

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Requirement Specific to Primary Stroke Center 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.

Requirements Specific to Primary Stroke Center Certification

- a. The primary stroke center has a process for obtaining the emergency medical system records documenting the care provided to the patient during the transfer to the primary stroke center.
- b. The primary stroke center’s physicians and other licensed practitioners document all assessments and interventions provided for stroke patients, including date and time, in accordance with the primary stroke center’s policy.

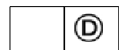
Performance Measurement (DSPM) Chapter

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.



Requirements Specific to Primary Stroke Center Certification

- a. ~~The program monitors its performance for administering IV thrombolytic therapy within 60 minutes to eligible patients presenting for stroke care.~~
 - b. ~~The program meets its administration of IV thrombolytic therapy within 60 minutes to eligible patients presenting for stroke care at least 50% of the time.~~
 - c. ~~The program selects a minimum of two relevant patient care data elements to be monitored for internal or external benchmarking each year.~~
- Note: The data elements may be chosen from information being monitored and documented in the stroke log. This is in addition to stroke core measures and the monitoring of performance of IV thrombolytic therapy.

Requirements Specific to Primary Stroke Center Certification

- a. The primary stroke center 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 primary stroke center 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.
 - c. The primary stroke center selects a minimum of two relevant patient care data elements to monitor for internal or external benchmarking each year.
- Note: This is in addition to stroke core measures and monitoring the performance of IV thrombolytic therapy.

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

R indicates an identified risk area;

Additional Requirement Specific to Primary Stroke Centers that Perform Mechanical Thrombectomy

d. The primary stroke center sets a goal to administer endovascular therapy within 90 minutes for direct arriving patients and within 60 minutes for patients transferred from another facility in 50% or more of eligible acute ischemic stroke patients.

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

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Requirements Specific to Primary Stroke Center Certification

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

Requirement Specific to Primary Stroke Center Certification

a. The stroke team and the primary stroke center's quality department analyze stroke performance measures.

Additional Requirement Specific to Primary Stroke Centers that Perform Mechanical Thrombectomy

- b. The primary stroke center performs an interdisciplinary program-level review on, at a minimum, the following adverse patient outcomes:
 - Death due to any cause within 72 hours of an endovascular procedure
 - Symptomatic intracerebral hemorrhage
- Note: Endovascular procedures include mechanical thrombectomy and intra-arterial thrombolytic therapy.

5. The program collects data related to its target population to identify opportunities for performance improvement.

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Requirement Specific to Primary Stroke Center Certification

a. The primary stroke center has documentation to reflect tracking of performance measures and indicators.

Requirement Specific to Primary Stroke Center Certification

a. The primary stroke center has documentation to reflect tracking of performance measures and performance indicators related to care that are not included in standardized measures.

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

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~~Additional Requirement Specific to Primary Stroke Centers that Perform Mechanical Thrombectomy~~

~~c. The program has a multidisciplinary program-level review that will focus on at least the following adverse patient outcomes:~~

- ~~-All cause death within 72 hours of mechanical thrombectomy~~
- ~~-Symptomatic intracerebral hemorrhage following mechanical thrombectomy~~

~~Note: A multidisciplinary program-level review is defined as a review at the program level to assess causes of patient adverse outcomes with the aim of decreasing the incidence of such outcomes.~~

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.

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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 (Refer to 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 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)~~ 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.

Requirements Specific to Primary Stroke Center 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.5, EP 6a; DSDP.3, EP 2a)
- Type(s) of diagnostic tests and acute treatment 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 primary stroke center, 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 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 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 thrombectomy 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 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.
