CERTIFICATION

Revised eligibility, certification requirements for THKR program
Effective Jan. 1, 2019, The Joint Commission will implement a revised eligibility requirement and two revised requirements for its Advanced Certification for Total Hip & Total Knee Replacement (THKR) program.

The revised eligibility requirement and revision to the Performance Measurement chapter (DSPM) of the Disease-Specific Care certification manual — DSPM.4, element of performance (EP) 2 — require that hospitals, critical access hospitals and ambulatory surgical centers join and be an active and continuous member of a national registry, as well as use the data collected from that registry to analyze and improve processes. The revised eligibility requirement will apply to all THKR programs seeking initial certification or recertification.

The revised requirement added to the Delivery or Facilitating Clinical Care (DSDF) chapter — DSDF.3, EP 2 — requires ambulatory surgical centers to have patient selection criteria to identify patients who can safely discharge to home 23 hours postoperatively, and provides examples of possible selection criteria.

These changes will be reflected in the Jan. 1, 2019 E-dition® and the 2019 hard copy publication of the Comprehensive Certification Manual for Disease-Specific Care. View the prepublication standards. (Contact: Debbie Holzer, dholzer@jointcommission.org)

PERFORMANCE MEASUREMENT

New performance measures for Primary Stroke Centers
Beginning Jan. 1, 2019, The Joint Commission will require data collection for two new performance measures for its Primary Stroke Center (PSC) Certification program — bringing the total number of stroke performance measures to 10. The new performance measures include Stroke Outpatient (STK-OP) and Comprehensive Stroke (CSTK) measures.

A stratified measure, STK-OP-1 Door to Transfer to Another Hospital, will be used to monitor “door in-door out” times for stroke patients transferred from an emergency department of a PSC to a higher-level acute stroke center. Median time in minutes will be reported monthly for hemorrhagic stroke patient transfers and four groupings of ischemic stroke patients. The ischemic stroke submeasures will differentiate between patients who receive IV alteplase (t-PA) therapy prior to transfer (“drip and ship”) and patients who have a large vessel occlusion and may be eligible for mechanical thrombectomy. STK-OP-1 will complement the door-to-transfer measure collected by Acute Stroke Ready Hospitals.

Stroke patients who are not admitted for inpatient care (i.e., outpatients) currently are not included in the STK measure initial patient population. To help operationalize the new STKOP-1 transfer measure, a stroke outpatient initial patient population algorithm also will be added to the specifications manual.

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- New performance measures for Primary Stroke Centers
- Refreshed Speak Up™ has ready-to-use patient safety resources
- Other resources
The CSTK-01 National Institutes of Health Stroke Scale (NIHSS) Score Performed for Ischemic Stroke Patients measure captures the proportion of ischemic stroke patients for whom:

- An NIHSS score is performed prior to any acute recanalization therapy when the patient is undergoing recanalization therapy and is documented in the medical record,
- Or documented within 12 hours of hospital arrival for patients who do not undergo recanalization therapy.

This inpatient measure is currently collected by certified Thrombectomy-Capable Stroke Centers and Comprehensive Stroke Centers. Adding the measure for PSC data collection is designed to align measures across the stroke certification programs.


### QUALITY AND SAFETY

**Refreshed Speak Up™ has ready-to-use patient safety resources**

Speak Up™ – The Joint Commission’s award-winning patient safety program – is back with a new look following national market research that was conducted last year with patients and their family caregivers. The refreshed Speak Up™ program kicked off with Speak Up™ About Your Care, describing different ways patients and their advocates can be active in their own health care decisions.

Speak Up™ provides patient education materials used for public service announcements, websites, community newsletters, health fairs, closed circuit patient education television and more. Speak Up™ materials are available in simplified, easy-to-read format and are available at no cost to all health care organizations as downloadable, ready-to-use patient safety resources.

Starting with Speak Up™ About Your Care, all future Speak Up™ campaigns will feature four components:

- Animated video
- Infographics (in English and Spanish) in three sizes:
  - 8.5x11
  - 11x17
  - 24x36
- Podcast
- User’s guide on how and to whom organizations can distribute materials

While Speak Up™ is copyrighted, no reprinting permissions are required for Speak Up™ infographics, brochures or videos — the materials may be copied and distributed. Their use, however, does not indicate that an organization is accredited by The Joint Commission.

Since its launch in 2002, Speak Up™ has expanded to more than 70 countries.

[Download Speak Up™ About Your Care](#) or [sign up](#) for email delivery of future campaigns. (Contact: Caron Wong, [cwong@jointcommission.org](mailto:cwong@jointcommission.org))
RESOURCES

Other resources
New issues of R3 Report:
Issue 17: Distinct newborn identification requirement
Issue 16: Pain assessment and management standards for office-based surgeries
Issue 15: Pain assessment and management standards for critical access hospitals
Issue 14: Pain assessment and management standards for ambulatory care

New issues of Sentinel Event Alert:
Issue 59: Physical and verbal violence against health care workers

New issues of Quick Safety:
Issue 42 – Identifying human trafficking victims
Issue 41: Emergency management: Need for continuity of operations planning