July 2012

Dear Valued Customer:

The Joint Commission developed a new Disease-Specific Care Advanced Certification Program for Comprehensive Stroke Centers (CSC) in collaboration with the American Heart Association and the American Stroke Association. The CSC requirements are rigorous and will require additional technology and resources when compared to Advanced Certification for Primary Stroke Centers (PSC). Posted here, please find the CSC chapter which can be printed and inserted into your 2012 Disease-Specific Care Certification Manual. These standards are effective September 1, 2012. Also, updated versions of the table of contents and index are included in this PDF.

The release of the 2013 Disease-Specific Care Certification Manual has been delayed until Spring 2013 to allow for the inclusion of revised core and PSC standards. Changes to the disease-specific care standards will be published in Joint Commission Perspectives®.

If you have any questions about these standards or eligibility for this new advanced disease-specific care program, please contact the Disease-Specific Care Certification Program via e-mail at dscinfo@jointcommission.org or call 630-792-5291.

Sincerely,

Helen Fry
Manager, Publications and Education Resources
Joint Commission Resources
Advanced Disease-Specific Care Certification Requirements for Comprehensive Stroke Center

Program Background

The Joint Commission's Comprehensive Stroke Center (CSC) Certification program requirements were substantially derived from the Brain Attack Coalition and American Stroke Association's evidence-based Recommendations for Comprehensive Stroke Centers: A Consensus Statement from the Brain Attack Coalition published in 2005 in Stroke.* Disease-Specific Care Certification core standards, (Program Management, Delivering or Facilitating Clinical Care, Supporting Self-Management, Clinical Information Management, Performance Measurement) serve as a platform for the CSC requirements. In 2011 a multidisciplinary advisory panel of technical experts convened to provide The Joint Commission with additional recommendations during the development of the CSC Certification program requirements. Given the rapid evolution of technology for complex stroke patients, The Joint Commission will review the CSC requirements in 2013.

Eligibility

In addition to the eligibility requirements outlined on pages CERT-1 and CERT-2 of this manual, candidate CSCs must validate compliance with minimum case volumes during the year prior to the date of application. (At recertification, case volume data reflecting the previous two years are required.) The following details the minimum case volumes, as well as other eligibility criteria:

1. Volume
   - The CSC:
     - Demonstrates that care is provided to 20 or more patients per year with a diagnosis of subarachnoid hemorrhage.
     - Demonstrates that 15 or more endovascular coiling or surgical clipping procedures for an aneurysm are performed per year.
     - Will administer IV tPA* to 25 eligible patients per year.

   **Note 1:** Providing IV tPA to an average of 25 eligible patients over a two-year period is acceptable.
   **Note 2:** IV tPA administered in the following situations can be counted in the requirement of 25 administrations per year:
   - IV tPA ordered and monitored by the CSC via telemedicine, with administration occurring at another hospital.
   - IV tPA administered by another hospital that then transferred the patient to the CSC.

2. Advanced imaging capabilities
   - The hospital will be able to provide:
     - Carotid duplex ultrasound
     - Catheter angiography available on site 24 hours a day, 7 days a week
     - CT angiography available on site 24 hours a day, 7 days a week
     - Extracranial ultrasonography
     - MR angiography (MRA) available on site 24 hours a day, 7 days a week
     - MRI, including diffusion-weighted MRI, available on site 24 hours a day, 7 days a week
     - Transcranial Doppler
     - Transesophageal echocardiography
     - Transthoracic echocardiography

3. Post-hospital care coordination for patients
4. Dedicated neuro-intensive care unit (ICU) beds for complex stroke patients
   - Dedicated neuro-ICU beds for complex stroke patients that include staff and licensed independent practitioners with the expertise and experience to provide neuro-critical care 24 hours a day, 7 days a week.

5. Peer review process
   - The hospital will have a peer review process to review and monitor the care provided to patients with ischemic stroke, subarachnoid hemorrhage and administration of tPA.
6. Participation in stroke research
   - The CSC will participate in Institutional Review Board (IRB)–approved, patient-centered stroke research.

*Throughout the Certification Requirements for Comprehensive Stroke Center, reference is made to IV thrombolytic therapy. The only U.S. Food and Drug Administration–approved thrombolytic treatment for ischemic stroke at this time is tissue plasminogen activator (tPA).*

Effective September 1, 2012
Standards Requirements

Hospitals applying for CSC Certification will be evaluated using the standards in the Disease-Specific Care Certification Manual, under the “Advanced Disease-Specific Care Certification Requirements for Comprehensive Stroke Center.”

Performance Measures Requirements

CSCs must continue to meet the performance measure requirements for primary stroke centers. Organizations are required to collect data on the eight Joint Commission stroke core measures and use this information for ongoing performance improvement efforts. Specifications for the stroke core measures are detailed in the Specifications Manual for National Hospital Inpatient Quality Measures available at: http://www.jointcommission.org/specifications_manual_for_national_hospital_inpatient_quality_measures.aspx.

Comprehensive stroke performance measures are currently in development and will be finalized in early 2013. When available, currently certified CSCs and organizations seeking comprehensive stroke certification will be required to adopt these measures in addition to the eight stroke core measures.

The standards for stroke certification follow.
Program Management (DSPR)

Standards

The following is a list of all standards for this chapter. They are presented here for your convenience without footnotes or other explanatory text. If you have a question about a term used here, please check the Glossary.

Program Management (DSPR)

DSPR.1 The program defines its leadership roles.

DSPR.2 The program is designed, implemented, and evaluated collaboratively.

DSPR.3 The program meets the needs of the target population and/or health care service area.

DSPR.4 The program follows a code of ethics.

DSPR.5 The program complies with applicable laws and regulations.

DSPR.6 The program has current reference and resource materials readily available.

DSPR.7 The program's facilities are safe and physically accessible.

DSPR.8 The program communicates to participants the scope and level of care, treatment, and services it provides.

DSPR.9 The scope and level of care, treatment, and services provided are comparable for individuals with the same acuity and type of disease being managed.

DSPR.10 Eligible patients have access to the program.
Standards, Elements of Performance, and Scoring

Standard DSPR.1
The program defines its leadership roles.

Elements of Performance for DSPR.1
1. The program leaders are qualified to meet the program’s mission, goals, and objectives.
2. The program defines the accountability of its leaders.

Requirement Specific to Comprehensive Stroke Center Certification
a. Written documentation shows support of the comprehensive stroke center by hospital/health system administration.

3. The leaders participate in designing, implementing, and evaluating care, treatment, and services.
4. The leaders provide for the uniform performance of patient care, treatment, and services.
5. The leaders confirm that practitioners practice within the scope of their licensure, training, and current competency.
6. The leaders develop a performance improvement plan for leadership quality.
7. The leaders set expectations for development of plans to manage and improve quality at the program level.

Standard DSPR.2
The program is designed, implemented, and evaluated collaboratively.

Elements of Performance for DSPR.2
1. All relevant individuals and/or disciplines participate in designing the program.

Requirement Specific to Comprehensive Stroke Center Certification
a. A description of the Emergency Medical Services (EMS) is complete with any available treatment guidelines for pre-hospital personnel. Also, if available, include EMS stroke patient routing plans that address transferring stroke patients to stroke centers and stroke educational initiatives of the hospital for pre-hospital personnel. If these items are not available, a plan should be provided that demonstrates an initiative by the hospital to provide such with the EMS.

2. All relevant individuals and/or disciplines participate in implementing the program.
3. All relevant individuals and/or disciplines participate in evaluating the program.
Standard DSPR.3

The program meets the needs of the target population and/or health care service area.

Elements of Performance for DSPR.3

1. The leaders approve the program’s mission and scope of service.
2. The program’s mission and scope of service are defined in writing.
3. The program identifies its target population.
4. The program’s available services are relevant to the target population.

Standard DSPR.4

The program follows a code of ethics.

Elements of Performance for DSPR.4

1. The program protects the integrity of clinical decision making.
2. The program respects the participant’s right to decline participation in the program.
3. The program has a process for receiving and resolving complaints and grievances in a timely manner.

Standard DSPR.5

The program complies with applicable laws and regulations.

Element of Performance for DSPR.5

1. The program complies with applicable laws and regulations.

Standard DSPR.6

The program has current reference and resource materials readily available.

Elements of Performance for DSPR.6

1. Reference materials (hard copy or electronic) are easily accessible to practitioners.

Requirement Specific to Comprehensive Stroke Center Certification

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

2. Reference materials and resources are authoritative and current.
Standard DSPR.7

The program’s facilities are safe and physically accessible.

Note: This standard applies only to programs with a physical area in which they regularly host participants for program-related activities (for example, visits, classes).

Elements of Performance for DSPR.7

1. The program evaluates its security.

2. The program implements strategies to minimize security risks.

3. The program develops an emergency plan.

4. The program implements strategies to minimize the risk of disruption of care due to an environmental emergency.

5. The program evaluates its fire risk.

6. The program implements strategies to minimize the risk of fire and fire safety-related issues.

7. The program develops a medical equipment management plan.

8. The program implements its medical equipment management plan.

9. The program evaluates risks to its power, gas, and communication services.

10. The program implements strategies to minimize risks to its power, gas, and communication services.

11. Staff has learned environment of care risk-reduction strategies.

12. The program tracks incidents related to the environment of care and makes changes accordingly.

Standard DSPR.8

The program communicates to participants the scope and level of care, treatment, and services it provides.

Elements of Performance for DSPR.8

1. The program provides care, treatment, and services to the participants in a planned and timely manner.

Requirements Specific to Comprehensive Stroke Center Certification

- The Comprehensive Stroke Center performs advanced imaging with multimodal imaging capabilities, including:
  - Carotid duplex ultrasound
  - Catheter angiography, available 24 hours a day, 7 days a week
  - CT angiography, available 24 hours a day, 7 days a week
  - Extracranial ultrasonography
– MR angiography (MRA), available 24 hours a day, 7 days a week
– MRI, including diffusion-weighted MRI, available 24 hours a day, 7 days a week
– Transcranial Doppler
– Transesophageal echocardiography
– Transthoracic echocardiography
b. The Comprehensive Stroke Center has the capacity to perform:
– Microsurgical neurovascular clipping of aneurysms when indicated
– Neuro-endovascular coiling of aneurysms when indicated
– Stenting of extracranial carotid arteries when indicated
– Carotid endarterectomy (CEA) when indicated
c. The Comprehensive Stroke Center has dedicated neuro-intensive care unit (ICU) beds for complex stroke patients that include having staff and licensed independent practitioners with the expertise and experience to provide neuro-critical care 24 hours a day, 7 days a week.
d. Protocols for care demonstrate that the Comprehensive Stroke Center:
– Addresses evidence-based endovascular procedures, including exclusion criteria.
– Addresses the circumstances under which the hospital would not accept transferred patients for neurosurgical and cerebrovascular surgery.
  Note: These circumstances should include when an organization makes the decision to be on “bypass,” secondary to constrained resources.
– Demonstrates efforts to address ongoing collaboration with Emergency Medical Services (EMS) including an annual collaborative review of protocols.
e. Documentation indicates the ability to complete and report lab tests in less than 45 minutes from being ordered.
f. Documentation indicates the ability to perform an electrocardiogram (ECG) and chest x-ray within the same time frame as laboratory testing.
g. The organization’s formulary or medication list must include a thrombolytic therapy (IV administered) medication for ischemic stroke.
h. Documentation indicates the reason eligible ischemic stroke patients did not receive an IV thrombolytic therapy.

2. The program informs participants about how to access care, treatment, and services, including after hours (if applicable).

3. Adequate numbers and types of practitioners are available to deliver or facilitate the delivery of care, treatment, and services.

Requirements Specific to Comprehensive Stroke Center Certification
a. The Comprehensive Stroke Center:
– Has a written and adhered-to call schedule for attending physicians with expertise in critical care and cerebrovascular disease providing coverage 24 hours a day, 7 days a week.
– Demonstrates coverage of the Comprehensive Stroke Center 24 hours a day, 7 days a week by attending physicians or residents with expertise in critical care and cerebrovascular disease.
b. The Comprehensive Stroke Center medical director is a physician with extensive experience and expertise in neurology and cerebrovascular disease. Examples include:
c. The Comprehensive Stroke Center Director or designee is available 24 hours a day, 7 days a week.
d. The Comprehensive Stroke Center Director or designee can be reached by phone within 20 minutes and can be available in-house within 45 minutes.
e. The rehabilitation services are directed by a physician with expertise and experience in neuro-rehabilitation. Examples of such physicians include:
   - Physiatrist
   - Neurologist with neuro-rehabilitation expertise
f. The Comprehensive Stroke Center is required to have the following practitioners and staff members providing care as indicated:
   1. Physicians
      - At least one neuro-interventionalist is available 24 hours a day, 7 days a week.
      - At least one other physician with imaging experience in head CT and brain MRI is available 24 hours a day, 7 days a week.
      - At least one neuroradiologist, or diagnostic radiologist with complex stroke experience and expertise, is available 24 hours a day, 7 days a week.
      - Physicians with critical care and cerebrovascular experience staff the intensive care unit (ICU) that contains the dedicated neuro-ICU beds for complex stroke patients.
      
      Note: Physician “experience” may be demonstrated by, for example, a certified fellowship in neuro-critical care or vascular neurology.
      - In addition to the neuro-interventionalist, one or more physicians with cerebrovascular experience are to be available by phone within 20 minutes and available in-house within 45 minutes, 24 hours a day, 7 days a week.
      - Neurosurgeons with expertise in cerebrovascular surgery are available 24 hours a day, 7 days a week.
      - Surgeons with expertise in carotid endarterectomy.
      - Other neurosurgical personnel are to be available within 30 minutes, 24 hours a day, 7 days a week, to perform emergent neurosurgical procedures.
      - One or more neurosurgeons are available within 30 minutes, 24 hours a day, 7 days a week.
   2. Imaging Staff
      - One or more certified radiology technologists are required to be available 24 hours a day, 7 days a week.
      - One or more certified radiology technologists are required to be available to assist with cerebral angiogram 24 hours a day, 7 days a week.
      - One or more qualified magnetic resonance imaging (MRI) technologists are required to be available 24 hours a day, 7 days a week (not necessarily in-house).
   3. Endovascular Catheterization Laboratory Staff
      - At least one endovascular technician is required to be available 24 hours a day, 7 days a week.
      - At least one endovascular professional nurse is required to be available 24 hours a day, 7 days a week.

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4. Rehabilitation Therapies
   – Physical therapy and occupational therapy practitioners are available 6 days a week and on call the 7th day to perform patient assessments during the acute stroke phase.
   – One or more speech therapists that are qualified to perform patient swallowing function assessments during the acute stroke phase are available 7 days a week.
   – The physical therapy, occupational therapy, and speech therapy practitioners in leadership positions have master’s degrees in their field.

   **Note:** Although not required, other professionals may be hired as determined by the organization to provide other quality services to complex stroke patients in the Comprehensive Stroke Center. Examples of these other professionals could include psychologists, recreational therapists, or others as needed.

4. The program evaluates services provided through contractual arrangement to ensure that the scope and level of care, treatment, and services are consistently provided.

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

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**Requirements Specific to Comprehensive Stroke Center Certification**

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

   **Note:** Optimally, a practitioner experienced in the diagnosis and treatment of stroke will be available within 15 minutes by telephone and at the bedside (as per a referring physician’s request) of an acute stroke patient within the period designated in the protocol and/or as instructed by the stroke center director. Response time adherence may also be accomplished through telemedicine and/or with a resident or other practitioner in contact with an experienced stroke practitioner within the time designated by the protocol.

b. Eighty percent of emergency department practitioners can provide evidence of review of the institution’s acute stroke protocol. The institution may choose how it will represent this evidence to The Joint Commission.

c. The Comprehensive Stroke Center is involved in Institutional Review Board (IRB)–approved, patient-centered stroke research.
Standard DSPR.9

The scope and level of care, treatment, and services provided are comparable for individuals with the same acuity and type of disease being managed.

Element of Performance for DSPR.9

1. Individuals have access to an adequate level of resources required to meet the health care needs for the disease(s) being managed.

Requirements Specific to Comprehensive Stroke Center Certification

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

Note: For the purpose of The Joint Commission’s Comprehensive Stroke Center Certification, an informed consultation includes bedside consultation or telemedicine consultation from a privileged physician.

b. Documentation indicates that on a 24/7 basis, 80% of acute stroke patients have a diagnostic brain image completed (and results reported to or reviewed by a member of the stroke team) within 45 minutes of the order having been placed, when clinically indicated (in acute hemorrhagic or ischemic stroke resuscitation candidates).

Note: The brain image can be obtained by CT or MRI and needs to definitively rule out/detect intracranial hemorrhage or other causes of the stroke syndrome. The imaging needs to be available on site 24 hours a day/365 days a year (barring short-term failure, whereby the hospital should divert potential acute stroke patients). However, review of the images does not have to be done on site. Evaluation can be performed off site by telemedicine technology. (See also DSPR.8, EP 1, Requirement a)

Standard DSPR.10

Eligible patients have access to the program.

Elements of Performance for DSPR.10

1. The program defines enrollment and/or participation requirements.

2. The program uses a methodology based on perceived needs to identify potential participants that are not direct referrals.

3. The program gives multiple opportunities for individuals to participate in the program.
Delivering or Facilitating Clinical Care (DSDF)

Standards
The following is a list of all standards for this chapter. They are presented here for your convenience without footnotes or other explanatory text. If you have a question about a term used here, please check the Glossary.

Delivering or Facilitating Clinical Care (DSDF)

**DSDF.1** Practitioners are qualified and competent.

**DSDF.2** 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.

**DSDF.3** The program is designed to meet the participant’s needs.

**DSDF.4** The program manages co-morbidities and concurrently occurring conditions and/or communicates the necessary information to manage these conditions to appropriate practitioners.
Standards, Elements of Performance, and Scoring

Standard DSDF.1
Practitioners are qualified and competent.

Elements of Performance for DSDF.1
1. Practitioners have education, experience, training, and/or certification consistent with the program’s mission, goals, and objectives.

Requirements Specific to Comprehensive Stroke Center Certification
a. Eighty percent of emergency department practitioners are knowledgeable about the following:
   - Communications with inbound Emergency Medical Services (EMS), activation of the acute stroke team, and the location and application of stroke-related protocols
   - The pathophysiology, presentation, assessment, diagnostics, and treatment of patients with acute stroke, including the following:
     i. Initial treatment plan: Treatment of the patient during the first three hours of care, including thrombolytic therapy for patients who present within three hours of initial onset of symptoms
     ii. Indications for use of IV thrombolytic therapy
     iii. Contraindications to IV thrombolytic therapy
     iv. Education to be provided to patients and families regarding the risks and benefits of IV thrombolytic therapy
     v. Signs and symptoms of neurological deterioration post-IV thrombolytic therapy
   - The recognition, assessment, and management of acute stroke complications
b. RNs working in the emergency department, stroke unit, intensive care unit (ICU) that contains dedicated neuro-ICU beds for complex stroke patients, and endovascular catheterization laboratory (cath lab) are formally educated and experienced in the provision of evidence-based comprehensive stroke nursing care.
c. RNs working in the stroke unit or the ICU that contains dedicated neuro-ICU beds for complex stroke patients are knowledgeable about the stroke scale used in the organization.
   Note: An example of a stroke scale is the National Institutes of Health Stroke Scale (NIHSS).
d. Advanced practice nurses (clinical nurse specialists or nurse practitioners) have focused expertise in comprehensive stroke care and ICU advanced nursing management.
e. The Comprehensive Stroke Center has the following practitioners and staff members providing care as indicated:
   - Pharmacist with expertise regarding neurology/stroke care
   - Data collection personnel
   - Nurse case managers and social workers with expertise regarding neurology/stroke care
   - Nurse case managers and social workers with expertise regarding care coordination

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- Nurse case managers and social workers with expertise regarding the different levels of rehabilitation and knowledge of referrals to the appropriate level of rehabilitation (for example, acute, subacute, outpatient)
- Nurse case managers and social workers with expertise regarding community resources (for example, respite care, Meals-on-Wheels, counseling services)

2. Practitioners hired in the program meet minimum requirements for licensure, education, training, experience, and current competence.

**Requirement Specific to Comprehensive Stroke Center Certification**

a. Written documentation regarding stroke program operations delineates specific requirements and assignment of stroke team duties.

3. The program evaluates practitioners for current licensure and current competence.

4. The program uses primary source verification to authenticate current licensure of all practitioners.

5. Orientation provides information and necessary training appropriate to program responsibilities.

**Requirement Specific to Comprehensive Stroke Center Certification**

a. The Comprehensive Stroke Center requires specific training and education, including a formal orientation on evidence-based comprehensive stroke assessment and nursing management for all nurses providing care for complex stroke patients in the emergency department, acute stroke unit, intensive care unit (ICU) that contains dedicated neuro-ICU beds, and endovascular catheterization laboratory (cath lab).

6. The program assesses practitioner competence within program-defined time frames.

**Requirement Specific to Comprehensive Stroke Center Certification**

a. RNs that staff the intensive care unit (ICU) that contains dedicated neuro-ICU beds for complex stroke patients demonstrate expertise in:
   - Neurologic and cardiovascular assessment
   - Nursing assessment and management of ventriculostomy devices (external ventricular pressure monitoring and drainage)
   - Treatment of intracranial pressure
   - Nursing care of hemorrhagic stroke patients (intracerebral hemorrhage and subarachnoid hemorrhage)
   - Nursing care of patients receiving intravenous thrombolytic therapy and intra-arterial thrombolytic therapy
   - Management of malignant ischemic stroke with craniectomy
   - Use of therapeutic hypothermia protocols
   - Use of intravenous vasopressor, antihypertensive, and positive inotropic agents
   - Methods for systemic and intracranial hemodynamic monitoring
   - Methods for invasive and noninvasive ventilatory management

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7. Ongoing in-service and other education and training activities are relevant to the program’s needs.

**Requirements Specific to Comprehensive Stroke Center Certification**

a. The Comprehensive Stroke Center requires specific training and education for physicians and staff members, including stroke unit staff and emergency department staff, as follows:

- The medical director of the intensive care unit (ICU) that contains the dedicated neuro-ICU beds for complex stroke patients attends eight or more hours of education per year on cerebrovascular disease and/or acute stroke care.
- Members of the core stroke team receive at least eight hours annually of continuing education or other equivalent educational activity, as determined appropriate by the stroke center director and as appropriate to the practitioners’ level of responsibility.
  
  **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, but it will be a specified unit to which most stroke patients are admitted.
- Nurses working in the emergency department, as identified by the organization, are required to complete two or more hours of education per year on acute stroke care, and at least one education program on cerebrovascular disease.
- Other emergency department staff members, as identified by the organization, attend at least one educational program on cerebrovascular disease.
- Other emergency department staff members, as identified by the organization, attend two or more hours of education per year on acute stroke care.
- Nurses providing comprehensive stroke care, as identified by the organization, are required to attend a minimum of eight hours of education on neurovascular disease and stroke (for example, nurses providing care in the stroke unit, ICU that contains the dedicated neuro-ICU beds for complex stroke patients, and endovascular catheterization laboratory).
- A minimum of one or more nurses providing comprehensive stroke care, as identified by the organization, is required to attend one regional or national meeting/seminar every other year related to comprehensive stroke care.
  
  **Note:** This could include nurses providing care in the emergency department, stroke unit, ICU that contains the dedicated neuro-ICU beds for complex stroke patients, and endovascular catheterization laboratory.
- The nurse(s) attending the regional or national meetings/seminars provides education to the organization’s Comprehensive Stroke Center nurses and other professional staff.

b. The Comprehensive Stroke Center licensed independent practitioners and staff members, as identified by the organization, prepare and present two or more educational courses per year for the staff or for those staff outside the Comprehensive Stroke Center.

8. The program identifies and responds to their program-specific learning needs.
Standard DSDF.2

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.

Elements of Performance for DSDF.2

1. The clinical practice guidelines used are based on evidence that has been evaluated as current by the clinical leaders.

   **Requirements Specific to Comprehensive Stroke Center Certification**
   - Protocols demonstrate that the stroke center can provide U.S. Food and Drug Administration–approved IV thrombolytic therapy for stroke in accordance with indications and package inserts. For example, for institutions that deliver IV thrombolytic therapy, protocol is available, with a three-hour window. Protocol is de novo or adapted from extant resources and published guidelines.
   - Nursing care delivery must be supported by evidence-based practice policies and protocols.

2. The clinical practice guidelines used have been evaluated as appropriate for the target population.

   **Requirements Specific to Comprehensive Stroke Center Certification**
   - Protocols for emergency care demonstrate that the Comprehensive Stroke Center:
     - Addresses emergency management care, including rapid assessment, rapid communication between emergency department and Emergency Medical Services (EMS) staff, and medical stabilization of the patient en route to the emergency department.
     - Addresses procedures for the emergency department to initiate the stroke team.
     - Reviews emergency department/EMS protocols at least annually.
   - Protocols for care, treatment, and services demonstrate that the Comprehensive Stroke Center:
     - Has a process to administer intra-arterial fibrinolytics according to current evidence-based practices and research.
     - Has a process to provide endovascular recanalization according to current evidence-based practices and research.
     - Has interdisciplinary interventions addressing the reduction of peristroke complications.
     - Addresses the initiation of endovascular procedures.
     - Addresses multidisciplinary team members, as identified by the organization, who are to evaluate the patient before and after surgery.
     - Addresses multidisciplinary team members, as identified by the organization, who are to evaluate the patient before and after endovascular procedures.
   - The Comprehensive Stroke Center has protocols or processes to meet the concurrent emergent needs of two or more complex stroke patients in an emergency situation (an example of this type of “emergency situation” occurs if there are two complex stroke patients who need critical assessment or advanced imaging by members of the stroke team at the same time).
3. When a program implements clinical practice guidelines selected by a sponsoring organization (for example, a disease management service provider uses a CPG chosen by the health plan with which it contracts), the program establishes that they are appropriate for their intended use.

4. The program's assessment activities are consistent with clinical practice guidelines.

Requirements Specific to Comprehensive Stroke Center Certification
a. Use of the assessment protocol is reflected in the order sets, pathways, or medical records.
b. Time parameters for stroke workup are included in the protocol or the emergency department workup protocol.
c. Monitoring systems (as ordered) provide continuous data on the following physiologic parameters:
   – Heart rate/rhythm with automatic arrhythmia detection
   – Blood pressure with noninvasive blood pressure monitoring
   – Oximetry
d. The patient is assessed to identify cognitive decline, depression, and other social issues prior to discharge.
   Note: This requirement is not applicable to comatose patients.
e. The patient is assessed to identify post-hospitalization care requirements such as:
   – Acute rehabilitation
   – Long term acute care
   – Skilled nursing/subacute care
   – Outpatient services
   – Home with required services
   – Palliative care
f. The patient’s family members, including the primary caregiver, have been assessed to determine their readiness to provide care to the patient.

5. The program's intervention activities are consistent with clinical practice guidelines.

Requirement Specific to Comprehensive Stroke Center Certification
a. Use of the protocol, including IV thrombolytic therapy when indicated by the treating licensed independent practitioner, is reflected in the order sets or pathways, and is documented in the patient’s medical record according to organizational procedure.

6. The program reviews clinical practice guidelines for appropriateness on an ongoing basis.
7. The program implements modifications to clinical practice guidelines.
8. Clinical leaders and practitioners review and approve clinical practice guidelines for implementation.
9. Practitioners are educated about clinical practice guidelines and their use.
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Standard DSDF.3
The program is designed to meet the participant’s needs.

Elements of Performance for DSDF.3

1. The program defines the elements of assessment for the targeted population.

2. The assessment(s) is completed within the time frame determined by the program.

Requirement Specific to Comprehensive Stroke Center Certification
a. Time parameters for stroke workup are included in the protocol or the emergency department workup protocol.

3. The plan of care is developed based on the participant’s assessed needs.

4. The program uses a specified method for prioritizing the needs of participants.

5. The program implements interventions based on priority and risk.

6. The program individualizes delivery of care.

7. The program continually evaluates, revises, and implements the plan of care to meet the participant’s ongoing needs.

Standard DSDF.4
The program manages co-morbidities and concurrently occurring conditions and/or communicates the necessary information to manage these conditions to appropriate practitioners.

Elements of Performance for DSDF.4

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

Requirement Specific to Comprehensive Stroke Center Certification
a. Protocols for care related to patient referrals demonstrate that the Comprehensive Stroke Center:
   – Addresses processes for receiving transfers.
   – Addresses processes for transferring patients to another hospital/facility.
   – Addresses time parameters and transfer procedures in written documentation.
   – Evaluates the receiving organization’s ability to meet the individual patient’s needs.

2. The program communicates important information regarding co-occurring conditions and co-morbidities to the appropriate practitioner(s) to treat or manage the conditions.

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3. Co-morbidities and co-occurring conditions needing medical intervention are treated by the program practitioners or referred to appropriate practitioners for care.

Requirements Specific to Comprehensive Stroke Center Certification

a. Protocols for care related to transitions of care demonstrate that the Comprehensive Stroke Center:
   - Addresses procedures for transitions of care for patients internally and post-hospitalization.
   - Addresses procedures for referrals when the Comprehensive Stroke Center does not provide post-acute, inpatient rehabilitation services.

b. Based on prognosis and individual needs, patients are referred to community resources to facilitate integration into the community, such as:
   - Outpatient therapy, including physical therapy, occupational therapy, and speech therapy
   - Support groups
   - Social services
   - Vocational rehabilitation
   - Behavioral health services
   - Family therapy services
   - Respite care services
   - American Heart Association and American Stroke Association

c. Based on prognosis and the patient’s individual needs, patients are referred to palliative care when indicated.

d. Based on prognosis and the patient’s individual needs, patients are referred to hospice/end-of-life care when indicated.

4. The program has a process to provide emergency/urgent care.
Supporting Self-Management (DSSE)

Standards

The following is a list of all standards for this chapter. They are presented here for your convenience without footnotes or other explanatory text. If you have a question about a term used here, please check the Glossary.

Supporting Self-Management (DSSE)

**DSSE.1**  The program involves participants in making decisions about managing their disease or condition.

**DSSE.2**  The program addresses lifestyle changes that support self-management regimens.

**DSSE.3**  The program addresses participants’ education needs.
Standards, Elements of Performance, and Scoring

Standard DSSE.1

The program involves participants in making decisions about managing their disease or condition.

Elements of Performance for DSSE.1

1. The program involves participants in decisions about their clinical care.

2. Participants and practitioners mutually agree upon goals.

3. The program informs participants of their responsibility to provide information to facilitate treatment and cooperate with practitioners.

4. The program informs participants of all potential consequences for noncompliance with recommended treatment(s).

5. The program assesses the participant’s readiness, willingness, and ability to engage in self-management activities.

Requirements Specific to Comprehensive Stroke Center Certification

a. The Comprehensive Stroke Center is required to obtain informed consent from patients.
   1. The Comprehensive Stroke Center’s written policy identifies the specific stroke interventions that require informed consent, in accordance with law and regulation.
   The informed consent process includes:
   – A discussion about the patient’s proposed stroke interventions and care.
   – A discussion about potential benefits, risks, and side effects of the patient’s proposed stroke interventions and care; the likelihood of the patient achieving his or her goals; and any potential problems that might occur as a result of the intervention.
   – A discussion about reasonable alternatives to the patient’s 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.

b. The Comprehensive Stroke Center’s written policy describes how informed consent is documented in the patient record.

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

**Requirement Specific to Comprehensive Stroke Center Certification**

a. For patients returning home, problem-solving strategies are provided to the family for post-hospital care.

### Standard DSSE.2

The program addresses lifestyle changes that support self-management regimens.

**Elements of Performance for DSSE.2**

1. As necessary, the program promotes lifestyle changes that support self-management regimens.

2. As necessary, the program involves family and community support structures in the participant’s care regimens.

3. As necessary, the program evaluates barriers to lifestyle changes.

4. The program assesses and documents the participant’s response to recommended lifestyle changes.

**Requirements Specific to Comprehensive Stroke Center Certification**

a. Post-hospital care is coordinated based on the assessment of the patient’s and family’s identified needs.

b. For patients returning home, the family members receive a comprehensive assessment to determine their skills, capacities, and resources to provide post-hospital care.

5. The program assesses the effectiveness of efforts to help the participant in making lifestyle changes.

### Standard DSSE.3

The program addresses participants’ education needs.

**Elements of Performance for DSSE.3**

1. The program’s materials comply with recommended elements of intervention supported by the literature and promoted through the clinical practice guidelines.

2. The program presents content in a manner that is culturally sensitive.

3. The program presents content in an understandable manner relevant to the participants’ level of literacy.

4. The program makes initial and ongoing assessments of the participants’ comprehension of program-specific information.
5. The program addresses the participants’ education needs related to lifestyle changes that support self-management regimens.

Requirements Specific to Comprehensive Stroke Center Certification
a. For patients returning home, education is provided for the patient and family on post-hospital care.
b. Education and resources are provided about durable medical equipment (DME) when indicated.
c. Education is provided to the family about respite care.
d. Resource information is provided to the family about respite care.

6. The program addresses the education needs of the participant regarding health promotion.

Requirement Specific to Comprehensive Stroke Center Certification
a. The Comprehensive Stroke Center sponsors at least two public educational activities that focus on stroke prevention and care annually.

7. The program addresses the education needs of the participant regarding disease prevention.

8. The program addresses the education needs of the participant regarding his or her illness(es) and treatment(s).

9. The program communicates to the participant the results of its family risk assessment.
Clinical Information Management (DSCT)

Standards

The following is a list of all standards for this chapter. They are presented here for your convenience without footnotes or other explanatory text. If you have a question about a term used here, please check the Glossary.

**Clinical Information Management (DSCT)**

**DSCT.1** Participant information is confidential and secured.

**DSCT.2** Information management processes meet the program's internal and external information needs.

**DSCT.3** Participant information is gathered from a variety of sources.

**DSCT.4** The program shares information with any relevant practitioner or setting about the participant's disease or condition across the continuum of care.

**DSCT.5** The program initiates, maintains, and makes accessible a health or medical record for every participant.
Standards, Elements of Performance, and Scoring

**Standard DSCT.1**

Participant information is confidential and secured.

**Elements of Performance for DSCT.1**

1. The program preserves participant confidentiality.

2. Records and information are safeguarded against loss, destruction, tampering, and unauthorized access or use.

3. Participants are made aware of how data and information related to them will be used by the organization.

4. Practitioners are made aware of how data and information related to them will be used by the organization.

5. The program defines methods for adding comments in the form of statements or addenda into the formal records.

6. The program defines access limitations to information for individuals and/or positions.

7. The program defines access limitations to information connected to compliance measures for individuals and/or positions.

8. The program defines criteria requiring the release of information by consent.

9. The program defines a process that is followed when confidentiality and security are violated.

**Standard DSCT.2**

Information management processes meet the program's internal and external information needs.

**Elements of Performance for DSCT.2**

1. Data are easily retrieved in a timely manner without compromising security and confidentiality.

2. The program determines how long health records and other data and information are retained in accordance with applicable law and patient need.

3. The program uses aggregate data and information to support managerial decisions.

4. The program uses aggregate data and information to support operations.
5. The program uses aggregate data and information to support performance improvement activities.

**Requirement Specific to Comprehensive Stroke Center Certification**

a. Evidence of the stroke team log captures the stroke team’s response time to acute stroke patients, treatment used, and patient disposition. The log can be captured by written or electronic means and/or may be done retrospectively through chart audits.

6. The program uses aggregate data and information to support participant care.

**Standard DSCT.3**

Participant information is gathered from a variety of sources.

**Elements of Performance for DSCT.3**

1. Information is gathered directly from the participant and/or family.
2. Information is gathered from all relevant practitioners or health care organizations.

**Standard DSCT.4**

The program shares information with any relevant practitioner or setting about the participant’s disease or condition across the continuum of care.

**Elements of Performance for DSCT.4**

1. The program shares information directly with the participant and/or family.
2. The program shares information with other relevant practitioners or health care organizations as needed.

**Standard DSCT.5**

The program initiates, maintains, and makes accessible a health or medical record for every participant.

**Elements of Performance for DSCT.5**

1. Practitioners have access to all participant information as needed.
2. The health or medical record contains sufficient information to identify the patient or the participant (if other than the patient).
3. The health or medical record contains sufficient information to support the diagnosis.
4. The health or medical record contains sufficient information to justify care, treatment, and services.
5. The health or medical record contains sufficient information to document the course and results of care, treatment, and services.
6. The health or medical record contains sufficient information to track the patient’s movement through the care system.

7. The health or medical record contains sufficient information to facilitate continuity of care both internally and externally to the program.

8. Health or medical records are periodically reviewed for complete, accurate, and timely maintenance.
Performance Measurement (DSPM)

Standards

The following is a list of all standards for this chapter. They are presented here for your convenience without footnotes or other explanatory text. If you have a question about a term used here, please check the Glossary.

Performance Measurement (DSPM)

DSPM.1 The program has an organized, comprehensive approach to performance improvement.

DSPM.2 The program uses measurement data to evaluate processes and outcomes.

DSPM.3 The program maintains data quality and integrity.

DSPM.4 The process for identifying, reporting, managing, and tracking sentinel events is defined and implemented.

DSPM.5 The program collects and analyzes data regarding variance from the clinical practice guidelines to improve the standardized process.

DSPM.6 The program evaluates participant perception of the quality of care.
Standards, Elements of Performance, and Scoring

Standard DSPM.1
The program has an organized, comprehensive approach to performance improvement.

Elements of Performance for DSPM.1

1. The performance improvement program: Is well designed and planned.

  Requirements Specific to Comprehensive Stroke Center Certification
  a. The Comprehensive Stroke Center has a peer review process to review all patients who have received care, treatment, and services after a subarachnoid hemorrhage or ischemic stroke.

2. The performance improvement program: Collects relevant data.

  Requirements Specific to Comprehensive Stroke Center Certification
  a. The Comprehensive Stroke Center monitors aggregate periprocedure complication rates for:
     – Placement of a transducer
     – Placement of a ventriculostomy
     – Performance of decompressive craniectomy
     – Performance of endovascular recanalization
  b. The Comprehensive Stroke Center demonstrates that care is provided to 20 or more patients per year with a diagnosis of subarachnoid hemorrhage.
  c. The Comprehensive Stroke Center demonstrates that 15 or more endovascular coiling or surgical clipping procedures for aneurysm are performed per year.
  d. The Comprehensive Stroke Center monitors annual aneurysm clipping and coiling mortality rates.
  e. The Comprehensive Stroke Center demonstrates that IV tissue plasminogen activator (tPA) is administered 25 or more times per year for eligible patients.
     Note 1: Providing IV tPA to an average of 25 eligible patients per year over a two year period is acceptable.
     Note 2: IV tPA administered in the following situations can be counted in the requirement of 25 administrations per year:
     – IV tPA ordered and monitored by the CSC via telemedicine with administration occurring at another hospital.
     – IV tPA administered by another hospital which then transferred the patient to the comprehensive stroke center.
  f. The Comprehensive Stroke Center monitors the percentage of complex stroke patients who receive a follow-up phone call by a member of the organization’s stroke team within seven days of discharge.
  g. Documentation exists to reflect tracking of performance measures and indicators.

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**Requirements Specific to Comprehensive Stroke Center Certification**

a. The Comprehensive Stroke Center publicly reports outcomes related to interventional procedures, as determined by the organization (an example of this would be outcomes related to carotid endarterectomies).

b. Documentation exists to reflect specific interventions for improvement in the selected measure.

c. Documentation exists to reflect specific outcomes to determine success.

d. Documentation exists to reflect the implementation period and reevaluation point.

4. The performance improvement program: Improves and sustains performance.

5. The program plans performance improvement activities for practitioners across disciplines and/or settings.

**Requirement Specific to Comprehensive Stroke Center Certification**

a. Evidence of specific stroke performance measurement and review by the quality improvement department and stroke team exists.

6. The program utilizes patient satisfaction data for performance improvement activities.

**Requirement Specific to Comprehensive Stroke Center Certification**

a. There is evidence that specific stroke performance measurement data, focused on use of IV thrombolytic therapy, are evaluated through the quality improvement process and by the stroke team.

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**Standard DSPM.2**

The program uses 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.

**Elements of Performance for DSPM.2**

1. The program selects valid, reliable performance measures based on clinical practice guidelines or other evidence relevant to the management of the disease.

2. The program collects data related to processes and/or outcomes of care at the level of the individual participant.

**Requirement Specific to Comprehensive Stroke Center Certification**

a. The Comprehensive Stroke Center uses a stroke registry or similar data collection tool to monitor the data.
3. The program aggregates data at the program level.
4. The program reports aggregated data results to The Joint Commission at defined intervals.
5. The program analyzes its measurement data.

**Requirements Specific to Comprehensive Stroke Center Certification**

a. The Comprehensive Stroke Center monitors complication rates of carotid endarterectomies (CEA) and carotid arterial stenting (CAS), and demonstrates aggregate complication rates of less than 6%.
b. The Comprehensive Stroke Center demonstrates a periprocedure stroke and death rate of less than or equal to 1% for diagnostic catheter angiography.
c. The Comprehensive Stroke Center demonstrates an aggregate serious complication rate of less than or equal to 2% for diagnostic catheter angiography.

6. The program uses measurement data to improve processes and outcomes.

**Standard DSPM.3**

The program maintains data quality and integrity.

**Elements of Performance for DSPM.3**

1. The program uses data sets, definitions, codes, classifications, and terminology throughout the organization.
2. Data collection is timely, accurate, complete, and relevant to the program.
3. The program minimizes data bias.
4. The program monitors data reliability and validity.
5. The program defines sampling methodology based on measurement principles.
6. The program uses data-analysis tools.
7. The program evaluates variables that affect program outcomes.

**Standard DSPM.4**

The process for identifying, reporting, managing, and tracking sentinel events is defined and implemented.

**Elements of Performance for DSPM.4**

1. A process exists for identifying these events if and when they occur.
2. A process exists for internally tracking these events if and when they occur.
3. A process exists for analyzing these events if and when they occur.
4. The program implements changes based on its analysis of sentinel events.
Standard DSPM.5

The program collects and analyzes data regarding variance from the clinical practice guidelines to improve the standardized process.

Elements of Performance for DSPM.5

1. The program tracks data variances at the individual participant level.

2. The program uses outcomes analysis to determine modification to the clinical practice guidelines and their use.

Standard DSPM.6

The program evaluates participant perception of the quality of care.

Elements of Performance for DSPM.6

1. The program evaluates patient/participant satisfaction and perception of quality of care.

2. The program uses patient/participant satisfaction results to analyze quality of care and make improvements.
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