

In this issue

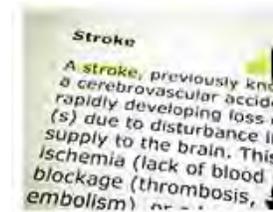
New Acute Stroke Ready Hospital Certification program available July 1, 2015
Comment on SAMHSA criteria for certified community behavioral health clinics by February 16
Organizations should review, adjust smoking policies to avoid e-cigarette hazards
Cochran appointed new clinical director of Laboratory Accreditation program
New on the Web

Certification

New Acute Stroke Ready Hospital Certification program available July 1, 2015

The Joint Commission has developed a new Disease-Specific Care Advanced Certification program for [Acute Stroke Ready Hospitals \(ASRH\)](#) for accredited hospitals and critical access hospitals, which will launch on July 1, 2015.

Currently, The Joint Commission provides two levels of stroke center certification – primary stroke center and comprehensive stroke center. However, the literature indicates that many patients who have an acute stroke live in areas without ready access to a primary or comprehensive stroke center. The new certification is geared towards accredited hospitals that would not be candidates for Primary Stroke Center certification (e.g., hospitals in rural areas without resources to achieve this certification).



The ASRH Certification would evaluate a hospital's ability to provide the following to patients who present with acute stroke symptoms:

- An initial assessment within 15 minutes of arrival in the emergency department
- Diagnostic services (such as CT/MRI and laboratory testing)
- Stabilization (which may include IV thrombolytics for the treatment of ischemic stroke)
- Transfer of patients to a primary or comprehensive stroke center for continued stroke care

To achieve ASRH certification, hospitals must have:

- A relationship with local emergency management systems (EMS) that encourages training in field assessment tools and communication with the hospital prior to bringing a patient with a stroke to the emergency department
- Stroke protocols and an acute stroke team
- The ability to perform diagnostic imaging and laboratory tests 24/7 with results within 45 minutes of testing
- Access to stroke expertise 24/7 (in person or via telemedicine) and transfer agreements with facilities that provide primary or comprehensive stroke services
- The ability to administer intravenous thrombolytics, if needed, prior to transferring the patient to a facility that provides primary or comprehensive stroke services

The [ASRH standards and elements of performance](#) (EPs) were developed in collaboration with the American Heart Association/American Stroke Association and a group of national stroke experts. The requirements will be published in the *E-dition*[®] update in late spring and in the 2016 *Comprehensive Certification Manual for Disease-Specific Care*. (Contact: dscinfo@jointcommission.org or 630-792-5291)

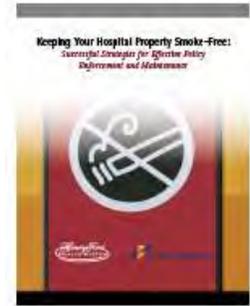
Accreditation

Comment on SAMHSA criteria for certified community behavioral health clinics by February 16

The Substance Abuse and Mental Health Services Administration (SAMHSA) is seeking public comment on the draft criteria for the [Certified Community Behavioral Health Clinics \(CCBHC\) 223 Demonstration Program](#). These clinics will focus on improving outcomes by increasing access to community-based behavioral health care, expanding the availability and array of services, and improving the quality of care delivered to people with mental and/or substance use disorders. Review the draft criteria and [provide feedback](#) by February 16. (Contact: Tracy Collander, collander@jointcommission.org)

Organizations should review, adjust smoking policies to avoid e-cigarette hazards

According to the Centers for Disease Control and Prevention, electronic or e-cigarettes have been identified as the cause of fires in the U.S. and in Britain. Consequently, health care organizations need to be aware of the possible safety threats caused by these devices and be prepared to deal with patients, visitors and staff who may light up an e-cigarette on facility premises. E-cigarettes pose a potential fire hazard because they use a battery to send a small electrical current to an atomizer, which vaporizes a nicotine solution to be inhaled by the user. To vaporize the liquid, the atomizer must convert the electrical current into heat, which can present a fire hazard. While this is a significantly lower fire risk than in tobacco-burning cigarettes, it is still a risk. In addition, many of these portable devices include a rechargeable battery that can malfunction and cause explosions and fires.



Joint Commission Environment of Care (EC) standard EC.02.01.03 – *The hospital prohibits smoking except in specific circumstances* – prohibits smoking in an organization’s buildings, regardless of whether it is tobacco or electronic. There are provisions for allowing smoking in specific circumstances, which may include a designated smoking room with appropriate exhaust and fire safety features. These locations are to be physically separated from care, treatment and service areas. The goal is to manage the smoke in the environment. To address this new technology, organizations should institute a policy that covers tobacco and e-cigarette use, and update existing policies to include e-cigarettes. Tips on how to structure and enforce this policy are included in the free online brochure, [Keeping Your Hospital Property Smoke-Free: Successful Strategies for Effective Policy Enforcement and Maintenance](#). (Contact: George Mills, gmills@jointcommission.org)

People

Cochran appointed new clinical director of Laboratory Accreditation program



The Joint Commission has appointed John D. Cochran, M.D., FCAP, to the newly created position of clinical director of its [Laboratory Accreditation program](#). In this role, Cochran will be a peer contact for laboratory directors and pathologists. Additional responsibilities include representing The Joint Commission at annual meetings and conferences and leading The Joint Commission’s newly formed Pathology Advisory Committee. The committee, composed of nationally known pathologists, addresses topics specific to anatomic pathology (AP) operations and develops accreditation requirements so that AP concerns are represented in the standards and survey process. Cochran completed his medical and pathology training at Emory University School of Medicine in Atlanta. He will continue in his position as laboratory director at Pathology Lab of Georgia, LLC, in Decatur,

Georgia. (Contact: John Cochran, jcochran@jointcommission.org)

Resources

New on the Web

- **Free webinar:** [Advancing Health IT Safety and Quality through Interoperability](#), February 19, noon-1 p.m. The third in a 10-part webinar series funded by the Office of the National Coordinator for Health Information Technology.
- **Webinar replay:** [Palliative Care Certification: New and Revised Standards Overview and Review Process](#)
- **Blog post:** *AmBuzz:* [Recognizing 40 years](#)
- **Ambulatory Health Care Accreditation 40th year:** [Recognizing 1983](#)

Learn more about [Joint Commission Resources](#)’ offerings online or call 877-223-6866.

