Performance Measures Finalized for Acute Stroke Ready Hospital Certification

The Joint Commission recently finalized a set of standardized performance measures for Acute Stroke Ready Hospital (ASRH) Certification (an advanced disease-specific care certification program). Data collection for these measures will be mandatory effective January 1, 2018, for all currently ASRH-certified programs as well as those seeking initial certification.

The Acute Stroke Ready (ASR) measures are designed to evaluate the management of both ischemic and hemorrhagic stroke patients in hospitals and critical access hospitals that can quickly diagnose stroke, initiate IV thrombolytic therapy for eligible patients, and transfer the patient to a higher-level primary or comprehensive stroke center for advanced therapies and services when indicated.

The ASR measure set completes the series of performance measure requirements for “spoke and hub” stroke systems of care, ensuring that stroke care provided in both the inpatient and outpatient settings will be evaluated. The set includes a new patient transfer measure as well as the thrombolytic therapy measure currently required for primary and comprehensive stroke centers (see table at right).


### Acute Stroke Ready (ASR) Measures

<table>
<thead>
<tr>
<th>Outpatient Measures</th>
<th>Inpatient Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASR-OP-1 Thrombolytic Therapy (drip and ship)</td>
<td>ASR-IP-1 Thrombolytic Therapy (therapy initiated in the ED followed by inpatient admission to the ASRH)</td>
</tr>
<tr>
<td>ASR-OP-2 Door to Transfer to Another Hospital</td>
<td>ASR-IP-2 Antithrombotic Therapy By End of Hospital Day 2</td>
</tr>
<tr>
<td>• Hemorrhagic Stroke</td>
<td></td>
</tr>
<tr>
<td>• Ischemic Stroke; drip and ship</td>
<td></td>
</tr>
<tr>
<td>• Ischemic Stroke; no IV t-PA prior to transfer</td>
<td></td>
</tr>
<tr>
<td>ASR-IP-3 Discharged on Antithrombotic Therapy</td>
<td></td>
</tr>
</tbody>
</table>

New Requirement for Ambulatory Care Organizations Providing Sleep Center Services

**Human Resources (HR) Standard HR.02.01.03, EP 35 Effective January 1, 2018**

Effective January 1, 2018, The Joint Commission will introduce a new element of performance (EP) for sleep diagnostic centers accredited under the Ambulatory Health Care Accreditation Program. The new requirement, which establishes minimum qualifications for physicians who interpret sleep studies, is designed to enhance the ability of The Joint Commission to assess the provision of safe and high-quality care in sleep centers.

The new EP is underlined below and will be posted to The Joint Commission’s Prepublication Standards webpage at http://www.jointcommission.org/standards_information/prepublicationstandards.aspx. It will also be published this fall in the 2018 E-dition update, the 2017 Update 2 to the Comprehensive Accreditation Manual for Ambulatory Care (CAMAC), the 2018 CAMAC, and the 2018 Standards for Ambulatory Care.

Questions may be directed to Joyce Webb, RN, BSN, MBA, CMPE, project director, Department of Standards and Survey Methods, at jwebb@jointcommission.org. [Lead](#)
Joint Commission Awards First Patient Blood Management Certification

MedStar Georgetown University Hospital in Washington, DC, is the nation’s first hospital to receive Patient Blood Management Certification by The Joint Commission and AABB (formerly known as the American Association of Blood Banks). The certification provides a third-party evaluation of patient blood management programs based on the AABB Standards for a Patient Blood Management Program as well as an evidence-based approach to optimizing care of patients who might need transfusions.

“We at MedStar Georgetown University Hospital are very proud to be the first center in the nation to receive this important certification in Patient Blood Management from The Joint Commission and AABB,” says Michael C. Sachtleben, president, MedStar Georgetown University Hospital. “This distinction is a testament to the hard work of our associates who promote patient safety through a comprehensive blood management program that uses internationally accepted systems and techniques. Our patients benefit from this innovative certification that recognizes our commitment to continuously improve our processes and procedures when it comes to patient-centered blood management and services. We thank The Joint Commission and AABB for this program that will benefit patients nationwide.”

Patient Blood Management Certification is designed to help Joint Commission–accredited hospitals and critical access hospitals promote patient safety and quality through the implementation of practices that can help to reduce unnecessary transfusions, improve patient outcomes, and reduce patients’ length of stay and readmissions. The on-site certification review is a minimum of one day, and certification is valid for two years.

“I congratulate MedStar Georgetown University Hospital for its achievement as the first hospital to receive Patient Blood Management Certification,” says Heather Hurley, executive director, Laboratory Accreditation, The Joint Commission. “Through the hard work of its team to achieve certification, they are focusing on reducing risk for their patients and improving patient outcomes—including reducing the number of days in the hospital and readmissions. The certification should help to coordinate and integrate practices related to transfusion and patient care throughout the hospital.”

“AABB commends MedStar Georgetown University Hospital for being the first US institution to earn patient blood

New Requirement for Ambulatory Care Organizations Providing Sleep Center Services (continued)

(continued from page 6)

New Requirement for Sleep Centers

APPLICABLE TO AMBULATORY CARE

Effective January 1, 2018

Human Resources (HR)

Standard HR.02.01.03
The organization grants initial, renewed, or revised clinical privileges to individuals who are permitted by law and the organization to practice independently.

Element of Performance for HR.02.01.03
35. © Before granting initial or revised privileges to physicians responsible for interpreting sleep studies, the organization verifies that they have at least one of the following qualifications:

- Certification in Sleep Medicine by the American Board of Sleep Medicine (ABSM) or by a member board of either the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA)
- A completed fellowship in sleep medicine through an Accreditation Council for Graduate Medical Education (ACGME)-accredited program. Following the completed fellowship, certification in sleep medicine is completed within two examination cycles through the American Board of Sleep Medicine (ABSM) or a member board of either the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA).