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.

Standards Revisions Related to Stroke Maintenance

**Applicable to Primary Stroke Centers**

**Effective January 1, 2018**

**Program Management (DSPR)**

**Standard DSPR.5**

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

**Elements of Performance for DSPR.5**

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

   **Requirements Specific to Primary Stroke Center Certification**
   
   a. The organization’s formulary or medication list must include an IV thrombolytic therapy medication for ischemic stroke that is approved by the US Food and Drug Administration.

6. The program has a process to provide emergency/urgent care.

   **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.

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Key: ☐ indicates that documentation is required; R indicates an identified risk area
Delivering or Facilitating Clinical Care (DSDF)

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

**Element of Performance for DSDF.1**
7. Ongoing in-service and other education and training activities are relevant to the program’s scope of services.

**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 Standard MS.12.01.01 in the Hospital E-dition of the Comprehensive Accreditation Manual for Hospitals.

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

**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.

*Moved from DSPR.5, EP 1*

**Standard DSDF.3**
The program is implemented through the use of clinical practice guidelines selected to meet the patient's needs.

**Element of Performance for DSDF.3**
2. The assessment(s) and reassessment(s) are completed according to the patient's needs and clinical practice guidelines.

**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 for the initial 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. A. The hospital has the ability to perform and read a non-contrast computed tomography of the head (head CT) is completed within 245 minutes of patient presentation with stroke symptoms.

d. Interpretation of a head CT by a physician is completed within 20 minutes and documented.

**Note:** Review of the images does not have to be done on site. Evaluation can be performed through telemedicine.

e. 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.

f. All patients exhibiting stroke symptoms are screened for dysphagia prior to receiving any oral intake of medication, fluids, or medication.

g. 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

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

i. 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.
Standard DSDF.4
The program develops a plan of care that is based on the patient’s assessed needs.

Element of Performance for DSDF.4
4. The individualized plan of care reflects coordination of care with other programs, as determined by patient comorbidities.

Requirements Specific to Primary Stroke Center Certification
a. Based on prognosis and individual needs, patients are referred for palliative care services when clinically indicated;
b. Based on prognosis and individual needs, patients are referred for hospice/end-of-life care services when clinically indicated;
c. Based on prognosis and individual patient and family needs, patients are referred to community resources to facilitate re-entry into the community, such as the following examples:
   • Outpatient therapy, including physical therapy, occupational therapy, and speech language treatment
   • Support groups
   • Social services
   • Vocational rehabilitation
   • Behavioral health services
   • Family therapy services
   • Respite care services
   *Moved from DSDF.5, EP 1*

Standard DSDF.5
The program manages comorbidities and concurrently occurring conditions and/or communicates the necessary information to manage these conditions to other practitioners.

Element of Performance for DSDF.5
1. The program coordinates care for patients with multiple health needs.

Requirements Specific to Comprehensive 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. Based on prognosis and the patient’s individual needs and preferences, patients are referred to palliative care when indicated.
c. Based on prognosis and the patient’s individual needs and preferences, patients are referred to hospice or end-of-life care when indicated.
d. 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

Performance Measurement (DSPM)

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

Element of Performance for DSPM.1
2. The program leader(s) involves the interdisciplinary team and other practitioners across disciplines and/or settings in performance improvement planning and activities.

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.
c. If the primary stroke center performs endovascular procedures for the treatment of ischemic stroke, it will have a multidisciplinary program-level review that will focus on at least the following adverse patient outcomes:
   • All causes of death within 72 hours of the endovascular procedure
   • Symptomatic intracerebral hemorrhage

Note 1: Endovascular procedures include mechanical thrombectomy and intra-arterial thrombolytics.

Note 2: 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.
5. The program collects data related to its target population to identify opportunities for performance improvement.

   **Requirements Specific to Primary Stroke Center Certification**

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

   b. If the primary stroke center performs endovascular procedures for the treatment of ischemic stroke, it will collect data on, at a minimum, the following adverse patient outcomes:

   - All causes of death within 72 hours of the endovascular procedure
   - Symptomatic intracerebral hemorrhage

   **Note:** Endovascular procedures include mechanical thrombectomy and intra-arterial thrombolysis.