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.

Please note: Where applicable, this report shows current standards and EPs first, with deleted language struck-through. Then, the revised requirement follows in bold text, with new language underlined.

APPLICABLE TO THE PRIMARY STROKE CENTER ADVANCED CERTIFICATION PROGRAM
Effective July 1, 2022

Program Management (DSPR) Chapter

DSPR.3

The program meets the needs of the target population.

**Element(s) of Performance for DSPR.3**

4. The services provided by the program are relevant to the target population.
**Prepublication Requirements continued**

**December 17, 2021**

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**Requirements Specific to Primary Stroke Center Certification**

a. The primary stroke center collaborates with emergency medical services (EMS) providers to make certain of the following:
   - The program has access to treatment protocols utilized by EMS providers and pre-hospital personnel for emergency stroke care.
   - The program has stroke patient destination protocols utilized by EMS providers that address transport of stroke patients to primary stroke centers, in accordance with law and regulation.

b. Primary stroke centers that provide support to remote area hospitals have protocols that address the following:
   - Prompt diagnosis and emergency treatment of stroke patients at remote sites
   - Transfer of stroke patients to the primary stroke center

c. The primary stroke center has either a stroke unit or designated beds for the acute care of stroke patients.

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; it may be a specified unit or number of beds to which most stroke patients are admitted.

d. The primary stroke center has the ability to perform computed tomography (CT) of the head on site 24 hours a day, 7 days a week.

Note: A brain magnetic resonance imaging (MRI) may be performed in lieu of a head CT, if the same time parameters can be met in the acute setting.

e. For post-acute stroke patients, brain MRI and vascular imaging with a magnetic resonance angiogram (MRA) or computed tomography angiogram (CTA) are available when clinically indicated to determine or guide treatment choices.

f. At least one modality for cardiac imaging, such as echocardiography, is available to all patients admitted for a stroke.

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**Additional Requirements Specific to Primary Stroke Centers that Perform Mechanical Thrombectomy**

g. The primary stroke center has a neurointensive care unit or designated intensive care beds that are available 24 hours a day, 7 days a week for the care of stroke patients.

h. The primary stroke center has the following types of imaging available:
   - Catheter angiography
   - Computed tomography angiography (CTA)
   - Magnetic resonance imaging (MRI), including diffusion-weighted MRI
   - Magnetic resonance angiography (MRA)

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**DSPR.5**

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

**Element(s) of Performance for DSMR.5**

Key: **D** indicates that documentation is required; **R** indicates an identified risk area;
3. The program provides care, treatment, and services to patients in a planned and timely manner.

**Requirement Specific to Primary Stroke Center Certification**

a. The primary stroke center has the ability to complete initial laboratory tests on site 24 hours a day, 7 days a week.

Note: Laboratory tests include a complete blood cell count with platelet count, coagulation studies (such as prothrombin time and International Normalized Ratio), blood chemistries, and troponin.

**Additional Requirement Specific to Primary Stroke Centers that Perform Mechanical Thrombectomy**

b. The primary stroke center performs advanced imaging with multimodal imaging capabilities for the following when indicated by patient need:
   - Carotid duplex ultrasound
   - Transcranial ultrasonography
   - Transesophageal echocardiography (TEE)

7. The program provides the number and types of practitioners needed to deliver or facilitate the delivery of care, treatment, and services.

**Requirements Specific to Primary Stroke Center Certification**

a. Neurosurgical coverage is documented in a written plan and is approved by the covering neurosurgeon(s), stroke program leaders, and any involved facilities. A neurosurgical call schedule is readily available in the emergency department and to primary stroke center staff.

b. For sites that transfer patients for neurosurgical emergencies, there is a written protocol for transfer.

c. For sites that do not transfer patients for neurosurgical emergencies, the primary stroke center has the following:
   - A fully functional operating room (OR) facility that is available 24 hours a day, 7 days a week with the necessary staff for neurosurgical services
   - All OR equipment necessary to perform neurosurgical procedures
   - An OR facility and staff for neurosurgical services that are available within two hours
Additional Requirements Specific to Primary Stroke Centers that Perform Mechanical Thrombectomy

d. Neurointerventional coverage is documented in a written plan and is approved by the covering neurointerventionalist(s) and stroke program leaders. A neurointerventional call schedule is readily available in the emergency department and to primary stroke center staff.
e. The following practitioners and staff are available to support the patient(s) undergoing mechanical thrombectomy:
   - Diagnostic radiologist with complex stroke experience and/or a physician privileged to interpret computed tomography (CT) and magnet resonance imaging (MRI) of the brain
   - MRI technologists
   - At least one endovascular catheterization laboratory technician
   - At least one endovascular registered nurse
f. A physician privileged to perform mechanical thrombectomy is available on site within 45 minutes during the hours in which mechanical thrombectomies are performed.
g. Practitioners with critical care privileges provide on-site, 24-hour care to patients in the neurointensive care unit or designated intensive care beds used for the care of complex stroke patients.

Note 1: Fellows with critical care experience are acceptable for meeting this requirement. In addition, residents with critical care experience, as determined and documented by the director of the residency program and medical director of the primary stroke center, are acceptable for meeting this requirement.

Note 2: Advanced practice nurses (APNs) or physician assistants (PAs) with critical care experience are acceptable for meeting this requirement as an alternative to physicians when the following conditions are met:
   - APN or PA has additional education in critical care and has a minimum level of experience, as determined by the organization.
   - Physicians with neurology and critical care experience are available for clinical backup 24 hours a day, 7 days a week.

Delivering or Facilitating Clinical Care (DSDF) Chapter

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.

Element(s) of Performance for DSDF.2

2. The selected clinical practice guidelines are based on evidence that is determined to be current by the clinical leaders.

Key: ⬤ indicates that documentation is required; ⬠ indicates an identified risk area;
Requirements Specific to Primary Stroke Center Certification
a. The primary stroke center has written protocols based on clinical practice guidelines, including:
   - Protocols for emergent care of patients with ischemic stroke
   - Protocols for emergent care of patients with hemorrhagic stroke
b. The dysphagia screen used by the program is an evidence-based bedside testing protocol approved by the organization.
c. Protocols for IV thrombolytic therapy, when indicated, are reflected in the order sets or pathways and utilized in the acute care of the stroke patient.
d. Time parameters for stroke workup are included in a stroke assessment protocol or the emergency department stroke protocol.

Additional Requirement Specific to Primary Stroke Centers that Perform Mechanical Thrombectomy
e. The primary stroke center has written protocols based on clinical practice guidelines for the care of patients with acute ischemic stroke requiring endovascular interventions.

Clinical Information Management (DSCT) Chapter

DSCT.5
The program initiates, maintains, and makes accessible a medical record for every patient.

Element(s) of Performance for DSCT.5

4. The medical record contains sufficient information to justify the care, treatment, and services provided. 

Requirement Specific to Primary Stroke Center Certification
a. Documentation indicates the reason eligible ischemic stroke patients did not receive IV thrombolytic therapy.

Additional Requirement Specific to Primary Stroke Centers that Perform Mechanical Thrombectomy
b. Documentation indicates the reason eligible ischemic stroke patients did not receive mechanical thrombectomy.
DSPM.1
The program has an organized, comprehensive approach to performance improvement.

Element(s) of Performance for DSPM.1

6. The program analyzes its performance measurement data to identify opportunities for performance improvement.

Requirements Specific to Primary Stroke Center Certification
a. The primary stroke center demonstrates a focus on IV thrombolytic therapy in its performance measurement data.
b. The primary stroke center evaluates IV thrombolytic therapy data through the quality improvement process and by the stroke team.

Additional Requirement Specific to Primary Stroke Centers that Perform Mechanical Thrombectomy
b. The program has a multidisciplinary program-level review that will focus on at least the following adverse patient outcomes:
   - All cause death within 72 hours of mechanical thrombectomy
   - Symptomatic intracerebral hemorrhage following mechanical thrombectomy

Note: 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.

DSPM.3
The program collects 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.

Element(s) of Performance for DSPM.3

6. The program communicates to staff and organizational leaders the identified improvement opportunities.

Additional Requirement Specific to Primary Stroke Centers that Perform Mechanical Thrombectomy
a. The primary stroke center publicly reports outcomes related to interventional procedures, as determined by the organization.

Key: D indicates that documentation is required; R indicates an identified risk area;