The Joint Commission
E-dition

Effective Date: July 1, 2015

Program: Acute Stroke Ready Hospital

EP Attributes Icon Legend:			
CMS	CMS Crosswalk	1	EP Criticality level is 1 - Immediate Threat to Health or Safety
A	EP belongs to Scoring Category 'A'	2	EP Criticality level is 2 - Situational Decision Rules
C	EP belongs to Scoring Category 'C'	3	EP Criticality level is 3 - Direct Impact.
M	EP requires Measure of Success	**D**	Documentation is required
ESP-1	EP applies to Early Survey Option	**NEW**	EP is new or changed as of the selected effective date.

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Program: Acute Stroke Ready Hospital

Chapter: Certification Participation Requirements

CPR 1: The organization allows The Joint Commission to review the results of external evaluations from publicly recognized bodies.

Rationale: Not applicable.

Introduction: Not applicable

Elements of Performance

1 When requested, the organization provides The Joint Commission with all official records and reports of licensing, examining, reviewing, or planning bodies.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
				2	D	A	

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Program: Acute Stroke Ready Hospital

Chapter: Certification Participation Requirements

CPR 2: The organization reports any changes in the information provided in the application for certification and any changes made between reviews.

Rationale: Not applicable.

Introduction: Not applicable

Elements of Performance

1 The organization notifies The Joint Commission in writing within 30 days of a change in ownership, control, location, capacity, or services offered.
Note: When the organization changes ownership, control, location, capacity, or services offered, it may be necessary for The Joint Commission to review the organization again. If the organization does not provide written notification to The Joint Commission within 30 days of these changes, the organization could lose its certification.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
					D	A	

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Program: Acute Stroke Ready Hospital

Chapter: Certification Participation Requirements

CPR 3: The organization permits the performance of a review at The Joint Commission's discretion.

Rationale: Not applicable.

Introduction: Not applicable

Elements of Performance

1 The organization permits the performance of a review at The Joint Commission's discretion.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
				2		A	

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Program: Acute Stroke Ready Hospital

Chapter: Certification Participation Requirements

CPR 4: The organization uses performance measures relevant to the services provided and populations served.

Rationale: Not applicable.

Introduction: Introduction to CPR 4 and CPR 5

Stage I: Nonstandardized Measures
For disease-specific care programs without a standardized measure set defined by The Joint Commission, the program may select measures from the universe of measures. The program identifies clinical, perception of care, financial, or functional performance measures that are relevant to the services provided and the population served. The measures identified are to be submitted at the time of Application for Certification.

Stage II: Standardized Measures
For certification programs with standardized measure sets defined by The Joint Commission, the program is required to collect data on the standardized measures.

Elements of Performance

1 For Stage I programs: A minimum of 4 performance measures must be identified by the disease-specific care program.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
						A	

2 For Stage I programs: A minimum of 2 of the 4 identified performance measures must be clinical in nature.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
						A	

3 For Stage I programs: Organizations seeking disease-specific care certification are required to have collected performance measure data for a minimum of 4 months prior to the initial on-site certification review.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
						A	

4 For Stage I programs: The organization collects performance measure data; analyzes the data internally; and generates run charts, control charts, or other appropriate applicable performance improvement tools, showing monthly data points, for use in performance improvement activities.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
					D	A	

5 For Stage II programs: Organizations seeking disease-specific care certification are required to have collected data on standardized performance measures for a minimum of 4 months prior to the initial on-site certification review.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
						A	

6 For Stage II programs: The organization collects standardized performance measure data monthly; analyzes the data internally; and generates run charts, control charts, or other appropriate applicable performance improvement tools, showing monthly data points, for use in performance improvement activities.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
					D	A	

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Program: Acute Stroke Ready Hospital

Chapter: Certification Participation Requirements

CPR 5: The organization submits performance measurement data to The Joint Commission on a routine basis.

Rationale: Not applicable.

Introduction: Introduction to CPR 4 and CPR 5

Stage I: Nonstandardized Measures
For disease-specific care programs without a standardized measure set defined by The Joint Commission, the program may select measures from the universe of measures. The program identifies clinical, perception of care, financial, or functional performance measures that are relevant to the services provided and the population served. The measures identified are to be submitted at the time of Application for Certification.

Stage II: Standardized Measures
For certification programs with standardized measure sets defined by The Joint Commission, the program is required to collect data on the standardized measures.

Elements of Performance

1 For Stage I programs: The organization continues to use a measure if data suggest an unstable pattern of performance or identify an opportunity for improvement.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
						A	

2 For Stage I programs: The organization changes to a new measure if the data reflect continuing stable and satisfactory performance.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
						A	

3 For Stage II programs: The organization submits data on standardized performance measures to The Joint Commission at least quarterly.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
						A	

4 For Stage I and Stage II programs: The organization makes its performance measure data available during on-site certification reviews.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
					D	A	

5 For Stage I programs: The organization submits data on performance measures to The Joint Commission upon request at the time of the intracycle and recertification reviews.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
				2		A	

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Program: Acute Stroke Ready Hospital

Chapter: Certification Participation Requirements

CPR 6: The organization notifies the public it serves about how to contact its organization management and The Joint Commission to report concerns about patient safety and quality of care.
Note: Methods of notice may include, but are not limited to, distribution of information about The Joint Commission, including contact information in published materials such as brochures and/or posting this information on the organization's website.

Rationale: Not applicable.

Introduction: Not applicable

Elements of Performance

1 The organization informs the public it serves about how to contact its management to report concerns about patient safety and quality of care.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
						A	

2 The organization informs the public it serves about how to contact The Joint Commission to report concerns about patient safety and quality of care.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
						A	

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Program: Acute Stroke Ready Hospital

Chapter: Certification Participation Requirements

CPR 7: The organization provides accurate information throughout the certification process.

Rationale: Not applicable.

Introduction: Not applicable

Elements of Performance

1 The organization provides accurate information throughout the certification process. (See also CPR 12, EP 1)
Note 1: Information may be received in the following ways:
- Provided verbally
- Obtained through direct observation by, or in an interview or any other type of communication with, a Joint Commission employee
- Derived from documents supplied by the organization to The Joint Commission
- Submitted electronically by the organization to The Joint Commission
Note 2: For the purposes of this requirement, falsification is defined as the fabrication, in whole or in part, of any information provided by an applicant or certified organization to The Joint Commission. This includes redrafting, reformatting, or deleting document content. However, the organization may submit supporting material that explains the original information submitted to The Joint Commission. These additional materials must be properly identified, dated, and accompanied by the original documents.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
				2		A	

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Program: Acute Stroke Ready Hospital

Chapter: Certification Participation Requirements

CPR 8: The organization accurately represents its certification status and the facilities and services to which Joint Commission certification applies.

Rationale: Not applicable.

Introduction: Not applicable

Elements of Performance

1 The organization's advertising accurately reflects the scope of facilities and services that are certified by The Joint Commission.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
						A	

2 The organization does not engage in any false or misleading advertising about its certification award.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
						A	

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Program: Acute Stroke Ready Hospital

Chapter: Certification Participation Requirements

CPR 9: Applicants and certified organizations do not use Joint Commission employees to provide certification-related consulting services.

Rationale: Not applicable.

Introduction: Not applicable

Elements of Performance

1 The organization does not use Joint Commission employees to provide any certification-related consulting services.
Note: Consulting services include, but are not limited to, the following:
- Helping the organization to meet Joint Commission standards
- Helping the organization to complete intracycle evaluation requirements
- Assisting the organization in remedying areas identified in its monitoring as needing improvement
- Conducting mock reviews for the organization

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
				2		A	

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Program: Acute Stroke Ready Hospital

Chapter: Certification Participation Requirements

CPR 10: The organization accepts the presence of Joint Commission reviewer management staff or a Board of Commissioners member in the role of observer of an on-site review.

Rationale: Not applicable.

Introduction: Not applicable

Elements of Performance

1 The organization allows Joint Commission reviewer management staff or a member of the Board of Commissioners to observe the on-site review.
Note: The observer will not participate in the on-site review process, including the scoring of standards compliance. The organization will not incur any additional fees because an observer(s) is present.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
						A	

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Program: Acute Stroke Ready Hospital

Chapter: Certification Participation Requirements

CPR 11: Any individual who provides care, treatment, and services can report concerns about safety or the quality of care to The Joint Commission without retaliatory action from the organization.

Rationale: Not applicable.

Introduction: Not applicable

Elements of Performance

1 The organization educates its staff and other individuals who provide care, treatment, and services that concerns about the safety or quality of care provided in the organization may be reported to The Joint Commission.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
						A	

2 The organization informs its staff that it will take no disciplinary or punitive action because an employee or other individual who provides care, treatment, and services reports safety or quality-of-care concerns to The Joint Commission.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
						A	

3 The organization takes no disciplinary or punitive action against employees or other individuals who provide care, treatment, and services when they report safety or quality-of-care concerns to The Joint Commission.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
						A	

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Program: Acute Stroke Ready Hospital

Chapter: Certification Participation Requirements

CPR 12: The organization submits information to The Joint Commission as required.

Rationale: The cornerstone of The Joint Commission's certification process is the emphasis on a continuous process. As such, in order to realize the full benefit of a more continuous certification process, certified organizations will be required to have regular interactions with The Joint Commission.

Introduction: Not applicable

Elements of Performance

1 The organization meets all requirements for timely submission of data and information to The Joint Commission. (See also CPR 7, EP 1)
Note: If information in an organization's electronic application for certification (E-App) leads to inaccuracies in the appropriate length of the review and a longer review is required, the organization will incur the additional costs of the longer review. In addition, if there is evidence that the organization has intentionally falsified the information submitted to The Joint Commission, the Information Accuracy and Truthfulness Policy and its consequences will be applicable.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
				2		A	

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Program: Acute Stroke Ready Hospital

Chapter: Certification Participation Requirements

CPR 13: The organization is truthful and accurate when describing information in its Quality Report to the public.

Rationale: Not applicable.

Introduction: Not applicable

Elements of Performance

1 The organization adheres to The Joint Commission's published guidelines for how it describes information in its Quality Report.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
						A	

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Program: Acute Stroke Ready Hospital

Chapter: Certification Participation Requirements

CPR 14: The disease-specific care program is part of a currently Joint Commission–accredited organization.

Rationale: Not applicable.

Introduction: Not applicable

Elements of Performance

1 The program must be part of a currently Joint Commission–accredited organization, if that organization is accreditation eligible.
Note: This requirement does not apply to a program seeking advanced disease-specific care certification for lung volume reduction surgery or ventricular assist device destination therapy.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
						A	

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Program: Acute Stroke Ready Hospital

Chapter: Certification Participation Requirements

CPR 15: The disease-specific care program provides care, treatment, services, and an environment that pose no risk of an "Immediate Threat to Health or Safety," also known as "Immediate Threat to Life" or ITL situation.

Rationale: Not applicable.

Introduction: Not applicable

Elements of Performance

1 The program provides care, treatment, services, and an environment that pose no risk of an "Immediate Threat to Health or Safety," also known as "Immediate Threat to Life" or ITL situation.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
						A	ESP-1

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Effective Date: July 1, 2015

Program: Acute Stroke Ready Hospital

EP Attributes Icon Legend:

CMS	CMS Crosswalk		EP Criticality level is 1 - Immediate Threat to Health or Safety
A	EP belongs to Scoring Category 'A'		EP Criticality level is 2 - Situational Decision Rules
C	EP belongs to Scoring Category 'C'		EP Criticality level is 3 - Direct Impact.
M	EP requires Measure of Success	**D**	Documentation is required
ESP-1	EP applies to Early Survey Option	**NEW**	EP is new or changed as of the selected effective date.

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Program: Acute Stroke Ready Hospital

Chapter: Program Management

DSPR.1: The program defines its leadership roles.

Rationale: Not applicable.

Introduction: Not applicable

Elements of Performance

1 The program identifies members of its leadership team.

Requirement Specific to Acute Stroke Ready Certification
a. The organization appoints an Acute Stroke Ready medical director.
Note: An Acute Stroke Ready medical director does not have to be board-certified in neurology or neurosurgery, but must have sufficient knowledge of cerebrovascular disease to provide administrative leadership, clinical guidance, and input to the program.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
						A	

2 The program defines the accountability of its leader(s).

Requirement Specific to Acute Stroke Ready Certification
a. Written documentation shows support of the Acute Stroke Ready program by hospital or health system administration.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
					D	A	

3 The program leader(s) guides the program in meeting the mission, goals, and objectives.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
						A	

4 The program leader(s) identifies, in writing, the composition of the interdisciplinary team.

Requirements Specific to Acute Stroke Ready Certification
a. The organization appoints an acute stroke team to manage patients who present with this condition.
b. The acute stroke team should include, at a minimum, a nurse (or nurse practitioner or physician assistant) and a physician. Each member of the acute stroke team has basic training in acute stroke care, such as completion of continuing education in areas of acute stroke care or attendance at regional or national courses dealing with acute stroke care, or has prior experience in neuroscience intensive care.
c. The program documents the roles and responsibilities for members of the acute stroke team.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
					D	A	

5 The program leader(s) participates in designing, implementing, and evaluating care, treatment, and services.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
						A	

6 The program leader(s) provides for the uniform performance of care, treatment, and services.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
						A	

7 The program leader(s) makes certain that practitioners practice within the scope of their licensure, certification, training, and current competency.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
				3		A	

8 The program leader(s) monitors the performance of the program's interdisciplinary team as it relates to achievement of the program's mission, goals, and objectives.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
						A	

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Chapter: Program Management

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

Rationale: Not applicable.

Introduction: Not applicable

Elements of Performance

1 The interdisciplinary team designs the program.

Requirement Specific to Acute Stroke Ready Certification
a. The organization defines its interdisciplinary team so that it reflects the needs of the patient.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
						A	

2 The interdisciplinary team implements the program.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
						A	

3 The interdisciplinary team evaluates the program.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
						A	

4 The interdisciplinary team uses the results of the program evaluation to improve performance.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
						A	

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Program: Acute Stroke Ready Hospital

Chapter: Program Management

DSPR.3: The program meets the needs of the target population.

Rationale: Not applicable.

Introduction: Not applicable

Elements of Performance

DSPR.4: The program follows a code of ethics.

Rationale: Not applicable.

Introduction: Not applicable

Elements of Performance

1 The program protects the integrity of clinical decision making.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
						A	

2 The program respects the patient's right to decline participation in the program.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
						A	

3 The program has a process for receiving and resolving complaints and grievances in a timely manner.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
						A	

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Program: Acute Stroke Ready Hospital

Chapter: Program Management

DSPR.5: The program determines the care, treatment, and services it provides.

Rationale: Not applicable.

Introduction: Not applicable

Elements of Performance

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

Requirement Specific to Acute Stroke Ready 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.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
					D	A	

1 The leader(s) defines, in writing, the program's mission and scope of service.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
					D	A	

2 The leader(s) approves the program's mission and scope of service.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
						A	

3 The program identifies its target population.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
						A	

4 The services provided by the program are relevant to the target population.

Requirements Specific to Acute Stroke Ready Certification
a. The hospital collaborates with emergency medical services (EMS) providers to make certain of the following:
- The program has a relationship with EMS providers that includes notification when a patient with suspected stroke is being transported to the acute stroke ready hospital.
- The program has access to treatment protocols utilized by EMS providers and prehospital personnel for emergency stroke care.
- The program has protocols for working with EMS to facilitate the transport and transfer of acute stroke patients in a timely manner to the most appropriate facility.
- The program works collaboratively with EMS to establish that personnel have specific training in the use of at least one accepted field assessment tool.
b. Hospitals that provide stroke care to rural areas have protocols that address the prompt diagnosis and emergency treatment of stroke patients.
c. The program has written criteria for the admission, transfer, and discharge of stroke patients.
d. The hospital has a written transfer protocol with at least one primary stroke center or one comprehensive stroke center or a stroke center of comparable capability.
e. Written transfer protocols with accepting facilities include the following:
- Contact names
- Contact phone numbers
- Ability to transfer 24 hours a day, 7 days a week
- Ground and air transportation options
f. The program has access to stroke expertise 24 hours a day, 7 days a week.
Note: Access to stroke expertise may be in person or via telemedicine. If via telemedicine, there is the capability for a live interactive physical exam with real-time viewing of the patient and neuroimaging studies.
g. Medical professionals providing remote medical guidance have training and expertise similar to primary or comprehensive stroke center providers.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
						A	

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Program: Acute Stroke Ready Hospital

Chapter: Program Management

2 The program communicates to the patient the care, treatment, and services it provides.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
						A	

3 The program provides care, treatment, and services to patients in a planned and timely manner.

Requirements Specific to Acute Stroke Ready Certification
a. The acute stroke team is on-call 24 hours a day, 7 days a week, with the ability of at least one member to be at the patient's bedside within 15 minutes of being called.
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.
b. The hospital has the ability to complete initial laboratory tests on-site 24 hours a day, 7 days a week.
Note: Laboratory tests may include a complete blood cell count with platelet count, coagulation studies (prothrombin time, international normalized ratio), blood chemistries, and troponin.
c. The hospital 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 parameters can be met in the acute setting.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
						A	

4 The program complies with applicable law and regulation.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
						A	

5 The program informs the patient and family about how to access care, treatment, and services, including after hours (if applicable).

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
			M	3		C	

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

Requirements Specific to Acute Stroke Ready Certification
a. The program has at least one physician, nurse practitioner, or physician assistant on-site to supervise patient care, order medication, and manage emergent issues.
Note: The nurse practitioner or physician assistant must have prescriptive authority and the ability to consult with a covering physician if needed.
b. The hospital 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.
c. The organization has written documentation on the process used to notify the designated practitioners who respond to patients with an acute stroke.
d. Emergency department licensed independent practitioners have 24-hour access to a timely, informed consultation about the use of IV thrombolytic therapy, which is provided by a physician privileged in the diagnosis and treatment of ischemic stroke.
Note: For the purpose of The Joint Commission's Acute Stroke Ready Hospital Certification, an informed consultation includes bedside consultation or telemedicine consultation from a privileged physician.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP

				3		A	

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 Acute Stroke Ready 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.
b. Neurosurgical services are available to patients within three hours of it being deemed necessary.
c. There is a written protocol for transfer that includes communication and feedback from the receiving facility.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
				3		A	

8 The program evaluates services provided through contractual arrangement to make certain the care, treatment, and services are consistently provided in a safe, quality manner. This evaluation is documented.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
					D	A	

9 Variables such as staffing, setting, or payment source do not affect outcomes of care, treatment, and services.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
						C	

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Program: Acute Stroke Ready Hospital

Chapter: Program Management

DSPR.6: The program has current reference and resource materials.

Rationale: Not applicable.

Introduction: Not applicable

Elements of Performance

1 Practitioners have access to reference materials, including clinical practice guidelines, in either hard copy or electronic format.

Requirement Specific to Acute Stroke Ready Certification
a. Protocols and care paths (preprinted or electronic documents) are available in the emergency department and in other acute care areas for the acute assessment and treatment of patients with ischemic or hemorrhagic stroke.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
						A	

2 Reference materials and resources are current and evidence based.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
						A	

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Program: Acute Stroke Ready Hospital

Chapter: Program Management

DSPR.7: The program's facilities are safe and accessible.
Note: The program may use the organization's plan and processes for safety and accessibility if they address the program's unique needs and target population.

Rationale: Not applicable.

Introduction: Not applicable

Elements of Performance

1 The program identifies its security risks.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
						A	

2 The program implements strategies to minimize security risks.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
			M	3		C	

3 The unique needs of the program's patients and/or the program's setting are included in the organization's emergency management plan.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
					D	A	

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

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
			M			C	

5 The program evaluates its fire risk.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
				3		A	

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

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
			M	3		C	

7 The program develops a medical equipment management plan.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
					D	A	

8 The program implements its medical equipment management plan.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
			M			C	

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

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
						A	

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

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
			M			C	

11 The program educates staff on environment of care risk-reduction strategies.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
			M			C	

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

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Effective Date: July 1, 2015

Program: Acute Stroke Ready Hospital

EP Attributes Icon Legend:

CMS	CMS Crosswalk		EP Criticality level is 1 - Immediate Threat to Health or Safety
A	EP belongs to Scoring Category 'A'		EP Criticality level is 2 - Situational Decision Rules
C	EP belongs to Scoring Category 'C'		EP Criticality level is 3 - Direct Impact.
M	EP requires Measure of Success	**D**	Documentation is required
ESP-1	EP applies to Early Survey Option	**NEW**	EP is new or changed as of the selected effective date.

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Program: Acute Stroke Ready Hospital

Chapter: Delivering or Facilitating Clinical Care

DSDF.1: Practitioners are qualified and competent.

Rationale: Not applicable.

Introduction: Not applicable

Elements of Performance

1 Practitioners have education, experience, training, and/or certification consistent with the program's scope of services, goals and objectives, and the care provided.

Requirements Specific to Acute Stroke Ready Certification
a. The organization's clinical staff have knowledge of the process used to notify designated practitioners of the need to respond to patients with an acute stroke.
b. Emergency department practitioners demonstrate knowledge of IV thrombolytic therapy protocols for acute stroke, including the following:
- Treatment during the first three hours after the patient was last known to be well
- Indications for use of IV thrombolytic therapy
- Contraindications to IV thrombolytic therapy
- Education to be provided to patients and families regarding the risks and benefits of IV thrombolytic therapy
- Signs and symptoms of neurological deterioration post IV thrombolytic therapy

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
					D	A	

2 The program verifies each practitioner's licensure using a primary source verification process upon hire and at licensure expiration.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
					D	A	

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
					D	A	

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3 The program assesses practitioner competency at time of hire. This assessment is documented.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
					D	A	

4 Orientation provides information and necessary training pertinent to the practitioner's responsibilities. Completion of the orientation is documented.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
					D	A	

5 The program assesses practitioner competence on an ongoing basis. This assessment is documented.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
					D	A	

6 The program identifies and responds to each practitioner's program-specific learning needs.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
						A	

7 Ongoing in-service and other education and training activities are relevant to the program's scope of services.

Requirements Specific to Acute Stroke Ready Certification
a. Members of the core stroke team, as identified by the organization, receive at least four hours annually of continuing education or other equivalent educational activity related to the care of patients with cerebrovascular disease.
b. Emergency department staff, as defined 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.
c. The medical director of the program (if not part of the core stroke team) receives annually at least four hours of education related to the care of patients with cerebrovascular disease.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
						A	

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Program: Acute Stroke Ready Hospital

Chapter: Delivering or Facilitating Clinical Care

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.

Rationale: Not applicable.

Introduction: Not applicable

Elements of Performance

1 The selected clinical practice guidelines are evaluated for their relevance to the target population.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
						A	

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

Requirements Specific to Acute Stroke Ready Certification
a. The program has written protocols based on clinical practice guidelines, including the following:
- 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 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.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
						A	

3 The program leader(s) and practitioners review and approve clinical practice guidelines prior to implementation.

Requirement Specific to Acute Stroke Ready Certification
a. Protocols for emergent care of patients with ischemic and hemorrhagic strokes are reviewed for current evidence at least annually and revised as necessary using an interdisciplinary approach.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
					D	A	

4 Practitioners are educated about clinical practice guidelines and their use.

Requirement Specific to Acute Stroke Ready Certification
a. The hospital demonstrates that at least 67% of emergency department practitioners are educated in acute stroke protocol(s). This group of practitioners must include all of the emergency department practitioners who are responsible for the triage of stroke patients.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
						A	

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

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
						A	

6 The program implements modifications to clinical practice guidelines based on current evidence-based practice.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
						C	

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Program: Acute Stroke Ready Hospital

Chapter: Delivering or Facilitating Clinical Care

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

Rationale: Not applicable.

Introduction: Not applicable

Elements of Performance

1 The program establishes an interdisciplinary team based on the patient's assessed needs and direction from clinical practice guidelines.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
						A	

2 The assessment(s) and reassessment(s) are completed according to the patient's needs and clinical practice guidelines.

Requirements Specific to Acute Stroke Ready Certification
a. An emergency department physician, nurse practitioner, or physician assistant performs an assessment for a suspected stroke patient within 15 minutes of patient arrival in the emergency department.
Note: Nurse practitioners and physician assistants performing the initial assessment must have prescriptive authority and the ability to consult with a covering physician if needed.
b. Ongoing assessment(s) of the patient are completed in accordance with the program's acute stroke protocols.
c. The National Institutes of Health Stroke Scale (NIHSS) is used for the initial assessment of patients with acute stroke.
Note: The NIHSS is completed by a qualified member of the team as determined by the organization.
d. A blood glucose level is completed for any patient presenting with stroke symptoms.
e. The hospital has the ability to perform and read a non-contrast head CT or MRI within 45 and 60 minutes, respectively, of being ordered.
Note: Review of the images does not have to be done on site. Evaluation can be performed through telemedicine. Images must be reviewed by a board-certified radiologist or other physician with expertise in reading head CT or brain MRI images.
f. Laboratory tests, electrocardiogram (ECG), and chest x-ray are completed and resulted 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 (prothrombin time, international normalized ratio), blood chemistries, and troponin.
g. All patients exhibiting stroke symptoms are screened for dysphagia prior to receiving any oral intake of medication, fluids, or food.
h. The hospital 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.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
			M	3		C	

3 The program implements care, treatment, and services based on the patient's assessed needs.

Requirements Specific to Acute Stroke Ready Certification
a. If brain magnetic resonance imaging (MRI) is required in place of a head CT, it is completed and interpreted within one

hour of being ordered.
b. The completion of laboratory tests, electrocardiogram (ECG), and chest x-ray should not delay the administration of IV thrombolytics.
c. Telemedicine/teleradiology equipment is on site for transmission of information.
d. Telemedicine link is initiated within 20 minutes of the emergency physician/acute stroke team determining it is necessary.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
			M	3		C	

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Program: Acute Stroke Ready Hospital

Chapter: Delivering or Facilitating Clinical Care

DSDF.4: The program develops a plan of care that is based on the patient's assessed needs.

Rationale: Not applicable.

Introduction: Not applicable

Elements of Performance

1 The plan of care is developed using an interdisciplinary approach and patient participation.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
						A	

2 The program individualizes the plan of care for each patient.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
				3		A	

3 The individualized plan of care is based on the patient's goals and the time frames to meet those goals.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
						A	

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

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
				3		A	

5 The program explains the plan of care to the patient in a manner he or she can understand.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
						C	

6 The program informs patients of all potential consequences of not complying with recommended care, treatment, and services.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
				3		A	

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

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
						C	

8 The program continually evaluates, revises, and implements revisions to the plan of care to meet the patient's ongoing needs.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
			M			C	

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Program: Acute Stroke Ready Hospital

Chapter: Delivering or Facilitating Clinical Care

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

Rationale: Not applicable.

Introduction: Not applicable

Elements of Performance

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

Requirements Specific to Acute Stroke Ready Certification
a. Protocols for care related to patient referrals demonstrate that the program does the following:
- 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. For patients transferring to a stroke center, patients should leave the hospital within two hours of emergency department

arrival or when medically stable. The program includes time parameters and transfer procedures to the stroke center.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
			M	3		C	

2 Patients with comorbidities and co-occurring conditions needing clinical and/or psychosocial care, treatment, and services are managed by the program's practitioners or referred to other practitioners for care.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
			M	3		C	

3 The program's practitioners communicate to other practitioners important information regarding co-occurring conditions and comorbidities needed to manage the patient's conditions.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
			M	3		C	

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Program: Acute Stroke Ready Hospital

Chapter: Delivering or Facilitating Clinical Care

DSDF.6: The program initiates discharge planning and facilitates arrangements for subsequent care, treatment, and services to achieve mutually agreed upon patient goals.

Rationale: Not applicable.

Introduction: Not applicable

Elements of Performance

1 In preparation for discharge, the program discusses and plans with the patient and family the care, treatment, and services that are needed in order to achieve the mutually agreed upon self-management plan and goals.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
			M			C	

2 In preparation for discharge, the program considers the patient's anticipated needs and goals when identifying the setting and practitioners for continuing care, treatment, and services.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
						C	

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Program: Acute Stroke Ready Hospital

EP Attributes Icon Legend:

CMS	CMS Crosswalk		EP Criticality level is 1 - Immediate Threat to Health or Safety
A	EP belongs to Scoring Category 'A'		EP Criticality level is 2 - Situational Decision Rules
C	EP belongs to Scoring Category 'C'		EP Criticality level is 3 - Direct Impact.
M	EP requires Measure of Success	**D**	Documentation is required
ESP-1	EP applies to Early Survey Option	**NEW**	EP is new or changed as of the selected effective date.

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Program: Acute Stroke Ready Hospital

Chapter: Clinical Information Management

DSCT.1: Patient information is confidential and secure.

Rationale: Not applicable.

Introduction: Not applicable

Elements of Performance

1 Patients are made aware of how data and information related to them will be used by the program.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
						C	

2 The program discloses health information only as authorized by the patient or as otherwise consistent with law and regulation.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
						A	

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

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
						C	

3 In preparation for discharge, the program communicates the patient's needs and goals to other practitioners who will continue to support the patient in achieving the desired outcomes.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
						C	

4 The program provides education and serves as a resource, as needed, to practitioners who are assuming responsibility for the patient's continued care, treatment, and services.

Requirement Specific to Acute Stroke Ready Certification
a. The acute stroke ready hospital makes educational opportunities available to prehospital personnel, as defined by the organization.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
						C	

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4 The program identifies, in writing, who is authorized to access, use, and disclose patient information.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
					D	A	

5 The program defines a process for responding to a violation of confidentiality or security.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
					D	A	

6 The program implements its process for addressing a violation of confidentiality or security.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
						C	

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Program: Acute Stroke Ready Hospital

Chapter: Clinical Information Management

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

Rationale: Not applicable.

Introduction: Not applicable

Elements of Performance

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

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
						A	

2 The program uses aggregate data and information to support leadership decisions.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
						A	

3 The program uses aggregate data and information to support operations.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
						A	

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

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
						A	

5 The program uses aggregate data and information to support patient care.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
						A	

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Program: Acute Stroke Ready Hospital

Chapter: Clinical Information Management

DSCT.3: Patient information is gathered from a variety of sources.

Rationale: Not applicable.

Introduction: Not applicable

Elements of Performance

1 Information is gathered directly from the patient and family.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
						C	

2 Information is gathered from relevant practitioners and/or health care organizations.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
						C	

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Program: Acute Stroke Ready Hospital

Chapter: Clinical Information Management

DSCT.4: The program shares information with relevant practitioners and/or health care organizations about the patient's disease or condition across the continuum of care.

Rationale: Not applicable.

Introduction: Not applicable

Elements of Performance

1 The program shares information directly with the patient.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
						C	

2 The program shares information with relevant practitioners and/or health care organizations to facilitate continuation of patient care.

Requirement Specific to Acute Stroke Ready Certification
a. The following results are communicated and available to the ordering provider and stroke team, as applicable:
- Head computed tomography (CT)
- Computed tomography angiography (CTA)
- Brain magnetic resonance imaging (MRI)
- Magnetic resonance angiography (MRA)
- Laboratory

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
						C	

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Program: Acute Stroke Ready Hospital

Chapter: Clinical Information Management

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

Rationale: Not applicable.

Introduction: Not applicable

Elements of Performance

1 All relevant practitioners have access to patient information as needed.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
						C	

2 The medical record contains sufficient information to identify the patient.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
			M			C	

3 The medical record contains sufficient information to support the diagnosis.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
			M			C	

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

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

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
			M			C	

5 The medical record contains sufficient information to document the course and results of care, treatment, and services.

Requirement Specific to Acute Stroke Ready Certification
a. Stroke program practitioners document all assessments and interventions provided for stroke patients, including date and time, in accordance with the hospital's policy.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
			M	3		C	

6 The medical record contains sufficient information to facilitate continuity of care.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
			M			C	

7 The program reviews its medical records for completeness and accuracy.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
						A	

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Program: Acute Stroke Ready Hospital

EP Attributes Icon Legend:

CMS	CMS Crosswalk		EP Criticality level is 1 - Immediate Threat to Health or Safety
A	EP belongs to Scoring Category 'A'		EP Criticality level is 2 - Situational Decision Rules
C	EP belongs to Scoring Category 'C'		EP Criticality level is 3 - Direct Impact.
M	EP requires Measure of Success	**D**	Documentation is required
ESP-1	EP applies to Early Survey Option	**NEW**	EP is new or changed as of the selected effective date.

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Program: Acute Stroke Ready Hospital

Chapter: Supporting Self-Management

DSSE.1: The program involves patients in making decisions about managing their disease or condition.

Rationale: Not applicable.

Introduction: Not applicable

Elements of Performance

1 The program involves patients in decisions about their care, treatment, and services.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
			M			C	

2 The program assesses the patient's readiness, willingness, and ability to engage in self-management activities.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
			M			C	

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

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
			M			C	

4 The program utilizes the assessment of the patient and family and/or caregiver to guide the development of a self-management plan.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
			M			C	

5 Patients and practitioners mutually agree upon goals.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
			M			C	

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Program: Acute Stroke Ready Hospital

Chapter: Supporting Self-Management

DSSE.2: The program addresses the patient's self-management plan.

Rationale: Not applicable.

Introduction: Not applicable

Elements of Performance

1 The program promotes lifestyle changes that support self-management activities.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
						C	

2 The program evaluates barriers to lifestyle changes.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
			M			C	

3 The program engages family and community support structures in the patient's self-management plan, as directed by the patient.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
						C	

4 The program assesses and documents the patient's response to recommended lifestyle changes.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
			M			C	

5 The program addresses the education needs of the patient regarding disease progression and health promotion.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
			M			C	

6 The program revises the self-management plan according to the patient's assessed needs.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
						C	

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Program: Acute Stroke Ready Hospital

Chapter: Supporting Self-Management

DSSE.3: The program addresses the patient's education needs.

Rationale: Not applicable.

Introduction: Not applicable

Elements of Performance

1 The program's education materials comply with recommended elements of care, treatment, and services, which are supported by literature and promoted through clinical practice guidelines and evidence-based practice.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
					D	A	

2 The program presents content in an understandable manner according to the patient's level of literacy.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
			M			C	

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

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
			M			C	

4 The program makes initial and ongoing assessments of the patient's comprehension of program-specific information.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
			M			C	

5 The program addresses the education needs of the patient regarding his or her disease or condition and care, treatment, and services.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
			M			C	

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EP Attributes Icon Legend:

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Program: Acute Stroke Ready Hospital

Chapter: Performance Measurement

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

Rationale: Not applicable.

Introduction: Not applicable

Elements of Performance

1 The program leader(s) identifies goals and sets priorities for improvement in a performance improvement plan.

Requirement Specific to Acute Stroke Ready Certification
a. The program monitors its ability to administer IV thrombolytics within 60 minutes to eligible patients presenting for stroke care.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
					D	A	

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 Acute Stroke Ready Certification
a. Stroke performance measures are analyzed by the stroke team and the hospital's quality department.
b. The program has a specified committee that meets a minimum of twice per year to evaluate protocols and practice patterns as indicated.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
						A	

3 The program has a written performance improvement plan.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
					D	A	

4 The program leader(s) shares the program performance improvement plan with organizational leadership.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
						A	

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

Requirement Specific to Acute Stroke Ready Certification
a. The program has documentation to reflect tracking of performance measures and indicators.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
						A	

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

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
						A	

7 The program documents actions taken to achieve improvement.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
					D	A	

8 The program determines if improvements have been achieved and are being sustained.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
						A	

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Program: Acute Stroke Ready Hospital

Chapter: Performance Measurement

DSPM.2: The program maintains data quality and integrity.

Rationale: Not applicable.

Introduction: Not applicable

Elements of Performance

1 The program uses standardized data, definitions, and measure specifications in a consistent manner.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
						C	

2 Data collection is timely, accurate, complete, and relevant to the program.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
						C	

3 The program minimizes data bias.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
						A	

4 The program monitors data reliability and validity.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
						A	

5 The program uses sampling methodology based on measurement principles.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
						A	

6 The program uses data analysis tools.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
						A	

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Chapter: Performance Measurement

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.

Rationale: Not applicable.

Introduction: Not applicable

Elements of Performance

1 The program selects valid, reliable performance measures that are relevant to the target population and based on clinical practice guidelines or other evidence-based practice.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
						A	

2 The program collects data related to processes and/or outcomes of care.

Requirements Specific to Acute Stroke Ready Certification
a. At a minimum, the stroke team log includes the following information for each entry:
- Number of times stroke team was activated
- Practitioner response time to acute stroke patients (See also DSPR.5, EP 3a; DSDF.3, EP 2a)
- Type(s) of diagnostic tests and acute treatment if used
- Patient diagnosis
- Door-to-IV thrombolytic time
- Patient complications
- Disposition of the patient (for example, upon admission to the organization, discharge, transfer to another organization)
b. The program utilizes a stroke registry or similar data collection tool to monitor the data and measure outcomes.
c. The program monitors its IV thrombolytic complications, which include symptomatic intracerebral hemorrhage and serious life-threatening systemic bleeding.
Note 1: Symptomatic intracerebral hemorrhage is defined by a completed computed tomography (CT) prior to transfer that shows intracerebral hemorrhage along with a physician's note indicating clinical deterioration due to intracerebral hemorrhage.
Note 2: Serious, life-threatening systemic bleeding is defined as bleeding prior to transfer requiring multiple transfusions along with a physician's note attributing IV thrombolytics as the reason for multiple transfusions.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
						A	

3 The program collects patient satisfaction data relevant to its target population.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
						A	

4 Data are aggregated at the program level.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
						A	

5 The program reports aggregated data results to The Joint Commission at defined intervals.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
						A	

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

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
						A	

7 The program incorporates identified improvement opportunities into the performance improvement plan.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
					D	A	

8 The program demonstrates improvement in processes and patient outcomes.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
						A	

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Program: Acute Stroke Ready Hospital

Chapter: Performance Measurement

DSPM.4: The program collects and analyzes data to determine variance from the clinical practice guidelines.

Rationale: Not applicable.

Introduction: Not applicable

Elements of Performance

1 The program tracks data variances at the patient level.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
						A	

2 The program evaluates variances that affect program performance and outcomes.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP

A

3 The program uses data analysis to modify performance improvement activities in support of clinical practice guidelines.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
						A	

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Program: Acute Stroke Ready Hospital

Chapter: Performance Measurement

DSPM.5: The program evaluates patient satisfaction with the quality of care.

Rationale: Not applicable.

Introduction: Not applicable

Elements of Performance

1 The program evaluates patient satisfaction with and perception of quality of care at the program level.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
						A	

2 Patient satisfaction data are utilized for program-specific performance improvement activities.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
						A	

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Program: Acute Stroke Ready Hospital

Chapter: Performance Measurement

DSPM.6: The program has a sentinel event process that includes identifying, reporting, managing, and tracking sentinel events.

Rationale: Not applicable.

Introduction: Not applicable

Elements of Performance

1 A process exists for identifying sentinel events related to the program.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
						A	

2 A process exists for internally tracking sentinel events if and when they occur.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
						A	

3 A process exists for analyzing sentinel events as they relate to program activity.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
						A	

4 The program leader(s) implements changes to the program based on the analysis of sentinel events.

EP Attributes

New	FSA	CMS	MOS	CR	DOC	SC	ESP
						A	

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