

PRIMARY STROKE CENTER CERTIFICATION OVERVIEW SHEET



**American Heart Association
American Stroke Association**
CERTIFICATION
Meets standards for
Primary Stroke Center

BACKGROUND

In December 2003, the American Heart Association/American Stroke Association (AHA/ASA) and The Joint Commission (TJC) launched its Primary Stroke Center Certification. Currently, there are more than 1,000 certified primary stroke centers in 49 states plus the District of Columbia and Puerto Rico. Certification is available only to those stroke programs in Joint Commission-accredited acute care hospitals.

The Certificate of Distinction for Primary Stroke Centers recognizes centers that follow the best practices for stroke care. Programs applying for advanced certification must meet the requirements for Disease-Specific Care Certification plus additional, clinically specific requirements and expectations.

CERTIFIED PRIMARY STROKE CENTERS:

- use a standardized method of delivering care based on the Brain Attack Coalition's "Recommendations for Establishment of Primary Stroke Centers";
- support patient self-management activities;
- tailor treatment and intervention to individual needs;
- promote the flow of patient information across settings and providers, while protecting patient rights, security and privacy;
- analyze and use standardized performance measure data to continually improve treatment plans; and
- demonstrate their application of and compliance with clinical practice guidelines published by the AHA/ASA or equivalent evidence-based guidelines.

Currently, 15 states require or recognize American Heart Association/American Stroke Association and The Joint Commission's Primary Stroke Center Certification for designation as a Primary Stroke Center. These include Delaware, Florida, Georgia, Illinois, Maryland, Missouri, New Mexico, North Dakota, Oklahoma, Pennsylvania, Rhode Island, South Carolina, Texas, Virginia and Washington. For more information about government recognition, contact Jen Hoppe, Associate Director, State Relations, 630-792-5261 or email accreditation@heart.org.

CERTIFICATION BENEFITS

Primary Stroke Center Certification is important to hospitals because it:

- Improves the quality of care provided to patients
- Demonstrates commitment to a higher standard of service
- Provides a framework for organizational structure and management
- Provides a competitive edge in the marketplace
- Enhances staff recruitment and development
- Is recognized by insurers and other third parties

CERTIFICATION REQUIREMENTS

On-site certification reviews are conducted by reviewers with expertise in stroke care. The certification decision is based on the evaluation of the following three areas:

COMPLIANCE WITH CONSENSUS-BASED STANDARDS

Programs applying for Primary Stroke Center Certification are evaluated using the standards in the Disease-Specific Care Certification Manual (<http://www.jcinc.com/Accreditation-Manuals/DSCC12/4027/>). The Joint Commission standards incorporate the "Recommendations for the Establishment of Primary Stroke Centers" developed by the Brain Attack Coalition. The Disease Specific-Care Certification Manual chapters address:

- Program management
- Delivery or facilitation of clinical care
- Support for self-management
- Clinical information management
- Performance improvement and measurement

EFFECTIVE USE OF EVIDENCE-BASED CLINICAL PRACTICE GUIDELINES TO MANAGE AND OPTIMIZE CARE

The program must demonstrate conformity with clinical practice guidelines or evidence-based practice. This includes the Primary Stroke Center-specific requirements outlined in the Disease-Specific Care manual in the section titled "Advanced Disease-Specific Care Certification Requirements for Primary Stroke Center."

AN ORGANIZED APPROACH TO PERFORMANCE MEASUREMENT AND IMPROVEMENT ACTIVITIES

Certified primary stroke centers must collect and report on eight core stroke measures. Data on these measures is submitted quarterly to The Joint Commission through a secure extranet site no later than 45 days following the end of the calendar quarter. The eight measures are:

- STK-1: Venous thromboembolism (VTE) prophylaxis: Ischemic and hemorrhagic stroke patients who received VTE prophylaxis or have documentation why no VTE prophylaxis was given the day of or the day after hospital admission.
- STK -2: Discharged on antithrombotic therapy: Ischemic stroke patients prescribed antithrombotic therapy at hospital discharge.
- STK-3: Anticoagulation therapy for atrial fibrillation/flutter: Ischemic stroke patients with atrial fibrillation/flutter who are prescribed anticoagulation therapy at hospital discharge.
- STK-4: Thrombolytic therapy: Acute ischemic stroke patients who arrive at this hospital within 2 hours of time last known well and for whom IV t-PA was initiated at this hospital within 3 hours of time last known well.
- STK-5: Antithrombotic therapy by end of hospital day two: Ischemic stroke patients administered antithrombotic therapy by the end of hospital day 2.
- STK-6: Discharged on statin medication: Ischemic stroke patients with LDL greater than or equal to 100 mg/dL, or LDL not measured, or who were on a lipid-lowering medication prior to hospital arrival are prescribed statin medication at hospital discharge.
- STK-8: Stroke education: Ischemic or hemorrhagic stroke patients or their caregivers who were given educational materials during the hospital stay addressing all of the following: activation of emergency medical system, need for follow-up after discharge, medications prescribed at discharge, risk factors for stroke, and warning signs and symptoms of stroke.
- STK-10: Assessed for rehabilitation: Ischemic or hemorrhagic stroke patients who were assessed for rehabilitation services.

More detail on the measures and definitions for primary stroke certification are available in The Joint Commission's *Specifications Manual for National Hospital Inpatient Quality Measures*. Certified programs must use the **current** version of the manual which is updated twice yearly (around January and July). Future versions of the manual are posted six months prior to the effective date. Revisions called "Release Notes" show all the changes made to a particular version. Questions about core measure specifications can be submitted to the Joint Commission's Performance Measurement Q&A Forum. The measures have been endorsed by the National Quality Forum and approved as a core measure set for use in the Joint Commission's ORYX program. For more information, visit the website.

Primary Stroke Centers that successfully demonstrate compliance in all three areas are awarded certification for a two-year period. At the end of the first year, the organization is required to participate in a conference call to attest to its continued compliance with the standards and to review performance improvement activities. Learn more about the certification process at jointcommission.org/certification/primary_stroke_centers.aspx.

ACCREDITING ORGANIZATIONS

The American Heart Association/American Stroke Association has worked with The Joint Commission on Primary Stroke Certification since 2003. The collaboration now extends to co-branded Certification for Primary Stroke Centers. By joining resources, the two organizations can expand their work and provide hospitals with additional and enhanced services. The Joint Commission will continue to manage the certification process, and the AHA/ASA will be responsible for the science framework.

Certified Primary Stroke Centers will be highlighted on the American Heart Association/American Stroke Association's quality map website (heart.org/myhealthcare) to assist the general public with locating stroke centers certified by the AHA/ASA and The Joint Commission. Quality reports for Primary Stroke Center Certification will be available to the public on the Quality Check™ website.

ADDITIONAL INFORMATION

To learn more about the AHA/ASA and TJC Primary Stroke Center Certification, please visit heart.org/accreditation or contact us at accreditation@heart.org.