Requirements for Stroke Ready Certification
Standards Crosswalk, 2021 edition to 2024 edition

The publication, *Requirements for Stroke Ready Certification*, has been revised to reflect current standards of practice, improve clarity and flow, and reduce redundancy.

The crosswalk below presents <u>only standards with changes that influence compliance</u>. Under each chapter title, the 2021 standard number and title are identified, followed by the 2024 number and title. Where that remains unchanged, there is only one entry.

The next line indicates where the change appears (in the standard, in the required elements, or in the survey procedure) and characterizes the change (deleted, consolidated, revised, new).

The largest cell provides detail <u>of changes that impact intent or potential compliance action</u>. Existing text that is unchanged or changed from the prior edition only to improve clarity (e.g., grammar, eliminating redundancy, revised information flow, removal of outdated references, etc.) is not included. Text deleted from the prior edition of the manual appears (often as an excerpt) with ~~strikethrough~~ and new content appears **bolded**. An entirely new standard will be in **bold, blue font**.

Please refer to the full manual to review the complete standard, required elements, and survey procedures.

As always, contact us at customerservice@achc.org with questions or comments.

Standard # and title	
Location and Type of change	**Detail of change**
**01.00	Governance Functions: Strategic Direction**	
~~01.00.01~~ **01.00.04** GOVERNANCE PLAN	
▪ Standard renumbered ▪ Required elements revised (some relocated to 01.00.03)	
01.00.02 TARGET POPULATION AND SERVICE DELIVERY	
▪ Required elements revised (some relocated to 01.00.03)	
~~01.00.03~~ **01.00.01** LICENSURE	
▪ Standard renumbered	
01.00.03 STRATEGIC PLAN	
▪ **New Standard** ▪ Required elements from 01.01.01 and 01.01.02 moved, clarified, and augmented with **new elements**.	<u>Standard</u> **A defined strategic plan supports the Stroke Program and the needs of the patient population.** <u>Required Elements</u> The hospital outlines a plan for the Stroke Program that includes:

Standard # and title	
Location and Type of change	**Detail of change**
	■ **Departments involved in the provision of stroke care.** ■ **Strategic partnerships.** » **Including, but not limited to, services to support continuity of care (such as rehabilitation services and medical supply companies) and to optimize care and patient outcomes.**
	<u>Survey Procedure</u> ▪ **A written plan includes the required elements.**

~~01.00.04~~ 01.00.05 GRIEVANCE PROCESS

▪ Standard renumbered	

01.01 | Governance Functions: Credentialing

01.01.01 MEDICAL DIRECTOR

▪ Required elements revised	<u>Required Elements</u> The medical director completes at least eight continuing medical education (CME) credits in stroke care each year.

01.01.02 MEDICAL STAFFING

▪ Required elements revised (some relocated to 02.00.09)	<u>Required Elements</u>
	~~Physicians~~
	~~Are available during all hours of operation. (Physician, or designee, is accessible by phone within 20 minutes and onsite within 30 minutes~~).
	PROVIDERS
	Medical providers:
	▪ **Are available 24 hours a day, seven days a week. Physicians who can treat are available in house or via telemedicine within a timeframe defined by the hospital to adequately meet stroke performance metrics, unless otherwise specified by state regulations.**
	▪ **Include additional credentialed physicians accessible by phone and available 24 hours every day of the year including:**
	   » **Physician(s) with imaging experience in head computerized tomography and brain magnetic resonance imaging.**
	   » **Diagnostic radiologist(s) (maybe via telemedicine).**
	   » **Physician with cerebrovascular experience.**
	PROVIDER QUALIFICATIONS
	Individual physicians, APRNs, PAs, and other applicable clinicians, undergo a credentialing process (new

Standard # and title	
Location and Type of change	**Detail of change**
	appointments or reappointments) consistent with national standards and guidelines.

01.03 Governance Functions: Social Responsibility

01.03.01 HEALTH PROMOTION

▪ Standard revised ▪ Required elements revised ▪ Survey procedure revised	<u>Standard</u> The service provides at least ~~two~~ **one** educational program… <u>Required Elements</u> ~~Note: Studies demonstrate … an ambulance.~~ ~~The stroke center takes on responsibility …~~ ~~Community education programs…~~ ~~Education programs should focus on …~~ ~~Education is provided at least twice…~~ **The stroke program offers community education focusing on stroke prevention, symptom recognition, and care options.** **Programs are provided at least once a year and evaluations are collected, analyzed, and used to improve public education.** <u>Survey Procedure</u> ▪ The service provides ~~two~~ **one** community education program each year.
01.03.02 ~~AGREEMENTS WITH HEALTHCARE PARTNERS~~ **HEALTHCARE PARTNERSHIPS**	
▪ Standard retitled ▪ Standard revised ▪ Required elements revised	<u>Standard</u> The stroke ready center has established a partnership with **one or more other stroke ready, or smaller community/remote area hospitals to support their patients, and with** a primary, thrombectomy or comprehensive stroke center **for patients needing a higher level of care. When transferring patients out of this facility, the transfer must be to a stroke center with an equivalent or higher level of stroke care.** <u>Required Elements</u> ~~Guidelines recommend door-to-stroke unit admission within 4.5 hours.~~ **When developing** agreements the stroke ready center defines time frames for transfer to and from other stroke centers to ensure patient needs are met. Defined time frames may vary based on clinical needs, triage, and patient outcomes. Partnership is demonstrated by one or more of the following: ▪ **Clinical communication between hospitals.**

Standard # and title	
Location and Type of change	**Detail of change**
02.00 | Clinical Functions: Service Integration	

02.00.01 EMERGENCY DEPARTMENT

▪ Required elements revised and reordered (see manual for full text) ▪ Survey procedure revised	<u>Required Elements</u> ~~Care that is provided using evidence-based protocols may improve patient outcomes, expedite patient care, reduce hospital length of stays, and decrease costs.~~ **Emergency department physicians must be available to assess the patient 24/7 and at the bedside within 10 minutes or less, or in accordance with state requirements.** **Facilities must develop, adopt, and adhere to care protocols aligned with nationally recognized standards of practice and consistent with all applicable state and federal regulations.** **The Stroke Ready Program has, at minimum, the following protocols in place:** ▪ **Ischemic stroke treatment protocols to address large vessel occlusions (LVO), eligibility criteria for treatment with thrombolytics, and measures to immediately control blood pressure.** ▪ **Intracranial hemorrhage (ICH) treatment protocols to immediately control blood pressure and reversal of coagulopathy to be started in the emergency department, when appropriate.** ▪ **Patient transfer protocols to another comprehensive stroke center, when appropriate. The patient transfer protocol is compliant with the Emergency Medical Treatment and Active Labor Act (EMTALA). A transfer agreement is expected with at least one healthcare organization that offers a higher level of care to stroke patients.** ▪ **Defined patient protocols to address critical care services that may be compromised if systems are not functioning properly.** <u>Survey Procedure</u> ▪ **Staff/providers are knowledgeable regarding all protocols in the required elements.** ▪ **Required policies and protocols are in place and reflect nationally recognized guidelines.** ▪ **Patient medical records reflect compliance with established protocols.**

02.00.02 ~~SPECIALTY UNIT: STROKE~~ **FOR FUTURE USE**

▪ Standard retired for Stroke Ready Certification	

Standard # and title	
Location and Type of change	**Detail of change**

02.00.03 ~~SPECIALTY UNIT: INTENSIVE CARE~~ **FOR FUTURE USE**

▪ Standard retired for Stroke Ready Certification	

02.00.04 NEUROIMAGING

▪ Standard revised ▪ Required elements revised (All existing elements replaced except as noted.) ▪ Survey procedure revised	<u>Standard</u> The stroke ready center performs advanced imaging necessary to diagnose or rule out **intracerebral stroke or hemorrhagic stroke** 24 hours a day, 7 days a week. <u>Required Elements</u> For acute stroke patients, rapid establishment of an accurate diagnosis is vital and requires brain-imaging studies. Neuroimaging services for acute stroke patients must always be readily available**. All patients with suspected acute stroke receive emergency brain imaging on arrival before initiating any specific therapy to treat stroke. Initial imaging (CT or MRI) must be performed, interpreted, and communicated to the provider within 45 minutes or less to successfully meet defined performance metrics for the certification level. Timelines are defined and communicated to the individual(s) responsible for oversight of imaging services.** Neuroimaging services available at the facility include: ▪ Multimodal CT and MRI. **The director and staff of imaging services are educated, committed, and evaluated on services provided to support the Stroke Program. This may be reflected in an agreement or document that outlines services and time frames. The delivery and quality of neuroimaging services related to the Stroke Program is evaluated.** A qualified physician… **Because the benefit of therapy is time dependent, administration of a thrombolytic in eligible patients should be given before obtaining a follow-up MRI, unless the MRI is the initial imaging modality.** <u>Survey Procedure</u> **Verify, at minimum:** ▪ ~~The imaging director's letter of commitment is in place.~~ ▪ **The neuroimaging service agreement** ▪ Imaging services are available 24/7 **and interpreted by a qualified provider**. ▪ **Neuroimaging equipment is available at the facility.** ▪ ~~Imaging is performed, interpreted and communicated to the provider within 45 minutes.…~~ ▪ **Medical records reflect neuroimaging studies performed**

Standard # and title	
Location and Type of change	**Detail of change**
	and communicated to the provider within the required time frame.

02.00.05 LABORATORY SERVICES

▪ Required elements revised (All existing elements replaced except as noted.)	Required Elements
	For all tests defined by the organization as stroke labs (blood glucose, at minimum), the laboratory has the capacity to perform, interpret, and communicate test results to the provider within 45 minutes, to meet the performance measures defined for this certification level.
	The laboratory director **and staff are educated on,** committed to**, and evaluated on** laboratory services provided to support the Stroke Program. **This may be reflected in an agreement or document that identifies services and time frames. The delivery and quality of laboratory services related to the Stroke Program is evaluated.**
	Lab services include, but are not limited to:...
	▪ Point-of-care blood glucose...
	▪ **CBC**
	▪ **Metabolic Profile**
	▪ **Troponin.**
	▪ **Hemoglobin A1C.**
	▪ **Lipid profile.**
	▪ International Normalized Ratio* (INR), Prothrombin Time (PT) and Partial Thromboplastin Time (PTT), if clinically indicated.
	*If clinically indicated, other tests may be necessary. For example, international normalized ratio, activated partial thromboplastin time, and platelet count, may be necessary if there is suspicion of coagulopathy. Given the extremely low risk of unsuspected abnormal platelet counts or coagulation studies in a population, IV alteplase treatment should not be delayed while waiting for hematologic or coagulation testing if there is no reason to suspect an abnormal test.

02.00.06 MEDICATION MANAGEMENT

▪ Required elements revised ▪ Survey procedure revised	Required Elements
	The stroke center has a required medications list which includes guidelines for use and management of ~~intra-arterial fibrinolytics,~~ thrombolytic therapy (IV), and anticoagulation reversal agents.
	~~The stroke center establishes a goal for "Door-to-Needle" time for administration of tPA within current national guidelines.~~
	Minimally, the following guidelines are available...
	▪ ~~Patients with elevated BP have their BP~~...**Blood pressure**

Standard # and title	
Location and Type of change	**Detail of change**
	management for hypertensive patients before thrombolytic therapy is initiated and throughout their hospitalization. Documentation supports any blood pressure management outside of hospital policy requirements. ▪ ~~Drug spill…~~ The stroke center protocols ensure treatment for thrombolytic-eligible patients in the fastest achievable time frame. The organization defines its goal for administration of IV thrombolytics in as timely and safe a manner as possible within 45 minutes of arrival in the emergency department. The hospital meets performance measures SM-12A and strives to meet SM-12 B and SM-12C. ▪ Eligible stroke patients with mild but disabling stroke symptoms are treated within 4.5 hours of ischemic stroke symptom onset or the patient's time last known well or at baseline state. ▪ Patients eligible for thrombolytic therapy should receive thrombolytics even if mechanical thrombectomy is being considered. Quality improvement initiatives related to medication management are used to safely increase treatment frequency with IV thrombolytics. Intracerebral Hemorrhage (ICH) The organization develops patient care policies and protocols for the management of ICH patients including, but not limited to: ▪ Severe coagulation factor deficiency or severe thrombocytopenia. ▪ INR elevated due to Vitamin K antagonist (VKA). ▪ Hypertension treated initially and throughout hospitalization. Survey Procedure Verify, at minimum: ▪ Required patient care protocols and policies are developed collaboratively with pharmacy and acute stroke clinicians to align with nationally recognized guidelines. ▪ Medical records are consistent with facility policies, protocols, and nationally recognized guidelines. Quality Measure Benchmark ▪ SM-12C Door-to-Needle Time 30 Minutes

02.00.07 ~~SURGICAL SERVICES~~ **FOR FUTURE USE**

▪ Standard retired for Stroke Ready Certification	

Standard # and title	
Location and Type of change	**Detail of change**

02.00.10 CONTRACTED TELEMEDICINE **SERVICES**

▪ Standard retitled ▪ Standard revised ▪ Required elements revised ▪ Survey procedure revised	<u>Standard</u> ~~Access to specialists and provision of specialty consultation via telemedicine is through a credentialed provider.~~ **Specialty consultation through contracted telemedicine services is through a credentialed and privileged provider.**
	<u>Required Elements</u> ~~Telemedicine has been used…administration of medication therapy.~~ ~~In certain remote and underserved areas, telemedicine may be used to assess patients.~~ **Services contracted through telemedicine in accordance with state regulation can assist in recommending treatment when onsite expertise is not available.** ▪ **Teleradiology systems can offer rapid imaging interpretation in patients with suspected acute stroke to support timely IV thrombolytic administration.** ▪ **Telestroke services can triage patients with acute stroke. Consultation with a neurologist, neurosurgeon, or neuro-interventionalist privileged to diagnose and treat stroke must be within the time frame defined by policy. Telemedicine physicians must be credentialed and privileged at the healthcare organization. If the remote healthcare organization is across state lines, the medical staff may need licensure in both states.** When ~~teleradiology~~ **contracted telemedicine** is used, the written agreement **defines the availability of the service to cover any hours that the hospital does not provide onsite staffing** so that resulting coverage is 24 hours a day, 7 days a week, and **results are ready within** ~~45 minutes~~ **the time frames defined by the hospital to meet the quality measure benchmarks.** Training is provided, at ~~least twice a year~~ minimum, **during orientation for personnel involved with telemedicine technology at the patient location**.

	<u>Survey Procedure</u>
	▪ ~~Services are available 24 hours…~~**The contract agreement provides for appropriate coverage and actual coverage is consistent with the agreement.**
	▪ Credential files include:
	  » License to practice medicine in ~~all applicable states~~ **the location of the Stroke Program**.
	  » ~~Includes physicians at the remote location.~~

Standard # and title	
Location and Type of change	**Detail of change**
	» Appropriate credentialing and privileging by the healthcare organization.

02.01 │Clinical Functions: Standards of Care

02.01.01 ~~Reserved for Future Use~~ PATIENT RIGHTS

▪ Standard renumbered and retitled ▪ Required elements revised ▪ Survey procedure revised (with no change to the intent)	Standard ~~The patient is made aware of his/her rights.~~ **The patient or their representative is notified of their rights.**
	Required Elements ▪ **Information regarding risks associated with treatment options** and consequences of non-compliance with recommended treatment options.
	Survey Procedure ▪ ~~Organizational protocols for informed consent and advanced directives are available, relevant and current.~~ ▪ ~~Evidence of informed consent is in medical records.~~ ▪ **Medical records are consistent with policy.** ▪ **Patients understand their rights and treatment options.**

~~02.01.02 ACCESS TO CARE~~

▪ Standard retired	

~~02.01.03 PATIENT RIGHTS~~

▪ Standard relocated to 02.01.01	

02.02 │Clinical Functions: Delivery of Care

02.02.01 POLICIES, PROTOCOLS, AND GUIDELINES

▪ Standard revised ▪ Required elements revised (Some elements relocated to 01.00.03 STRATEGIC PLAN) ▪ Survey procedure revised (All existing elements replaced.)	Standard ~~The program design is written and protocols are available and developed based on published, current, and evidence-based guidelines, when possible, and tailored to the needs of the stroke patient by the multidisciplinary team members that provide care and treatment.~~ **Policies, protocols, and guidelines are current, and evidence-based.**
	Required Elements **Policies,** protocols, ~~provide~~ **and clinical practice** guidelines **are based on nationally recognized standards of practice, such as**

Standard # and title	
Location and Type of change	**Detail of change**

	the Brain Attack Coalition and AHA/ASA guidelines, **reviewed annually, and resource references are available to staff**.
	~~A neurologist or neurosurgeon who participates in protocol development and annual reviews~~
	The stroke medical director participates in policy, protocol development and annual review. [Note: Scored at 01.00.03.]
	Patient care protocols address, as **applicable**:
	▪ **Criteria for and administration of IV thrombolytic therapy.**
	~~There is a designated stroke program staff member responsible for:~~
	~~Ensuring timely and…~~
	~~Collaborating with…~~
	Patient hand-off and transfer protocols and procedures ensure safe and efficient patient care within and between departments and hospitals. Protocols for interhospital transfer are established and approved so that timely patient transfers can be accomplished at all hours, in the least amount of time.
	Survey Procedure
	Verify, at minimum:
	▪ All required stroke policies and protocols are:
	» Developed using nationally recognized guidelines in collaboration with a multidisciplinary team.
	» Reviewed annually.
	» Available to program staff.

02.02.02 **PATIENT** ASSESSMENT

▪ Standard retitled ▪ Standard revised ▪ Required elements revised ▪ Survey procedure revised (All existing elements replaced.)	Standard Assessments are based on **current, evidence-based practice guidelines** and include time frames, where applicable. ~~Consideration is given to right patient, right clinician, right assessment, right time frame.~~
	Required Elements
	~~Assessments on arrival to the Emergency Department include, but are not limited to:~~ **Physiological and neurological assessment, monitoring, and management includes:**
	■ Airway support and ventilatory assistance for the treatment of patients with decreased consciousness or who have bulbar dysfunction that causes compromise of the airway.
	■ Hyperglycemia treatment to achieve blood glucose levels in a range of 140 to 180 mg/dl; hypoglycemia. **Management of hyperglycemia and hypoglycemia.**

Standard # and title	
Location and Type of change	**Detail of change**
	Hospital policy defines the assessment elements and time frames for acute stroke patients, in alignment with standards of practice and evidence-based guidelines. Consideration is given to the right patient, right clinician, right assessment, and right time frame.
	~~Use of recognized assessment tools including:~~
	■ ~~Dysphagia screening tool approved by the organization (referenced with current clinical practice guidelines).~~
	■ ~~Comorbidities.~~
	Patients are assessed and monitored for signs of neurological deterioration after stroke using an evidence based standardized neurological assessment tool, such as:
	■ National Institutes of Health Stroke Scale (NIHSS). **Applied, at minimum, on admission and post administration of a thrombolytic.**
	■ **Glasgow Coma Scale (GCS) or other baseline severity score used as part of the initial evaluation of patients with intracerebral hemorrhage**
	~~Assessments on admission include discharge risk (rehabilitation/case management) assessment.~~
	~~Assessments are performed to evaluate individual patients before and after surgery/interventional procedures.~~
	Dysphagia screening is performed before the patient eats, drinks, or receives any oral medications using a hospital-approved dysphagia screening tool.
	<u>Survey Procedure</u>
	Verify, at minimum:
	■ The use of evidence based, standardized, assessment tools.
	■ Patient assessments are documented per protocol and include all required elements.
	Quality Measure Benchmark
	■ SM-11 Dysphagia Screening
	■ SMA-1 NIHSS for Ischemic Stroke

02.02.03 ~~PLAN OF CARE~~ **FOR FUTURE USE**

■ Standard retired for Stroke Ready Certification	

02.02.04 ~~REHABILITATION~~ **FOR FUTURE USE**

■ Standard retired for Stroke Ready Certification	

02.02.05 DISCHARGE COORDINATION

Standard # and title	
Location and Type of change	**Detail of change**
• Standard revised • Required elements revised (All existing elements replaced except as noted.) • Survey procedure revised	<u>Standard</u> ~~The discharge plan... and family support.~~ **The discharge process is in place and initiated when appropriate.** <u>Required Elements</u> **Patients must be evaluated for their readiness for discharge. Consideration is given to their ability to receive required on-going care in the pre-hospital environment, or they must be offered a range of options to consider for post-hospital care. Where possible, the patient and/or their representative is involved in this discussion. The patient's and/or their representative's verbalized understanding of the discharge instructions is assessed and documented in the patient record. Discharge planning policy defines the follow-up process and time frame.** <u>Survey Procedure</u> **Verify, at minimum:** • **Discharge-related documentation is consistent with requirements and protocols/policies.** • **The patient/patient representative was included in the discharge planning process and informed of their choices.**
02.02.06 PATIENT AND PATIENT REPRESENTATIVE EDUCATION	
• Standard revised • Required elements revised • Scoring procedure revised	<u>Standard</u> The patient care protocols incorporate education for the patient and/or their representative ~~through each phase of care~~. <u>Required Elements</u> ~~The patient's representative is assessed... ability to provide the required care.~~ **When appropriate, the patient representative should receive all required education.** **Education is provided to the patient or patient representative, regarding transfer to a higher level of care, when applicable.** Current evidence-based education includes (but is not limited to): ■ **Diagnosis** ■ Warning signs, symptoms, and response, including calling 911.... including tobacco use cessation, if applicable. ■ ~~Community support groups.~~ **Scoring Procedure** ■ Patient/representative understanding of education provided **and next steps in patient care.** ~~Quality Measure Benchmark~~

Standard # and title	
Location and Type of change	**Detail of change**
	~~Review the last twelve months of the stroke center's data and verify that the quality measure benchmark is achieved for SM-8 Stroke Education~~

02.03 │Clinical Functions: Responsive Care Systems

02.03.01 EMERGENCY MEDICAL SERVICES (EMS)

▪ Required elements revised ▪ Survey procedure revised	<u>Required Elements</u> **Regional systems of stroke care should be developed and identify Comprehensive, Thrombectomy, Primary, and Stroke Ready Centers to and among which rapid transport can be arranged when needed.** **The stroke ready center offers EMS stroke training at least ~~twice~~ once a year.** Training includes, but is not limited to: ▪ **Clinical communication between the EMS and the hospital emergency department regarding potential stroke patients and ETA.** ▪ **Thrombolytic eligibility, such as last time known well (LTKW) within the last 4.5 hours, CT scan negative for bleed, diagnosis of ischemic stroke by physician.** ▪ Management of patients in transit **during or post-thrombolytic administration which includes, but is not limited to, neuro checks for changes in neurological status and vital sign assessment.** <u>Survey Procedure</u> ▪ **One** EMS educational activity is conducted and evaluated every year**.** ▪ **EMS provides prehospital notification to the hospital of a suspected stroke patient.** ▪ **Assessment and care provided during transport is consistent with written transport plan/document of cooperation.** ▪ **Medical records document that a pre-hospital stroke assessment tool is used and the LTKW time is documented by first responders, including EMS.**

02.03.02 CLINICAL DETERIORATION

▪ Required elements revised (Some elements relocated to 02.03.01 EMERGENCY MEDICAL SERVICES, 03.00.03 ORIENTATION AND EDUCATION, or 03.01.02	<u>Required Elements</u> This document includes (but is not limited to): ▪ Signs, symptoms and elements of deterioration, **including neurological changes**. ▪ ~~Rapid assessment procedures~~. ▪ **Neurological and** physiologic parameters which include

Standard # and title	
Location and Type of change	**Detail of change**
DATA COLLECTION) ▪ Survey procedure revised (All existing elements rewritten; no change in intent)	heart rate/rhythm, blood pressure, oximetry, temperature, **and glucose**. ▪ ~~Clinical communication with EMS and hospital Emergency Department.~~ ▪ ~~Education of the clinical workforce.~~ ~~Deaths or adverse events for a patient without a Do Not Resuscitate order are reviewed by the core leaders to identify the effectiveness/any failures in the system.~~
	Survey Procedure **Verify, at minimum:** ▪ **Written policy and protocol(s) for recognition and management of clinical deterioration include all required elements.** ▪ **Staff knowledge of policy and protocol(s).**

02.03.03 RAPID **STROKE** RESPONSE SYSTEM

▪ Required elements revised
▪ Survey procedure revised (All existing elements rewritten; no change in intent)
	Required Elements
	The acute stroke response team members are identified by the hospital **but at minimum should include a physician and a nurse.**
	A written policy defines:...
	▪ The process for activating a stroke code. **The stroke alert window should be such that the patient can receive acute interventions as soon as possible, and up until 24 hours since last time known well (LTLW), in order to treat large vessel occlusion (LVO) stroke patients.**
	▪ ~~Response time for stroke team members, e.g., "A member of the acute stroke response team is at the patient bedside within 15 minutes of being called."~~ **The time frames defined for physician and stroke team arrival to a rapid stroke response code. Time frames align with evidence-based guidelines and outcomes, unless otherwise specified by state regulation. Inpatient physicians may respond by telemedicine or phone call.**
	    Hospitals can adjust the response times for the physician and stroke team to meet door-to-needle (DTN) times. The AHA Target: Stroke Phase III Suggested Time Interval Goals for door to physician and stroke team are:
	      o **30 minute DTN Goal: (SM 12-C)**
	        ▪ **Door to physician ≤2.5 minutes**
	        ▪ **Door to stroke team ≤5 minutes**
	      o **45 minute DTN GOAL: (SM 12-B)**
	        ▪ **Door to physician ≤5 minutes**
	        ▪ **Door to stroke team ≤10 minutes**

Standard # and title	
Location and Type of change	**Detail of change**
	○ **60 minute DTN GOAL: (SM 12-A)** 　■ **Door to physician ≤10 minutes** 　■ **Door to stroke team ≤15 minutes** • ~~Informed~~ Consultation with a ~~physician~~ **neurologist, neurosurgeon, or neuro-interventionalist** privileged to diagnose and treat stroke (may include telemedicine access) within ~~15 minutes~~ **the hospital's defined timeframes for the** acute stroke rapid response activation **to meet the stroke performance metrics.** ~~Refer to standard 03.02.01 for response log documentation requirements.~~
	Survey Procedure **Verify, at minimum:** ■ **Written protocols include all required elements.** ■ **Medical record documentation is consistent with requirements and consistent with policies/protocols.** ■ **Personnel files of the rapid response team members reflect qualifications consistent with facility protocols or job descriptions.**

03.00 │Support Functions: Human Resources	
03.00.01 NURSES, ADVANCED PRACTICE NURSES, AND PHYSICIAN ASSISTANTS	
■ Required elements revised	Required Elements Note: Refer to staffing plan requirements in the following standards: ■ 02.00.01 EMERGENCY DEPARTMENT ■ 02.00.02 SPECIALTY UNIT: STROKE ■ 02.00.03 SPECIALTY UNIT: INTENSIVE CARE ■ 02.00.07 SURGICAL STAFFING Nursing staff are competent in: ■ **Initial management of intravenous vasopressor, antihypertensive, and positive inotropic agents.** ■ **Respiratory management using invasive and non-invasive ventilation.** ■ **Initial management of hemorrhagic stroke (intracerebral and subarachnoid hemorrhage).** ■ **Thrombolytic preparation.** **Nursing** personnel files include:… ■ Criminal history background check, based on hospital policy and applicable laws. ■ ~~Periodic~~ **Annual** appraisal and **evaluation of** competencies. **Note: For APRN and PA credentialing file requirements see**

Standard # and title	
Location and Type of change	**Detail of change**
	standard 01.01.02 MEDICAL STAFFING.

03.00.02 ~~NON-PHYSICIAN PROFESSIONAL SERVICES~~ ANCILLARY/SUPPORT SERVICES

▪ Standard retitled ▪ Standard revised ▪ Required elements revised	**Standard** The ~~non-physician professional~~ **ancillary/support** staffing of the Stroke Program is appropriate to the scope of services offered.
	Required Elements **A supportive infrastructure is demonstrated through the availability of qualified ancillary/supporting staff in adequate numbers to treat patients within the appropriate time frames.** The **ancillary/support** staff **(e.g. laboratory and radiology technicians**) is knowledgeable in management and care of acute/cerebrovascular disease specialty practices and techniques. ~~Ancillary/support staff includes:~~ ▪ ~~Laboratory and radiology technicians.~~ ▪ ~~Endovascular technicians (if applicable).~~ ▪ ~~Rehabilitation professionals (physical therapists, occupational therapists, speech/language pathologists), contracted or employed.~~ ▪ ~~Others, e.g., social workers, case managers (who may be social workers or employed nurses) as applicable to services provided.~~ All **ancillary/support staff** require: ▪ **Annual** ~~periodic~~ performance appraisal and evaluation of competencies.

03.00.03 ORIENTATION AND EDUCATION

▪ Required elements revised	**Required Elements** ▪ ~~Every two years~~ **Annual competency in National Institutes of Health Stroke Scale (NIHSS) must be incorporated into the education program for those performing the NIHSS assessment. Providers and nurses who do not perform the NIHSS assessment receive annual education.** ▪ The hospital monitors staff education and competency. » At least 80% of staff **in each category** must have completed the education requirements.

Team role	CME/CEU or equivalent hours
Stroke Program medical director	**8**
Doctors, nurses and physician assistants who work in: ED~~/stroke unit/ICU/stroke step-down/endovascular laboratory~~	4

Standard # and title	
Location and Type of change	**Detail of change**

	Other ancillary/support staff who manage stroke patient care (~~PT, OT, speech therapy~~, case management, social work)	2
	~~Cardiac and endovascular technicians and cardiac catheterization nurses, if applicable~~	~~1~~

	<u>Survey Procedure</u> • ~~Training and competencies were developed/delivered by a clinical leader who has maintained eight hours of continued education credits annually specifically related to acute stroke/cerebrovascular disease.~~

03.01 │ Support Functions: Integrated QAPI and Risk Management System

03.01.01 QUALITY AND PERFORMANCE IMPROVEMENT AND RISK MANAGEMENT

• Required elements revised • Survey procedure revised (All existing elements rewritten; no change in intent)	<u>Required Elements</u> …QAPI plan that addresses: • **Outcomes from the peer review process, if quality improvement needs are identified.** • **Evaluation of contracted services that support the stroke program.** [the QAPI Committee] • **This committee reviews and monitors stroke care quality benchmarks, indicators, evidence-based practices and outcomes. Gaps in care and performance measures below benchmarks are identified and specific interventions are initiated to address these issues.** • **Meeting participants include the Stroke Program medical and clinical directors, prehospital care providers, stroke care coordinators (when possible), stroke/provider educators, and ED physicians and personnel.**

03.01.02 DATA COLLECTION

• Survey procedure revised	<u>Survey procedure</u> • **Meeting minutes and quality reports indicate data collection, trending, analysis, reporting, and actions taken if needed.**

03.01.03 CLINICAL MEASURES

• Required elements revised	<u>Required Elements</u> • ~~SM-1 VTE Prophylaxis~~ • ~~SM-2 Antithrombotic at Discharge~~ • ~~SM-3 Anticoagulation Therapy Atrial Fibrillation/ Flutter~~

Standard # and title
Location and Type of change · **Detail of change**

Location and Type of change	Detail of change
	- SM-5 Antithrombotic Therapy by End of Day 2 ~~(struck through)~~
	- SM-6 Discharge on Statin Medication ~~(struck through)~~
	- SM-8 Stroke Education ~~(struck through)~~
	- SM-10 Rehabilitation Assessment ~~(struck through)~~
	- **SM-12C Door to Needle Time, 30 minutes**
	- SM-14 **Laboratory** Results
	- SM-16 Neurosurgical Services ~~(struck through)~~
	- **SMA-1 NIHSS for Ischemic Stroke**
	Note: If the hospital submits data to GWTG/PCR, it may submit the GWTG/PCR report **plus the number of stroke patients per month to ACHC** in place of the ACHC data tool.

03.02 │ Support Functions: Information Management

03.02.01 PATIENT REGISTRY

Location and Type of change	Detail of change
- Standard revised - Required elements revised (Some elements relocated to 02.00.06 MEDICATION MANAGEMENT OR 02.00.08 STROKE SURGICAL AND INTERVENTIONAL CARE)	Standard A registry of all patients **who are evaluated and diagnosed with an ischemic stroke, hemorrhagic stroke, or TIA** is maintained. Required Elements - Documentation of why eligible patients did not receive tPA or thrombectomy. ~~(struck through)~~

Stroke Ready Center Performance Measures

All performance measures updated.
New measures added:
- **SM-12C Door to Needle Time, 30 minutes**
- **SMA-1 NIHSS for Ischemic Stroke**

Measures deleted:
- SM-1 VTE Prophylaxis ~~(struck through)~~
- SM-2 Antithrombotic at Discharge ~~(struck through)~~
- SM-3 Anticoagulation Therapy Atrial Fibrillation/ Flutter ~~(struck through)~~
- SM-5 Antithrombotic Therapy by End of Day 2 ~~(struck through)~~
- SM-6 Discharge on Statin Medication ~~(struck through)~~
- SM-8 Stroke Education ~~(struck through)~~
- SM-10 Rehabilitation Assessment ~~(struck through)~~
- SM-16 Neurosurgical Services ~~(struck through)~~