Stroke is a leading cause of death and disability worldwide that requires varying degrees of care and intervention because it affects individuals in different ways. To improve the quality and safety of care for patients with complex strokes—who require more specialized diagnostic testing, interventions, and care than those receiving care at Primary Stroke Centers (PSCs)—The Joint Commission developed a new Disease-Specific Care Advanced Certification program for Comprehensive Stroke Centers (CSCs) in collaboration with the American Heart Association and the American Stroke Association. The CSC requirements were derived from the Brain Attack Coalition’s “Recommendations for Comprehensive Stroke Centers”* and from the recommendations of a multidisciplinary advisory panel of experts in complex stroke care.

**CSC Certification Requirements**

The goal of The Joint Commission’s CSC advanced certification is to recognize hospitals equipped to provide evidence-based comprehensive stroke care. The CSC requirements focus on these concepts:

- Complex care needs, such as advanced diagnostic techniques, surgical/interventional therapies, and post-ICU care and transitional care
- Education and training of licensed independent practitioners and staff
- Required practitioners, qualifications, and timing of care
- Outcomes of care and data collection processes
- Research and peer review

**Eligibility Requirements**

Organizations seeking CSC certification must meet all the general eligibility requirements in the “The Joint Commission Certification Process” (CERT) chapter of the 2012 Disease-Specific Care Certification Manual (pages CERT-1–CERT-2) and shown in the box on the next page. These programs also need to meet six additional eligibility criteria (also shown on the next page) at the time of application. Organizations seeking CSC certification must provide data demonstrating that the CSC eligibility criteria have been met. Joint Commission reviewers will validate compliance with all eligibility criteria at the on-site certification review.


Continued on page 7
The current CSC requirements are accessible to all accredited organizations through their Joint Commission Connect™ extranet site and will appear in the 2013 Disease-Specific Care Certification Manual, scheduled for publication in March 2013.

For more information, please contact Jean Range, Executive Director, Certification, at dscinfo@jointcommission.org.

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**Eligibility Requirements for Advanced Disease-Specific Care Certification**

**APPLICABLE TO COMPREHENSIVE STROKE CENTERS**

**Effective September 1, 2012**

Organizations seeking certification as a Comprehensive Stroke Center must meet all of the general eligibility requirements for Disease-Specific Care certification:

- The program is in the United States, operated by the US government, or operated under a charter of the US Congress.
- The program is provided within a Joint Commission–accredited organization.
- The program fits the description of types of services certified.
- The program must have served a designated minimum number of patients [see below for CSC volume requirements] at the time of its Joint Commission on-site review.
- The program uses a standardized method of delivering clinical care based on clinical practice guidelines and/or evidence-based practice.
- The program uses performance measurement to improve its performance over time.

In addition, eligibility for Comprehensive Stroke Center Advanced Certification includes all of the following requirements:

1. **Volume**
   - The Comprehensive Stroke Center:
     - Demonstrates that care is provided to 20 or more patients per year with a diagnosis of subarachnoid hemorrhage.
     - Demonstrates that 15 or more endovascular coiling or surgical clipping procedures for aneurysm are performed per year.
     - Administers IV tissue plasminogen activator (tPA) to 25 eligible patients per year.
   
   **Note 1:** Providing IV tPA to an average of 25 eligible patients over a two-year period is acceptable.
   
   **Note 2:** Administering IV tPA in the following situations can be counted in the requirement of 25 administrations per year:
   - IV tPA ordered and monitored by the CSC via telemedicine with administration occurring at another hospital.
   - IV tPA administered by another hospital, which then transferred the patient to the comprehensive stroke center.

2. **Advanced imaging capabilities**
   - The organization will be able to provide:
     - Carotid duplex ultrasound
     - Catheter angiography available on site 24 hours a day, 7 days a week
     - Computed tomography angiography available on site 24 hours a day, 7 days a week
     - Extracranial ultrasonography
     - Magnetic resonance angiography (MRA) available on site 24 hours a day, 7 days a week
     - Magnetic resonance imaging (MRI), including diffusion weighted MRI, available on site 24 hours a day, 7 days a week
     - Transcranial Doppler
     - Transesophageal echocardiography
     - Transthoracic echocardiography

3. **Post-hospital care coordination for patients**

4. **Dedicated neuro-intensive care unit (neuro-ICU) beds for complex stroke patients**
   - The hospital has dedicated neuro-ICU beds for complex stroke patients and staff and licensed independent practitioners with the expertise and experience to provide neuro–critical care 24 hours day, 7 days a week.

5. **Peer review process**
   - The hospital has a peer review process to review and monitor the care provided to patients with ischemic stroke, subarachnoid hemorrhage, and administered tPA.

6. **Participation in stroke research**
   - The CSC participates in Institutional Review Board–approved, patient-centered stroke research.