

The Joint Commission Stroke Certification Programs – Program Concept Comparison

Program Concept	ASRH	PSC	CSC
Program Medical Director	Sufficient knowledge of cerebrovascular disease	Sufficient knowledge of cerebrovascular disease	Extensive expertise; available 24/7; 8 hours of stroke education annually
Acute Stroke Team	Available 24/7, at bedside within 15 minutes	Available 24/7, at bedside within 15 minutes	Available 24/7, at bedside within 15 minutes
Emergency Medical Services Collaboration	Access to protocols used by EMS	Access to protocols used by EMS	Access to protocols used by EMS, routing plans; records from transfer
Stroke Unit	No designated beds for acute care of stroke patients	Stroke unit or designated beds for the acute care of stroke patients	Dedicated neuro intensive care beds for complex stroke patients available 24/7
Initial Assessment of Patient	Emergency Department physician, nurse practitioner, or physician assistant	Emergency Department physician	Emergency Department physician
Diagnostic Testing Capability	CT, labs 24/7 (MRI 24/7 if used)	CT, MRI, labs 24/7; at least one modality for cardiac imaging available	CT, MRI, labs, CTA, MRA 24/7; Other cranial and carotid duplex ultrasound, cardiac imaging, TEE, TTE, and catheter angiography as indicated
Neurologist Accessibility	24/7 via in person or telemedicine	24/7 via in person or telemedicine	Meets concurrently emergent needs of multiple complex stroke patients; Written call schedule for attending physicians providing availability 24/7
Neurosurgical Services	Within 3 hours (provided through transferring the patient)	Within 2 hours; OR is available 24/7 in PSCs providing neurosurgical services	24/7 availability: Neurointerventionalist; Neuroradiologist; Neurologist; Neurosurgeon
Telemedicine	Within 20 minutes of it being necessary	Available if necessary	Available if necessary
Treatment Capabilities	IV thrombolytics; Anticipate transfer of patients who have received IV thrombolytics	IV thrombolytics; May have the ability to perform the following: Neurovascular interventions for aneurysms, Stenting of carotid arteries, Carotid endarterectomy, and Endovascular therapy	IV thrombolytics; Microsurgical neurovascular clipping of aneurysms; Neuroendovascular coiling of aneurysms; Stenting of extracranial carotid arteries; Carotid endarterectomy; Endovascular therapy
Transfer Protocols	With one PSC or CSC	For neurosurgical emergencies	For receiving transfers and circumstances when transferred patients are not accepted
Staff Stroke Education Requirements	ED staff – a minimum of twice a year; core stroke team at least 4 hours annually	ED staff – a minimum of twice a year; core stroke team at least 8 hours annually	Nurses and other ED staff - 2 hours annually; Stroke nurses and core stroke team - 8 hours annually
Provision of Educational Opportunities	Provides educational opportunities to prehospital personnel	Provides educational opportunities to prehospital personnel; Provides at least 2 stroke education activities per year to public	Sponsors at least 2 public educational opportunities annually; LIPs and staff present 2 or more educational courses annually for internal staff or individuals external to the comprehensive stroke center (e.g., referring hospitals)
Clinical Performance Measures	Non-Standardized Measures: Organization chooses 4 measures, at least 2 are clinical measures related to clinical practice guidelines	Standardized Measures: 8 core stroke measures	Standardized Measures: 8 core stroke measures and 8 comprehensive stroke measures for a total of 16
Research	N/A	N/A	Participates in patient-centered research that is approved by the IRB
Guidelines	Recommendations from Brain Attack Coalition for Acute Stroke Ready Hospitals, 2013	Recommendations from Brain Attack Coalition for Primary Stroke Centers, 2011	Recommendations from Brain Attack Coalition for Comprehensive Stroke Centers, 2005
Review	One Reviewer, One Day	One Reviewer, One Day	Two Reviewers, Two Days



The Joint Commission



American Heart Association
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