

# The Joint Commission Stroke Certification Programs – Program Concept Comparison

Program Concept	ASRH	PSC	TSC	CSC
<b>Eligibility</b>	General eligibility requirements; use of a standardized method of delivering care centered on evidence-based guidelines for stroke care.	General eligibility requirements; use of a standardized method of delivering care centered on evidence-based guidelines for stroke care.	*General eligibility requirements; use of a standardized method of delivering care centered on evidence-based guidelines for stroke care. *Organization must have performed mechanical thrombectomy and post-procedure care for at least 15 patients with ischemic stroke over the past 12 months (or 30 over past 24 months). *Neurointerventionists who perform mechanical thrombectomy at the organization applying for certification must perform 15 mechanical thrombectomies over the past 12 months (or 30 over past 24 months) (procedures performed at hospitals other than the one applying for TSC certification can be included)	*General eligibility requirements; use of a standardized method of delivering care centered on evidence-based guidelines for stroke care. *Treatment of 20 SAH caused by aneurysm annually (40 over 2 years) *Capable of treating aneurysms by performing 15 endovascular coiling or microsurgical clipping procedures annually (30 over 2 years) *Administering IV thrombolytic therapy 25 times annually (50 times over 2 years) *Organization must have performed mechanical thrombectomy and post-procedure care for at least 15 patients with ischemic stroke over the past 12 months (or 30 over past 24 months). *Neurointerventionists who perform mechanical thrombectomy at the organization applying for certification must perform 15 mechanical thrombectomies over the past 12 months (or 30 over past 24 months) (procedures performed at hospitals other than the one applying for TSC certification can be included)
<b>Program Medical Director</b>	Sufficient knowledge of cerebrovascular disease	Sufficient knowledge of cerebrovascular disease	Neurology background with ability to provide clinical and administrative guidance to program	Has extensive expertise; available 24/7
<b>Acute Stroke Team</b>	Available 24/7, at bedside within 15 minutes	Available 24/7, at bedside within 15 minutes	Available 24/7, at bedside within 15 minutes	Available 24/7, at bedside within 15 minutes
<b>Emergency Medical Services Collaboration</b>	Access to protocols used by EMS	Access to protocols used by EMS	Access to protocols used by EMS, routing plans; records from transfer	Access to protocols used by EMS, routing plans; records from transfer

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<b>Stroke Unit</b>	No designated beds for acute care of stroke patients	Stroke unit or designated beds for the acute care of stroke patients	Has a neurointensive care unit or designated intensive care beds for complex stroke patients available 24/7; on-site critical care coverage 24/7	Has a neurointensive care unit or designated intensive care beds for complex stroke patients available 24/7; on-site neurointensivist coverage 24/7
<b>Initial Assessment of Patient</b>	Emergency Department physician, nurse practitioner, or physician assistant	Emergency Department physician	Emergency Department physician	Emergency Department physician
<b>Diagnostic Testing Capability</b>	CT, labs 24/7 (MRI 24/7 if used)	CT, MRI (if used), labs 24/7; CTA and MRA (to guide treatment decisions), at least one modality for cardiac imaging when necessary	CT, MRI, labs, CTA, MRA, catheter angiography 24/7; other cranial and carotid duplex ultrasound, TEE as indicated	CT, MRI, labs, CTA, MRA, catheter angiography 24/7; other cranial and carotid duplex ultrasound, TEE, TTE as indicated
<b>Neurologist Accessibility</b>	24/7 via in person or telemedicine	24/7 via in person or telemedicine	24/7 via in person or telemedicine; written call schedule for attending physicians providing availability 24/7	Meets concurrently emergent needs of multiple complex stroke patients; Written call schedule for attending physicians providing availability 24/7
<b>Neurosurgical Services</b>	Within 3 hours (provided through transferring the patient)	Within 2 hours; OR is available 24/7 in PSCs providing neurosurgical services	Within 2 hours; OR is available 24/7 in TSCs providing neurosurgical services	24/7 availability: Neurointerventionist; Neuroradiologist; Neurologist; Neurosurgeon
<b>Telemedicine</b>	Within 20 minutes of it being necessary	Available if necessary	Available if necessary	Available if necessary
<b>Treatment Capabilities</b>	IV thrombolytics; Anticipate transfer of patients who have received IV thrombolytics	IV thrombolytics and medical management of stroke	IV thrombolytics; Mechanical thrombectomy, IA thrombolytics	IV thrombolytics; Endovascular therapy; Microsurgical neurovascular clipping of aneurysms; Neuroendovascular coiling of aneurysms; Stenting of extracranial carotid arteries; Carotid endarterectomy
<b>Transfer protocols</b>	With one PSC, TSC, or CSC	For neurosurgical emergencies	For neurosurgical emergencies	For receiving transfers and circumstances for not accepting transferred patients
<b>Staff Stroke Education Requirements</b>	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	Nurses and other ED staff - 2 hours annually; Stroke nurses and core stroke team - 8 hours annually
<b>Provision of Educational Opportunities</b>	Provides educational opportunities to prehospital personnel	Provides educational opportunities to prehospital personnel; Provides at least 2 stroke education activities per year to public	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)

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<b>Clinical Performance Measures</b>	Standardized Measures: 3 inpatient (ASR-IP) and 2 outpatient (ASR-OP) acute stroke ready measures for a total of 5 measures.	Standardized Measures: 8 inpatient stroke (STK), 1 outpatient (STK-OP) measure, and 1 ischemic comprehensive stroke (CSTK-01) measure for a total of 10 measures.	Standardized Measures: 8 inpatient STK measures and 5 ischemic comprehensive stroke measures for a total of 13 measures.	Standardized Measures: 8 inpatient STK measures and 10 comprehensive stroke measures (ischemic and hemorrhagic) for a total of 18 measures.
<b>Research</b>	N/A	N/A	N/A	Participates in patient-centered research that is approved by the IRB
<b>Guidelines</b>	<p>Recommendations from Brain Attack Coalition for Acute Stroke Ready Hospitals, 2013</p> <p>2018 Guidelines for the Early Management of Patients with Acute Ischemic Stroke: A Guideline for Healthcare Professionals from the American Heart Association/American Stroke Association</p>	<p>Recommendations from Brain Attack Coalition for Primary Stroke Centers, 2011</p> <p>2018 Guidelines for the Early Management of Patients with Acute Ischemic Stroke: A Guideline for Healthcare Professionals from the American Heart Association/American Stroke Association</p>	<p>AHA/ASA Focused Update for the Early Management of Patients with Acute Ischemic Stroke Regarding Endovascular Treatment, 2015</p> <p>2018 Guidelines for the Early Management of Patients with Acute Ischemic Stroke: A Guideline for Healthcare Professionals from the American Heart Association/American Stroke Association</p>	<p>Recommendations from Brain Attack Coalition for Comprehensive Stroke Centers, 2005</p> <p>2018 Guidelines for the Early Management of Patients with Acute Ischemic Stroke: A Guideline for Healthcare Professionals from the American Heart Association/American Stroke Association</p>
<b>Review</b>	One Reviewer, One Day	One Reviewer, One Day	One Reviewer, Two Days	Two Reviewers, Two Days