

## The Joint Commission Advanced 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 national evidence-based guidelines for stroke care.	General eligibility requirements: use of a standardized method of delivering care centered on national evidence-based guidelines for stroke care.	<p>*General eligibility requirements: use of a standardized method of delivering care centered on national evidence-based guidelines for stroke care.</p> <p>*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).</p> <p>*Physicians 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 in the individual physician total)</p>	<p>*General eligibility requirements: use of a standardized method of delivering care centered on evidence-based guidelines for stroke care.</p> <p>*Treatment of 20 aneurysmal subarachnoid hemorrhages annually (40 over 2 years)</p> <p>* Treatment of 15 intracranial aneurysms using an FDA approved device annually (30 over 2 years)</p> <p>*Administering IV thrombolytic therapy 25 times annually (50 times over 2 years)</p> <p>*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).</p> <p>*Physicians 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 in the individual physician total</p>
<b>Program Medical Director</b>	Sufficient knowledge of cerebrovascular disease to provide clinical oversight and administrative leadership to the program	Has extensive knowledge of cerebrovascular disease to provide clinical oversight and administrative leadership to the program	Has extensive knowledge and experience in the care of patients with stroke to provide clinical oversight and administrative leadership to the program	Has extensive knowledge and expertise in neurology and cerebrovascular disease to provide administrative leadership and clinical oversight to the stroke program; available 24/7
<b>Acute Stroke Team</b>	Available 24/7	Available 24/7	Available 24/7	Available 24/7
<b>Emergency Medical Services Collaboration</b>	The program has a relationship with EMS including prehospital notification, access to treatment protocols, routing plans	The program has a relationship with EMS including prehospital notification, access to treatment protocols, routing plans, EMS records of care	The program has a relationship with EMS including prehospital notification, access to treatment protocols, routing plans, EMS records of care	The program has a relationship with EMS including prehospital notification, access to treatment protocols, routing plans, EMS records of care

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<b>Stroke Unit</b>	No designated beds required for care of stroke patients	Required stroke unit or designated beds for the care of stroke patients	Required stroke unit or designated beds for the care of stroke patients Required neurointensive care unit or designated intensive care beds for complex stroke patients available 24/7 Required on-site neurocritical care coverage 24/7	Required stroke unit or designated beds for the care of stroke patients Required neurointensive care unit or designated intensive care beds for complex stroke patients available 24/7 Required on-site neurocritical care coverage 24/7
<b>Diagnostic Testing Capability</b>	Required 24/7: CT, (MRI if used in acute diagnosis of stroke), diagnostic laboratory testing	Required 24/7: CT/CTA, (MRI if used in acute diagnosis of stroke), diagnostic laboratory testing At least one modality for cardiac imaging, is available to all patients admitted for a stroke	Required 24/7: Catheter angiography, CT/CTA, MRI/MRA including diffusion weighted imaging (DWI), diagnostic laboratory testing Required when indicated by patient need: Carotid duplex ultrasound, TEE	Required 24/7: Catheter angiography, CT/CTA of the head, MRI/MRA including diffusion weighted imaging (DWI), diagnostic laboratory testing Required when indicated by patient need: Carotid duplex, TEE, TTE, TCD
<b>Neurologist Accessibility</b>	24/7 via in person or via 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	Demonstrates ability to meet concurrent emergent needs of multiple complex stroke patients; Written call schedule for attending physicians providing availability 24/7
<b>Neurosurgical Services</b>	There is a written protocol for transfer that includes communication and feedback from the receiving facility	Within 2 hours; OR is available 24/7 in PSCs providing neurosurgical services with necessary staff and equipment	Within 2 hours; OR is available 24/7 in TSCs providing neurosurgical services with necessary staff and equipment	24/7 availability
<b>Neurointerventional Services</b>	There is a written protocol for transfer that includes communication and feedback from the receiving facility	There is a written protocol for transfer that includes communication and feedback from the receiving facility	24/7 availability: Neurointerventional coverage is documented in a written plan and call schedule is readily available  The following licensed practitioners and staff are available: neurointerventionalist(s), diagnostic radiologist with experience in diagnosing acute stroke, endovascular catheterization lab technician(s), endovascular registered nurses	24/7 availability: Neurointerventional coverage is documented in a written plan and call schedule is readily available  The following licensed practitioners and staff are available: neurointerventionalist(s), diagnostic radiologist with experience in diagnosing acute stroke, endovascular catheterization lab technician(s), endovascular registered nurses
<b>Telemedicine</b>	Within 20 minutes of it being necessary	Available if necessary	Available if necessary	Available if necessary

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<b>Treatment Capabilities</b>	IV thrombolytics (Anticipate transfer of patients who have received IV thrombolytics)	IV thrombolytics and medical management of stroke	IV thrombolytics; endovascular therapy, medical management of stroke	Complex ischemic and hemorrhagic stroke patients including but not limited to, IV thrombolytics; endovascular therapy; treatment of aneurysms using an FDA approved device; carotid artery procedures, neurosurgical services as indicated by patient need
<b>Staff Stroke Education Requirements</b>	The core stroke team determines training and education content All physicians and staff who provide stroke care demonstrate knowledge of program’s protocols Program provides initial orientation and ongoing education and training to those who care for stroke patients All staff in the organization receive education on stroke symptom recognition and activation of the stroke alert process	The core stroke team determines training and education content All physicians and staff who provide stroke care demonstrate knowledge of program’s protocols Program provides initial orientation and ongoing education and training to those who care for stroke patients All staff in the organization receive education on stroke symptom recognition and activation of the stroke alert process	The core stroke team determines training and education content All physicians and staff who provide stroke care demonstrate knowledge of program’s protocols Program provides initial orientation and ongoing education and training to those who care for stroke patients All staff in the organization receive education on stroke symptom recognition and activation of the stroke alert process	The core stroke team determines training and education content All physicians and staff who provide stroke care demonstrate knowledge of program’s protocols Program provides initial orientation and ongoing education and training to those who care for stroke patients All staff in the organization receive education on stroke symptom recognition and activation of the stroke alert process
<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	Provides educational opportunities to prehospital personnel; Provides at least 2 stroke education activities per year to public; Licensed practitioners present 2 or more educational courses annually for internal staff or individuals external to the comprehensive stroke center (e.g., referring hospitals)
<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 (CSTK) for a total of 13 measures.	Standardized Measures: 8 inpatient STK measures and 10 comprehensive stroke measures (ischemic and hemorrhagic) (CSTK) 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>Review Process</b>	One Reviewer, One Day	One Reviewer, One Day One Reviewer, Two Days (if Performing MT)	One Reviewer, Two Days	Two Reviewers, Two Days