**ERRATA: Comprehensive Stroke Center Chapter**

The first three pages of the “Advanced Disease-Specific Care Certification Requirements for Comprehensive Stroke Center” (CSC) chapter of the 2013 Disease-Specific Care Certification Manual were incorrectly printed with the introductory information for the manual’s advanced primary stroke center chapter. This affects information on the program background, including CSC eligibility, standards requirements, clinical practice guidelines requirements, and performance measurement requirements. The standards and elements of performance for the CSC chapter are correct.

The corrected introductory pages for the chapter are available on pages 11–13 and on The Joint Commission website at http://www.jointcommission.org/csc_center_chapter_2013_dsc_manual/. The correct pages will also appear in the 2014 Disease-Specific Care Certification Manual this fall. We regret the error and apologize for any inconvenience.
Advanced Disease-Specific Care Certification Requirements for Comprehensive Stroke Center (CSC)

Program Background
The Joint Commission’s Comprehensive Stroke Center (CSC) Certification program requirements were substantially derived from the Brain Attack Coalition and American Stroke Association’s evidence-based Recommendations for Comprehensive Stroke Centers: A Consensus Statement from the Brain Attack Coalition published in 2005 in Stroke. Disease-Specific Care Certification core standards. (Program Management, Delivering or Facilitating Clinical Care, Supporting Self-Management, Clinical Information Management, Performance Measurement) serve as a platform for the CSC requirements. In 2011 a multidisciplinary advisory panel of technical experts convened to provide The

KEY: A indicates scoring category A; C indicates scoring category C; ○ indicates that documentation is required; Q indicates Measure of Success is needed, ▲ indicates an Immediate Threat to Health or Safety; △ indicates situational decision rules apply; ▲ indicates direct impact requirements apply

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Joint Commission with additional recommendations during the development of the CSC Certification program requirements. Given the rapid evolution of technology for complex stroke patients, The Joint Commission will review the CSC requirements in 2013.

Eligibility

In addition to the eligibility requirements outlined on pages CERT-1 and CERT-2 of this manual, candidate CSCs must validate compliance with minimum case volumes during the year prior to the date of application. (At recertification, case volume data reflecting the previous two years are required.) The following details the minimum case volumes, as well as other eligibility criteria:

1. Volume
   - The CSC:
     - 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 an aneurysm are performed per year.
     - Will administer IV 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: IV tPA administered 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 that then transferred the patient to the CSC.

2. Advanced imaging capabilities
   - The hospital will be able to provide:
     - Carotid duplex ultrasound
     - Catheter angiography available on site 24 hours a day, 7 days a week
     - CT angiography available on site 24 hours a day, 7 days a week
     - Extracranial ultrasonography
     - MR angiography (MRA) available on site 24 hours a day, 7 days a week

1Throughout the Certification Requirements for Comprehensive Stroke Center, reference is made to IV thrombolytic therapy. The only U.S. Food and Drug Administration–approved thrombolytic treatment for ischemic stroke at this time is tissue plasminogen activator (tPA).

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☐ 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 (ICU) beds for complex stroke patients
   - Dedicated neuro-ICU beds for complex stroke patients that include staff and licensed independent practitioners with the expertise and experience to provide neuro-critical care 24 hours a day, 7 days a week.

5. Peer review process
   - The hospital will have a peer review process to review and monitor the care provided to patients with ischemic stroke, subarachnoid hemorrhage and administration of tPA.

6. Participation in stroke research
   - The CSC will participate in Institutional Review Board (IRB)–approved, patient-centered stroke research.

Standards Requirements
Hospitals applying for CSC Certification will be evaluated using the standards in the Disease-Specific Care Certification Manual, under the “Advanced Disease-Specific Care Certification Requirements for Comprehensive Stroke Center.”

Performance Measures Requirements
CSCs must continue to meet the performance measure requirements for primary stroke centers. Organizations are required to collect data on the eight Joint Commission stroke core measures and use this information for ongoing performance improvement efforts. Specifications for the stroke core measures are detailed in the Specifications Manual for National Hospital Inpatient Quality Measures available at: http://www.jointcommission.org/specifications_manual_for_national_hospital_inpatient_quality_measures.aspx.

Comprehensive stroke performance measures are currently in development and will be finalized in early 2013. When available, currently certified CSCs and organizations seeking comprehensive stroke certification will be required to adopt these measures in addition to the eight stroke core measures.

The standards for stroke certification follow.

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