

The Joint Commission Stroke Certification Programs – Program Concept Comparison

Program Concept	ASRH	PSC	TSC	CSC
Eligibility	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 routinely take call to perform mechanical thrombectomy must: -Be CAST certified; OR -Completed ACGME/equivalent residency in neurosurgery/neurology/radiology; -Completed ACGME/CAST/UCNS/equivalent stroke/neurocritical care/neuroradiology fellowship; -Completed neuroendovascular training (CAST accredited or similarly rigorous program); -Performed 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) **CSCs will be required to meet a minimum mechanical thrombectomy volume for eligibility in the future**
Program Medical Director	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
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	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	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; on-site critical care coverage 24/7	Dedicated neuro intensive care beds for complex stroke patients available 24/7; on-site neurointensivist coverage 24/7
Initial Assessment of Patient	Emergency Department physician, nurse practitioner, or physician assistant	Emergency Department physician	Emergency Department physician	Emergency Department physician
Diagnostic Testing Capability	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
Neurologist Accessibility	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
Neurosurgical Services	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
Telemedicine	Within 20 minutes of it being necessary	Available if necessary	Available if necessary	Available if necessary

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Treatment Capabilities	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
Transfer protocols	With one PSC or CSC	For neurosurgical emergencies	For neurosurgical emergencies	For receiving transfers and circumstances for not accepting transferred patients
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	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	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	Standardized Measures: 3 inpatient and 2 outpatient stroke measures	Standardized Measures: 8 core stroke measures	Standardized Measures: 8 PSC stroke measures as well as 5 ischemic hemorrhagic CSTK measures for a total of 13.	Standardized Measures: 8 core stroke measures and 10 comprehensive stroke measures for a total of 18
Research	N/A	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	AHA/ASA Focused Update for the Early Management of Patients with Acute Ischemic Stroke Regarding Endovascular Treatment, 2015	Recommendations from Brain Attack Coalition for Comprehensive Stroke Centers, 2005
Review	One Reviewer, One Day	One Reviewer, One Day	One Reviewer, Two Days	Two Reviewers, Two Days