

Michigan Stroke Centers

What's the Difference?

Comprehensive Stroke Center (CSC) was initiated in 2012 by The Joint Commission who indicates that a hospital has met the criteria for PSC, as well as demonstrated the following capabilities: advanced neuro-imaging, endovascular neuro-intervention, a sufficient volume of stroke patients, education and competency requirements for staff and providers, follow-up of patients after discharge, and a database for tracking complications and patient outcomes.

Thrombectomy-Capable Stroke Center (TCSC) initiated by The Joint Commission in 2018 in response to the need to identify hospitals that meet rigorous standards for performing endovascular thrombectomy (EVT) and caring for patients after the procedure.

Primary Stroke Center (PSC) was initiated in 2003 by The Joint Commission and indicates that a PSC hospital has demonstrated the capability to rapidly evaluate a stroke patient, provide Activase IV tPA, and provide evidence-based acute care, therapy, education, and discharge planning.

Acute Stroke Ready Hospital initiated in 2004 by The Joint Commission to recognize hospitals with a dedicated stroke-focused program. Hospital has staffing that are qualified by medical professionals trained in stroke care. The ability to perform rapid diagnostic imaging and laboratory testing to facilitate the administration to IV thrombolytic in eligible patients. Access to stroke expertise in person or telemedicine and transfer agreements with facilities that provide CSC, TCSC, PSC.

Primary Stroke Center

Comprehensive Stroke Center

PATIENT CARE

Stabilize and treat most cases of acute ischemic stroke.

Cares for all types of stroke patients, both ischemic and hemorrhagic, including complex cases requiring advanced technology, specialized diagnosis and higher levels of treatment.

ADVANCED IMAGING

No required advanced imaging such as, CT angiography, CT perfusion or transcranial Doppler.

24/7 access to advanced imaging including CT angiography, CT perfusion or transcranial Doppler.

ENDOVASCULAR INTERVENTION

Not required.

24/7 access to endovascular interventions such as, mechanical thrombectomy for acute ischemic stroke, aneurysm coiling, and arteriovenous malformation embolization.

NEUROSURGERY

No requirement for a separate neuroscience ICU.

Dedicated neuroscience ICU staffed 24/7 with neuro-critical care experts.

NEUROCRITICAL CARE

Access to neurosurgery within 2 hours

On-site neurosurgical providers available 24/7 to perform complex neurovascular procedures.

PATIENT TRANSFER

Send complex patients and those who require advanced intervention to CSC

Receives patients from PSC & Stroke Ready hospitals following stabilizations

What Michigan is doing for stroke

Michigan Stroke Program (MiSP) www.michigan.gov/stroke

Michigan Stroke Initiative <http://www.michiganstrokeinitiative.org/>

See where the closest stroke center hospital is in your area

<http://www.stroke.org/understand-stroke/recognizing-stroke/emergency-stroke-center-locations>