

Statewide Acute Health Systems-Stroke Level IIa Designation Checklist

Hospital Name: _____ TJC or DNV Certified: _____ Surveyor Name: _____ Date: _____

| These items have been deemed <u>E</u> ssential Or <u>D</u> esired Criteria for a Level IIa Stroke Center | E/D | YES | NO | NOTES |
|---|-----|-----|----|-------|
| HOSPITAL ORGANIZATION | | | | |
| Stroke Service or Equivalent | E | | | |
| Stroke Program Director: Physician with neurology background, extensive expertise, and ability to provide clinical and administrative guidance to program | E | | | |
| Stroke Coordinator | E | | | |
| Hospital Departments/Sections | | | | |
| Neurology | E | | | |
| Neurointerventional | E | | | |
| Critical Care | E | | | |
| Emergency Medicine | E | | | |
| CLINICAL CAPABILITIES | | | | |
| Specialty availability upon notification of patient need | | | | |
| Emergency Medicine – Physician Staffed (10 minutes) | E | | | |
| Neurologist 24/7 | E | | | |
| Neurosurgeon within 2 hours | E | | | |
| Neurointerventionalist** availability at least 70% of time | E | | | |
| Intensivist coverage 24/7 | E | | | |
| Consultants availability | | | | |
| Internal Medicine | E | | | |
| Critical Care | E | | | |
| Cardiology | E | | | |
| Neuroimaging | E | | | |
| FACILITIES AND RESOURCES | | | | |
| Emergency Department (ED) | | | | |
| Physician staffed ED (must be in hospital) | E | | | |
| Nursing Personnel (continuous monitoring until admission or transfer) | E | | | |
| Emergency Department available 24/7 | E | | | |
| Stroke Treatment Protocols in place that define tPA administration | E | | | |
| Pharmacy with tPA in stock 24/7 | E | | | |
| Written plan for higher level of care for patients who require it | E | | | |

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|--|-----|-----|----|-------|
| Equipment | | | | |
| Airway control and ventilation equipment | E | | | |
| Pulse oximetry | E | | | |
| End-tidal CO2 determination | E | | | |
| Suction devices | E | | | |
| Electrocardiograph | E | | | |
| Standard intravenous fluid administration equipment | E | | | |
| Sterile sets for percutaneous vascular access (venous and arterial) | E | | | |
| Gastric decompression | E | | | |
| Drugs necessary for emergency care | E | | | |
| X-ray availability | E | | | |
| CT availability and interpretation in 45 minutes | E | | | |
| Catheter Angiographic suite available 24/7 | E | | | |
| Two-way communication with emergency vehicles | E | | | |
| Sterile ventriculostomy tray readily available if NS coverage | E | | | |
| Operating suites adequately staffed (within 30 minutes of stroke alert) | E | | | |
| Post anesthetic recovery room available | E | | | |
| Dedicated neurointensive care beds for stroke patients | E | | | |
| Intensive Care Unit or dedicated beds for stroke patients (stroke unit) | E | | | |
| Personnel of intensive care unit | | | | |
| Designated Medical Director | E | | | |
| Dedicated intensivists/proxy in-house | E | | | |
| Monitoring equipment | | | | |
| Telemetry | E | | | |
| Pulse Oximetry | E | | | |
| Neuroimaging special capabilities | | | | |
| In-house radiology technical personnel capable of brain CT | E | | | |
| Catheter angiography | E | | | |
| CTA and MRA | E | | | |
| Carotid duplex ultrasound and transcranial Doppler | E | | | |
| Computed tomography (emergent and routine) | E | | | |
| Magnetic Resonance Imaging (MRI) | E | | | |
| Rehabilitation | | | | |
| Rehabilitation services protocol for stroke patients | E | | | |

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| Clinical laboratory studies | | | | |
| Standard analyses of blood, urine, etc | E | | | |
| Blood typing and cross-matching | E | | | |
| Comprehensive blood bank or access to equivalent facility | E | | | |
| Blood gases and pH determination | E | | | |
| CSF examination capabilities | E | | | |
| Comprehensive coagulation testing | E | | | |
| CONTINUING EDUCATION | | | | |
| At least 8 hours annual program education are provided for: | | | | |
| Stroke Program Director/ Stroke Service Director | E | | | |
| At least 2 hours annual program education are provided for: | | | | |
| Staff Physicians who care for stroke patients | E | | | |
| At least twice a year stroke program education is provided for: | | | | |
| All other staff members who care for stroke patients | E | | | |
| Stroke Prevention Program Coordinator | E | | | |
| Annual Acute Health Systems Training: | | | | |
| Physicians | E | | | |
| Emergency Department staff | E | | | |
| PERFORMANCE IMPROVEMENT | | | | |
| Does hospital track patient outcomes? | E | | | |
| Perform on-going evaluations? | E | | | |
| Strive for improvement? | E | | | |
| Community outreach/public education? | E | | | |
| RESEARCH AND REGISTRIES | | | | |
| Participate in a stroke registry | E | | | |
| PROCEDURAL VOLUME REQUIREMENTS | | | | |
| Organization performs 15 mechanical thrombectomies over 1 year (or 30 over 2 years) | E | | | |
| Neurointerventionalist** performs 15 mechanical thrombectomies over 1 year (or 30 over 2 years) | E | | | |

*ATCC can be used to coordinate transfers within the stroke system.

**Physician with neurology, neurosurgery, or radiology background with 1 year formal training or experience in performing intracranial cerebrovascular procedures, including minimum 15 mechanical thrombectomy during this period.

