

Statewide Acute Health Systems-Stroke Level II 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 II Stroke Center	E/D	YES	NO	NOTES
HOSPITAL ORGANIZATION				
Stroke Service or Equivalent	E			
Stroke Service Director: Physician with training and expertise in cerebrovascular disease	E			
Stroke Coordinator	E			
Hospital Departments/Sections				
Neurology	E			
Emergency Medicine	E			
CLINICAL CAPABILITIES				
Specialty availability upon notification of patient need				
Emergency Medicine – Physician Staffed (10 minutes)	E			
24/7 on-call neurology OR a neurologist by telemedicine	E			
Neurosurgeon within 2 hours	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			
Equipment				
Airway control and ventilation equipment	E			
Pulse oximetry	E			
End-tidal CO2 determination	E			
Suction devices	E			

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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			
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			
Intensive Care Unit or dedicated beds for stroke patients (stroke unit)	E			
Personnel of intensive care unit or stroke unit				
Designated Medical Director	E			
Specialists with privileges in critical care in-house or on-call	E			
Monitoring equipment				
Telemetry	E			
Pulse Oximetry	E			
Neuroimaging special capabilities				
In-house radiology technical personnel capable of brain CT	E			
CTA and MRA	E			
Carotid duplex ultrasound	E			
Computed tomography (emergent and routine)	E			
Magnetic Resonance Imaging (MRI)	E			
Rehabilitation				
Rehabilitation services protocol for stroke patients	E			
Clinical laboratory services				
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			

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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			

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

