

Appendix A

Statewide Trauma and Health Systems – Stroke Center Designation Criteria

These items have been deemed <u>E</u>ssential per the Statewide Stroke System Plan	Level IIa	Level II	Level III
	TSC	PSC	ASRH
HOSPITAL ORGANIZATION			
Stroke Service or Equivalent	E	E	
Stroke Program Director: Physician with neurology background, extensive expertise, and ability to provide clinical and administrative guidance to program	E		
Stroke Service Director: Physician with training and expertise in cerebrovascular disease		E	
Physician Medical Director for stroke services: Physician with sufficient knowledge of cerebrovascular disease			E
Stroke Coordinator	E	E	E
Hospital Departments/Sections			
Neurology	E	E	
Neurosurgery			
Neurointerventional	E		
Neurocritical Care			
Critical Care	E		
Emergency Medicine	E	E	E
CLINICAL CAPABILITIES			
Specialty availability upon notification of patient need			
Emergency Medicine – Physician Staffed (10 minutes)	E	E	E
Neurologist 24/7	E		
24/7 on-call neurology OR a neurologist by telemedicine		E	
24/7 on-call neurology OR a physician with expertise and experience in diagnosing and treating stroke OR a neurologist by telemedicine			E
Physician or nurse with ability to evaluate patient for tPA use			E
Neurosurgeon within 2 hours	E	E	
Neurosurgery Transfer Plan - timely transfer (may use ATCC) *			E
Neurointerventionalist** availability at least 70% of time	E		
Intensivist coverage 24/7	E		
Consultants availability			
Internal Medicine	E	E	
Critical Care	E	E	
Cardiology	E	E	
Neuroimaging	E	E	
FACILITIES AND RESOURCES			
Emergency Department (ED)			
Physician staffed ED (must be in hospital)	E	E	E
Nursing Personnel (continuous monitoring until admission or transfer)	E	E	E
Emergency Department available 24/7	E	E	E
Stroke Treatment Protocols in place that define tPA administration	E	E	E
Pharmacy with tPA in stock 24/7	E	E	E
Written plan for higher level of care for patients who require it	E	E	E
Equipment			
Airway control and ventilation equipment	E	E	E
Pulse oximetry	E	E	E
End-tidal CO2 determination	E	E	E
Suction devices	E	E	E
Electrocardiograph	E	E	E

Standard intravenous fluid administration equipment	E	E	E
Sterile sets for percutaneous vascular access (venous and arterial)	E	E	E
Gastric decompression	E	E	E
Drugs necessary for emergency care	E	E	E
X-ray availability	E	E	E
CT availability and interpretation in 45 minutes	E	E	E
Catheter Angiographic suite available 24/7	E		
Two-way communication with emergency vehicles	E	E	E
Sterile ventriculostomy tray readily available if NS coverage	E	E	
Operating suites adequately staffed (within 30 minutes of stroke alert)	E	E	
Post anesthetic recovery room available	E	E	
Dedicated neurointensive care beds for stroke patients	E		
Intensive Care Unit or dedicated beds for stroke patients (stroke unit)	E	E	
Personnel of intensive care unit or stroke unit			
Designated Medical Director	E	E	
Dedicated neurointensivists/proxy in-house			
Dedicated intensivists/proxy in-house	E		
Specialists with privileges in critical care in-house or on-call		E	
Monitoring equipment			
Telemetry	E	E	E
Pulse Oximetry	E	E	E
Neuroimaging special capabilities			
In-house radiology technical personnel capable of brain CT	E	E	E
Catheter angiography	E		
CTA and MRA	E	E	
Carotid duplex ultrasound and transcranial Doppler	E		
Carotid duplex ultrasound		E	
Computed tomography (emergent and routine)	E	E	E
Magnetic Resonance Imaging (MRI)	E	E	
Rehabilitation			
Rehabilitation services protocol for stroke patients	E	E	
Clinical laboratory services			
Standard analyses of blood, urine, etc	E	E	E
Blood typing and cross-matching	E	E	
Comprehensive blood bank or access to equivalent facility	E	E	
Blood gases and pH determination	E	E	
CSF examination capabilities	E	E	
Comprehensive coagulation testing	E	E	E
CONTINUING EDUCATION			
At least 8 hours annual program education are provided for:			
Stroke Program Director/ Stroke Service Director	E	E	
At least 4 hours annual program education are provided for:			
Physician Medical Director for stroke services			E
At least 2 hours annual program education are provided for:			
Staff Physicians who care for stroke patients	E	E	E
At least twice a year stroke program education is provided for:			
All other staff members who care for stroke patients	E	E	E
Stroke Prevention Program Coordinator	E	E	D
Annual Acute Health Systems Training:			
Physicians	E	E	E
Emergency Department staff	E	E	E
PERFORMANCE IMPROVEMENT			
Does hospital track patient outcomes?	E	E	E
Perform on-going evaluations?	E	E	E

Strive for improvement?	E	E	E
Community outreach/public education?	E	E	E
RESEARCH AND REGISTRIES			
Participate in a stroke registry	E	E	D
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.

Level I Comprehensive Stroke Center Guidelines

To be recognized as a Level I Comprehensive Stroke Center, a hospital must be certified by The Joint Commission as a Comprehensive Stroke Center, or equivalent, and maintain status with the ATCC.

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