

New York State Department of Health
Application for Designation of Stroke Center

INSTRUCTIONS TO FACILITY

This document is an application for designation as a Stroke Center at your facility. Responses to this application will be used to assess your facility's ability to meet the criteria for stroke designation.

Please print or type responses and number all attachments sequentially. Use the column entitled "Documentation Required" to ensure all documents are forwarded to us. Check the column entitled "Equivalency" to indicate that additional documentation is being attached as an appendix. "Return the completed application with one (1) original and five (5) copies to:

New York State Department of Health
Office of Health Systems Management
Empire State Plaza
Room 1415, Corning Tower Building
Albany, NY 12237

Facility Information

Permanent Facility Identifier __ __ __ __ Operating Cert. #: __ __ __ __

Name of Facility: _____

No. and Street: _____

City _____ State _____ Zip Code _____

Telephone Number _____ County _____

Institutional Contact Person: (Please Print)

First

M

Last

Telephone: _____ Extension: _____

Fax Number: _____ E-mail: _____

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Certification of Information

The hospital Chief Executive Officer should sign the following certification:

I certify the information contained in this application and attached materials are accurate and true.

Signature

Date

Typed or printed name

Title

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Abbreviated Executive Summary

INSTRUCTIONS:

In the space below, i.e., no more than one page, provide a succinct overview of your proposal. This may be done in bullet format. The purpose of the Abbreviated Executive Summary (AES) is to give the reviewers an understanding of your facility's capability of meeting the criteria enclosed in the application. If all criteria cannot be met at the time of application, please provide the date when the criteria will be met, or an explanation of how the equivalency meets the intent of the criteria. The AES should summarize the key elements of your Stroke Center's service.

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Stroke Team	Yes	No	Equivalency or expected date of compliance (Provide an explanation on how equivalency will meet intent of criteria *)	Documentation required (One or more of the following)
1. The Stroke Center has been established for the purpose of monitoring the care delivered to stroke patients, improving the quality of care and moving patients through the initial acute-care phase of their hospital stay in a timely fashion.				
2. Written procedures have been established and tested to rapidly activate the Acute Stroke Team so that team members are at the patient's bedside within 15 minutes of being notified.				<ul style="list-style-type: none"> • Policy/protocols • Drills • Response logs
3. The Acute Stroke Team is staffed by qualified health care professionals including <u>at a minimum</u> the following: <ul style="list-style-type: none"> • A board-certified or board-qualified physician with special competence in caring for the acute stroke patient; • Another health care provider who has experience caring for the acute stroke patient, such as a registered nurse, physician's assistant or nurse practitioner. 				<ul style="list-style-type: none"> • List of stroke team members and a copy of each individual's curriculum vitae (CV)/resume or description of their individual qualifications
4. A stroke team has been established and operational in the emergency department (ED) with coordinated services for the effective delivery of emergency and acute stroke care treatment, in cooperation with the emergency medical services (EMS).				<ul style="list-style-type: none"> • Written protocols outlining process of communications between ED and EMS

* Please provide documentation on separate sheet and label as appendix.

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Stroke Team	Yes	No	Equivalency or expected date of compliance (Provide an explanation on how equivalency will meet intent of criteria *)	Documentation required (One or more of the following)
5. Documentation of Stroke Center leadership is maintained including an appointment letter for the stroke center director and the curriculum vitae/resume of key program personnel including physicians and other health care professionals with training and expertise in cerebrovascular disease.				<ul style="list-style-type: none"> • CV of stroke center director • Organizational chart of key program personnel
6. The criteria has been developed for activating the team to care for potentially eligible tPA candidates.				<ul style="list-style-type: none"> • Policy/protocols
Protocols				
7. Protocols have been established for the treatment of acute stroke (ischemic, hemorrhagic, and tPA administration protocols). These protocols must address stabilization of vital functions, initial diagnostic tests and the use of medications. Protocols need to be available in the emergency department and in units caring for the stroke patients.				<ul style="list-style-type: none"> • Protocols • Guidelines • Clinical pathways
8. The documentation of the facility's plan for reviewing and updating stroke protocols is performed at least annually.				<ul style="list-style-type: none"> • Policies for protocol review
Facility Support				
9. The medical director's training includes two (2) or more of the following criteria: <ul style="list-style-type: none"> • Completion of stroke fellowship • Participation in at least two (2) regional, national or international stroke conferences yearly • Five (5) or more peer-review publications on stroke • Eight (8) or more CME credits each year in the area of cerebrovascular disease 				<ul style="list-style-type: none"> • CMEs • Training credentials • CV/resumes

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Facility Support	Yes	No	Equivalency or expected date of compliance (Provide an explanation on how equivalency will meet intent of criteria *)	Documentation required (One or more of the following)
<p>10. The clinicians' (stroke team members) training include one or more of the following criteria:</p> <ul style="list-style-type: none"> • Completion of stroke fellowship • Participation in at least two (2) regional, national or international stroke conferences yearly • Five (5) or more peer-review publications on stroke • Eight (8) or more CME credits each year in the area of cerebrovascular disease 				<ul style="list-style-type: none"> • CMEs • Training credentials • CV/resumes
<p>11. At a minimum, a log is maintained to document the team's call times, response times, patient diagnosis, treatments and outcomes.</p>				<ul style="list-style-type: none"> • Policy/protocols
Emergency Medical Services/Emergency Department				
<p>12. The stroke center has established a communication process with EMS providers for the rapid transport and treatment of stroke patients.</p>				<ul style="list-style-type: none"> • Evidence of communication process
<p>13. The stroke center supports and/or participates in educational activities developed for EMS personnel, conducted at least bi-annually.</p>				<ul style="list-style-type: none"> • Education schedules
<p>14. Training should be provided for the ED personnel regarding the diagnosis and treatment of all types of acute stroke. This should include the use of tPA in acute ischemic stroke.</p>				<ul style="list-style-type: none"> • Education schedules
<p>15. ED personnel are acquainted with established procedures for communicating with EMS personnel in the field and activating the Acute Stroke team.</p>				<ul style="list-style-type: none"> • Education schedules
<p>16. ED personnel should participate in cerebrovascular disease educational activities at least bi-annually</p>				<ul style="list-style-type: none"> • Policy/protocols • Education schedules

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Neuro-imaging Services	Yes	No	Equivalency or expected date of compliance (Provide an explanation on how equivalency will meet intent of criteria *)	Documentation required (One or more of the following)
<p>17. The hospital has the ability on a 24 hour/day 7 days/week basis to perform brain computed tomography (CT) or magnetic resonance imaging (MRI) scans and provide interpretation after study completion by a physician with experience in acute stroke neuroimaging consistent with time targets acceptable to the department.</p> <p>**Recommended stroke evaluation targets:</p> <ul style="list-style-type: none"> • Door to MD evaluation: 10 minutes • Door to stroke team contact: 15 minutes • Door to CT: 25 minutes • Door to CT interpretation: 45 minutes • Door to Rx treatment: 60 minutes <p>** <i>National Institute of Neurological Disorders and Stroke (NINDS)</i></p>				<ul style="list-style-type: none"> • Policy/protocols • Provide evidence/description of capabilities to prove CT/MRI within prescribed time frame • Logs • Automated order entry system/reports
Laboratory/Other Services				
<p>18. The stroke center director maintains a current written agreement that documents the arrangement made for laboratory services to be available on a 24 hours/day, 7 days/week basis. It is recommended at primary stroke centers that these lab results be completed within 45 minutes of being ordered.</p>				<ul style="list-style-type: none"> • Policy/protocols • Letter of support from laboratory director
Stroke Unit				
<p>19. The Stroke Center has made arrangements to ensure that a unit setting has been designated for the care of stroke patients beyond the acute treatment period, either as part of the primary Stroke Center or at another site.</p>				<ul style="list-style-type: none"> • Documentation of designated beds or units

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Stroke Unit	Yes	No	Equivalency or expected date of compliance (Provide an explanation on how equivalency will meet intent of criteria *)	Documentation required (One or more of the following)
20. Documentation exists that delineates the functions of the stroke unit, including admission and discharge criteria, care protocols, patient census and outcomes data. Protocols for ischemic and hemorrhagic strokes and tPA protocols must be on the stroke unit.				<ul style="list-style-type: none"> • Policy/protocols • Admission/discharge criteria
21. Physicians, speech therapists, physical Therapists, and nurses on staff at the stroke unit must receive continuing medical education credit annually related to the care of patients with cerebrovascular disease.				<ul style="list-style-type: none"> • Evidence of training
22. The infrastructure of the stroke unit contains the necessary equipment and tools to aid in the care of stroke patients. This includes written care protocols, and the capabilities to continuously monitor blood pressure in non-invasive means.				<ul style="list-style-type: none"> • Protocols/procedures • Documentation of monitoring capabilities
Neurosurgery Services				
23. The stroke center director maintains a current written agreement documenting the arrangement for a neurosurgical procedure or evaluation to be performed within two (2) hours of when it is deemed clinically necessary. This arrangement is approved by the neurosurgeon(s) providing the coverage, the stroke center director and the appropriate facility representative if the plan specifies that patients needing such care are to be transferred to another facility.				<ul style="list-style-type: none"> • Policy/protocols • On-call schedules • Transfer agreements
24. Operating room neurosurgical services available 24 hours/day, 7 days/week with appropriately trained support personnel.				<ul style="list-style-type: none"> • Policy/protocols • On-call schedules • Transfer agreements

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Quality Improvement	Yes	No	Equivalency or expected date of compliance (Provide an explanation on how equivalency will meet intent of criteria *)	Documentation required (One or more of the following)
<p>25. Patients who survive the acute stroke experience and their families receive thorough instructions on the following:</p> <ul style="list-style-type: none"> • Signs and symptoms of stroke • Effects and prognosis of the stroke • Potential complications • Needs and rationales for treatments • Patient compliance instructions for risk reduction programs • Post-stroke support services 				<ul style="list-style-type: none"> • Policy/procedures • Educational materials
<p>26. The Stroke Center has established outcome objectives that are time-specific and measurable. Specific benchmarks for comparison are established and comparison studies will be conducted annually.</p>				<ul style="list-style-type: none"> • Policy/procedures • Documentation
<p>27. The stroke center agrees to participate in a stroke registry that will track the number and type of stroke patients seen, their treatments, timelines for receiving treatments and the impact indicators selected to measure outcomes.</p>				
<p>28. The stroke center director has established quality assurance groups or committees that meet regularly to review prepared progress reports, discuss causes of delays in patient care and opportunities for improvement.</p> <p><i>Note: It is expected that facilities have a system in place within 60 days of designation. Documentation must be forwarded to the department.</i></p>				<ul style="list-style-type: none"> • Policy/procedures • Implementation plans w/ identified target date

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Quality Improvement	Yes	No	Equivalency or expected date of compliance (Provide an explanation on how equivalency will meet intent of criteria *)	Documentation required (One or more of the following)
29. Public education programs about stroke prevention, recognition of signs and symptoms, diagnosis and treatment should be conducted by the Stroke Center at least bi-annually.				<ul style="list-style-type: none"> • Policy/protocols • Educational materials • Written plan
30. The hospital's administration has established mechanisms to guide and ensure active and cooperative relationships with community and professional groups committed to increasing public awareness and improving access to acute stroke care.				<ul style="list-style-type: none"> • Policy/protocols • Educational materials • Work plan for community service
Monitor Progress/Review Evaluation Report				
31. Progress reports about specific benchmarks, quality improvement goals are incorporated into the hospital's quality assurance process.				<ul style="list-style-type: none"> • Provide documentation of progress reports

***Please provide documentation on a separate sheet and label as appendix.**