

Level I Stroke Center (Comprehensive)

Criteria
Personnel
1.1 The center has a stroke care coordinator.
1.2 The center has a stroke medical director who is a physician with extensive experience in neurology
1.3 The center has an acute stroke team (i.e. the team of physicians and nurses that responds to assess and treat acute stroke), as designated by the stroke center medical director, available 24/7 within 15
1.4 The center has a defined stroke leadership team that is responsible for education, protocol, QA,
1.5 The center has a neurologist available 24/7 that is on-site within 15 minutes of stroke team activation, or that is available via telemedicine within 15 minutes of stroke team activation and on-site
1.6 The center has a board-certified vascular neurologist; or ABPN-certified neurologist who has completed 12 months of formal training in vascular neurology, or who devotes a minimum of 25% of
1.7 The center has a vascular surgeon available 24/7 that is on-site within 30 minutes when requested.
1.8 The center has interventional/endovascular physicians available 24/7 that is on-site within 30
1.9 The center has critical care medicine or neurocritical care physicians available 24/7 that is on-site
1.10 The center has physical medicine and rehabilitation physicians.
1.11 The center has a neurosurgeon available 24/7 that is on-site within 30 minutes when requested.
1.12 The center has organizational/administrative support.
1.13 Clinical ED personnel trained in diagnosing and treating acute stroke are available 24/7.
Training and Education
2.1 Members of the stroke leadership team have a minimum of 8 hours of annual education on stroke diagnosis and treatment to ensure competence.
2.2 The stroke medical director has a minimum of 4 hours of annual education related to the care of
2.3 All center staff have education on the signs and symptoms of stroke and the process to activate the
2.4 The center provides annual stroke-related education for hospital personnel involved in stroke
Stroke Services
3.1 The center has neuroradiology services available 24/7.
3.2 The center has diagnostic radiology services available 24/7.
3.3 The center has physical therapy.
3.4 The center has occupational therapy.
3.5 The center has speech therapy.
3.6 The center has staff stroke nurses available 24/7.
3.7 The center has an intensive care unit that is available 24/7.
3.8 The center has a CT tech on-site 24/7.
3.9 The center has staff on-site or via telemedicine to read and report CT/MRI within 45 minutes of patient arrival at Level 1 Stroke Center 24/7. 85% achievement rate (excluding transfers with
3.10 The center performs CT or MRI within 25 minutes of patient arrival at Level 1 Stroke Center 24/7. 85% achievement rate (excluding transfers with appropriate imaging already completed).
3.11 The center has MRI with diffusion available 24/7.
3.12 The center has MR angiography/MR venography available 24/7.
3.13 The center has CT angiography available 24/7.

3.14 The center has digital subtraction cerebral angiography available 24/7.
3.15 The center has transcranial doppler available 24/7.
3.16 The center has transesophageal echo.
3.17 The center has carotid artery duplex ultrasound imaging.
3.18 The center has EKG and chest x-ray capability 24/7.
3.19 The center has laboratory or point-of-care testing 24/7 with results in 45 minutes or less.
3.20 The center has IV thrombolytic therapy available 24/7.
3.21 The center has IA recanalization capability available 24/7.
3.22 The center can perform carotid endarterectomy 24/7.
3.23 The center can provide surgical treatment of intracranial cerebrovascular disease 24/7.
3.24 The center can provide placement of intracranial pressure transducer 24/7.
3.25 The center can provide placement of ventriculostomy 24/7.
3.26 The center can perform endovascular treatment of intracranial aneurysms/arterial venous
3.27 The center can perform endovascular treatment of vasospasm 24/7.
3.28 The center can perform stenting/angioplasty of extracranial vessels 24/7 or has a referral
3.29 The center can perform stenting/angioplasty of intracranial vessels 24/7 or has a referral
3.30 The stroke unit has clinical staff that demonstrate evidence of initial and ongoing training in the care of acute stroke patients. Stroke units may be defined and implemented in a variety of ways. The stroke unit does not have to be a specific enclosed area, but it will be a specified unit to which most
3.31 The center has operating room coverage 24/7 and is ready within 30 minutes of notification. 85%
3.32 The center has interventional services coverage 24/7, on-site within 30 minutes of notification.
3.33 The center has post discharge stroke services.
3.34 The center must have written stroke protocols/order sets/procedures/algorithms for assessment and treatment of ischemic and hemorrhagic strokes which include:
a. Stroke team activation process;
b. Initial diagnostic tests;
c. Administration of medication; and
d. Swallowing assessment prior to oral intake.
3.35 The center has an adequate number of qualified pharmacy personnel to ensure effective medication management services, including emergency services available 24/7.
3.36 The center has transfer protocols or guidelines specific to stroke patients, although there should be no reason to transfer stroke patients from a Level I Stroke Center other than in case of disaster,
3.37 The center coordinates with EMS on stroke care and transport policy and procedures, system activation, unavailability of services, training, data collection and quality improvement.
3.38 The center provides annual public education on stroke-related topics such as prevention, risk factors, signs and symptoms, and the importance of getting treatment right away and calling 911.
3.39 The center provides stroke education to stroke patients and their caregivers.
Minimum Requirements
4.1 The center cares for 35 or more non-traumatic SAH patients per year.
4.2 The center performs 10 or more clippings or 20 or more endovascular procedures per year for
Performance Measurement and Quality Improvement
5.1 The center participates in the Idaho TSE Registry.
5.2 The center has internal quality improvement activities related to stroke care. Internal Quality Improvement (QI) means customary QI activities to improve quality of care based on process and

5.3 The center measures performance on at least two relevant patient care benchmarks each year.

5.4 The center participates in Regional TSE Committee activities to allow quality assurance programs to