

Primary Stroke Center (Level II)

Criteria	Supporting Documentation	Met
Personnel		
1.1 The center has a stroke care coordinator.	Job description of stroke care coordinator.	
1.2 The center has a stroke medical director. The medical director must be a physician; a neurologist or neurosurgeon is preferred but not required. The director may oversee more than one center's stroke program within the same hospital system or corporate structure as long as the director is involved in program decision-making at each hospital.	Job description of stroke medical director.	
1.3 The center has a defined stroke leadership team. At a minimum, the team consists of a physician and an RN.	Policy indicating the members of the stroke team.	
1.4 In-house clinical personnel trained in diagnosing and treating acute stroke are available 24/7.	Training records and schedule matrix.	
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.	Training / education records.	
2.2 The stroke medical director has a minimum of 8 hours of annual education related to the care of patients with cerebrovascular disease.	Training / education records.	
2.3 Practitioners working on the stroke unit demonstrate evidence of initial and ongoing training in the care of acute stroke patients.	Copy of education opportunities and records.	
2.4 All staff have education and training on the process used to activate the stroke team.	Training / education records.	
Stroke Services		
3.1 The center has an on-site CT tech available 24/7.	Copy of scheduling matrix.	
3.2 The center has a neurologist or physician experienced in cerebrovascular care available on-site or via telemedicine/telephone within 20 minutes of patient's arrival 24/7.	Copy of policy/protocol.	
3.3 The center has staff on-site or via telemedicine to read and report CT or MRI within 45 minutes of patient's arrival 24/7. 85% achievement rate.	Copy of policy/protocol.	
3.4 The center performs CT or MRI within 25 minutes of patient's arrival 24/7. 85% achievement rate.		
3.5 The center has EKG and chest x-ray capability 24/7.		

3.6 The center has laboratory or point-of-care testing 24/7 with results in 45 minutes or less. 85% achievement rate.		
3.7 The center has FDA approved IV thrombolytic therapy for stroke available 24/7.		
3.9 The center has intracranial and extracranial vascular imaging.		
3.10 The center must have written stroke protocols/order sets/procedures/algorithms for assessment and treatment of ischemic and hemorrhagic strokes which include:	Copy of policies/protocols.	
a. Stroke protocol activation process;		
b. Initial diagnostic tests;		
c. Administration of medication; and		
d. Swallowing assessment prior to oral intake.		
3.11 The center has:		
a. ICU;		
b. Physical therapy;		
c. Occupational therapy; and		
d. Speech therapy.		
3.12 The center has an adequate number of qualified pharmacy personnel to ensure effective medication management services, including emergency services.		
3.13 The center has transfer protocols or guidelines that include criteria specific to transferring stroke patients including hemorrhagic stroke patients, stroke patients outside of the IV t-PA treatment window, etc.	Copy of policy/protocol.	
3.14 The center has a written transfer protocol with at least one Level I Stroke Center. The transfer protocol must include communication and feedback from the receiving center.	Copy of agreements.	
3.15 The center coordinates with EMS on stroke care and transport policy and procedures, system activation, training, data collection and quality improvement.	Documentation to support the coordination.	
3.16 The center provides public education annually on stroke-related topics such as prevention, risk factors, signs and symptoms, and the importance of getting treatment right away and calling 911.	Schedule of events and classes from the previous 12 month period.	
3.17 The center provides stroke education to stroke patients and their caregivers.	Copy of educational materials.	
Performance Measurement and Quality Improvement		
4.1 The center participates in the Idaho TSE Registry.		

<p>4.2 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 outcome data from internal or external stroke QI programs or registries in which the hospital participates.</p>	<p>Minutes from QI meetings from previous 6 months.</p>	
<p>4.3 The center meets the benchmark of door-to-needle time in under 60 minutes. 75% achievement rate.</p>	<p>Data from most recent 6 months.</p>	
<p>4.4 The center participates in Regional TSE Committee activities to allow quality assurance programs to evaluate stroke care delivery.</p>		