

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 "How Met" to ensure all documents are forwarded to us. Return the completed (1) original application with one (1) copy to:

Anna D. Colello, Esq.  
New York State Department of Health  
Cardiac Services Program  
School of Public Health  
One University Place, Suite 218  
Rensselaer, NY 12144

**PLEASE TYPE, OR PRINT**

**Facility Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State Zip** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**County** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Permanent Facility Identifier #:** \_\_\_\_\_ **Operating Certificate #:** \_\_\_\_\_

**Hospital CEO:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Stroke Medical Director:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Stroke Coordinator(s):** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Stroke Coordinator(s):** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

NEW YORK STATE DEPARTMENT OF HEALTH

**APPLICATION FOR DESIGNATION OF STROKE CENTER**

**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.

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Signature

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Date

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Printed or Typed Name

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Title

# Abbreviated Executive Summary

## **INSTRUCTIONS:**

In no more than one page, provide a succinct overview of your Stroke Center. 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.

The key elements of a stroke center are:

### **1. STROKE TEAM**

- (a) Qualified physicians, physician assistants, nurse practitioners and registered nurses in the Emergency Department, ICU and Stroke Unit

### **2. EDUCATION**

- (a) Prehospital staff – EMS
- (b) Stroke Medical Director
- (c) Stroke team (ED, ICU and Stroke Unit)
- (d) All other professionals caring for stroke patients
- (e) Patient and family
- (f) Community

### **3. 24/7 CAPABILITIES**

- (a) Stroke Unit – identification of at least 2 beds with monitoring equipment
- (b) Neuro Imaging Services
- (c) Lab Services
- (d) Neurosurgery (on site or through transfer agreement)

### **4. QUALITY ASSURANCE/DATA/REGISTRY**

- (a) QA of Stroke incorporated into overall hospital QA
- (b) Stroke Center must submit quality data regarding time targets and performance measures
- (c) Stroke Center agrees to participate in a registry

# Stroke Team

1. STROKE TEAM	DOCUMENTATION	HOW MET
<p><b>1a.</b> The Acute Stroke Team is staffed by qualified care professionals that meet the minimum requirements.</p>	<ul style="list-style-type: none"> <li>• List of stroke team members (physicians and nurses in Emergency Department, ICU and Stroke Unit) and a copy of each individual's curriculum vitae (CV)/resume or description of their individual qualifications</li> </ul>	
<p><b>1b.</b> 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.</p>	<ul style="list-style-type: none"> <li>• Policy/Protocols</li> <li>• Drills (dates when performed)</li> <li>• Response logs (verifying compliance with times)</li> </ul>	
<p><b>1c.</b> Documentation of stroke leadership as evidenced by application letter.</p>	<ul style="list-style-type: none"> <li>• Letter of appointment for Stroke Medical Director</li> <li>• CV of stroke center director</li> <li>• Organizational Chart of key stroke program personnel by name</li> </ul>	

## Education

2. EDUCATION	DOCUMENTATION	HOW MET
<p><b>2a. Stroke Team</b></p> <p>The training for all clinicians (MD/PA/RN/NP) who are stroke team members includes:</p> <p>Eight (8) or more Category 1 CME/CEU credits the first year, with four (4) credits annually in each subsequent year, in the area of cerebrovascular disease.</p>	<ul style="list-style-type: none"> <li>• CMEs/CEU</li> <li>• Attach tracking chart (example of tracking chart is included as an attachment to this application)</li> </ul>	
<p><b>2b. Stroke Medical Director</b></p> <p>Medical Director: Must meet 2 of the following criteria:</p> <ul style="list-style-type: none"> <li>• Stroke fellowship trained</li> <li>• Participation in at least (2) regional, national or international stroke conferences in the previous year</li> <li>• Five or more peer-review publications on stroke</li> <li>• Eight or more CME credits each year in the area of Cerebrovascular disease</li> </ul>	<ul style="list-style-type: none"> <li>• CMEs</li> <li>• Training credentials</li> <li>• CV/resume</li> <li>• Specifically state which two satisfy the qualifying criteria</li> </ul>	
<p><b>2c. Ancillary hospital staff that care for stroke patients (PT, OT, Speech):</b></p> <p>Require Bi Annual stroke related education</p>	<ul style="list-style-type: none"> <li>• Education Schedules (twice a year)</li> <li>• Evidence of Training/sign in sheets</li> </ul>	

## Education

EDUCATION	DOCUMENTATION	HOW MET
<p><b>2d. EMS</b></p> <p><b>2(d)(i)</b> Bi Annual education of signs and symptoms of stroke provided by the hospital</p>	<ul style="list-style-type: none"> <li>• Education schedules (twice a year)</li> </ul>	
<p><b>2(d)(ii)</b> Stroke Center tracks that EMS notifies ED of all potential incoming stroke patients.</p>	<ul style="list-style-type: none"> <li>• Evidence of communication process/prehospital notification</li> </ul>	
<p><b>2(d)(iii)</b> Stroke Center provides feedback to EMS.</p>	<ul style="list-style-type: none"> <li>• Evidence of communication process and results provided to EMS</li> </ul>	
<p><b>2e. Stroke Patient</b></p> <p>Receives education through instructions on signs and symptoms of stroke, effects and prognosis of stroke, potential complications, needs and rationales for treatments, patient compliance instructions for risk reduction programs, and post-stroke support services</p>	<ul style="list-style-type: none"> <li>• Policy/procedures</li> <li>• Educational Materials</li> </ul>	
<p><b>2f. Community</b></p> <p>Stroke center provides information to increase awareness of signs and symptoms of stroke and the importance of calling 911.</p>	<ul style="list-style-type: none"> <li>• Policy/protocols for outreach</li> <li>• Educational Materials</li> <li>• Schedule of community service</li> </ul>	

## 24/7

3. 24/7	DOCUMENTATION	HOW MET
<p><b>3a. Stroke Unit</b></p> <p><b>3(a)(i)</b> The stroke center has made arrangements to ensure that a unit setting has been established for the care of stroke patients beyond the acute treatment period</p>	<ul style="list-style-type: none"> <li>• Must designate at least two beds on stroke unit</li> </ul>	
<p><b>3(a)(ii)</b> Documentation exists that delineates the functions of the stroke unit, including admissions and discharge criteria, patient care protocols, census and outcomes data.</p>	<ul style="list-style-type: none"> <li>• Documentation of functions/policies/protocols</li> </ul>	
<p><b>3(a)(iii)</b> The infrastructure of stroke unit contains the necessary equipment and tools to aid in care of stroke patients</p>	<ul style="list-style-type: none"> <li>• Protocols/procedures</li> <li>• Documentation of monitoring capabilities (i.e. telemetry, etc.)</li> </ul>	
<p><b>3b. Neuro-Imaging Services</b></p> <p>The hospital has the ability to perform brain CT or MRI scans and provide the interpretation of the study by a physician with experience in acute neuroimaging</p>	<ul style="list-style-type: none"> <li>• Policy/protocols</li> <li>• Provide evidence/description of capabilities to provide CT/MRI within prescribed time frame (25 minutes to administer 45 minutes to read CT/MRI)</li> <li>• Logs</li> <li>• Automated order entry system/ reports</li> </ul>	
<p><b>3c. Laboratory/Other Services</b></p> <p>The stroke center maintains laboratory services availability on a 24/7 basis-with reporting results consistent with timeframes acceptable to the department.</p>	<ul style="list-style-type: none"> <li>• Policy/protocols</li> <li>• Letter of support from laboratory director</li> <li>• Ability to provide lab results within 45 minutes of patient arrival (door time)</li> </ul>	

<p><b>3d. Neurosurgery Services</b></p> <p><b>3d(i)</b> Operating Room neurosurgical services are available 24/7 with appropriately trained support personnel.</p>	<ul style="list-style-type: none"> <li>• Policy/protocols</li> <li>• On-call schedules</li> <li>• Transfer agreements</li> </ul>	
<p><b>3(d)(ii)</b> Center has the ability to perform neurosurgery or has a transfer agreement, which ensures that patient in need of neurosurgery will receive it at the receiving hospital within 2 hours being deemed necessary at the transferring hospital</p>	<ul style="list-style-type: none"> <li>• Transfer agreement plus protocol identifying MD at transfer hospital and MD at receiving hospital.</li> <li>• Documentation must identify who is responsible for transport and what criteria are used for the decision</li> </ul>	

## Quality Assurance/Data

4. QUALITY ASSURANCE / DATA	DOCUMENTATION	HOW MET
<p><b>4(a)(i)</b> The facility has developed protocols for the evaluation and treatment of acute stroke patients including those with thrombotic/ ischemic, hemorrhagic and TIA events.</p>	<p>Protocol for evaluation and treatment of all strokes</p>	
<p><b>4(a)(ii)</b> The facility maintains a stroke log (for all acute strokes – (including TIA's, ischemic and hemorrhagic) that includes the response times, along with patient diagnoses, treatments, and outcomes.</p>	<p>Stroke log with required entries</p>	
<p><b>4b. Time Target</b></p> <p>The stroke center is able to meet the following time targets:</p> <ol style="list-style-type: none"> <li>1) Door to MD evaluation – 10 minutes</li> <li>2) Door to stroke team contact – 15 minutes</li> <li>3) Door to CT taken – 25 minutes</li> <li>4) Door to CT read – 45 minutes</li> <li>5) Door to treatment – 60 minutes</li> </ol>	<p>Each of the times are documented in a stroke log for all acute stroke patients (ischemic, hemorrhagic and TIAs</p>	
<p><b>4c. Performance Measures</b></p> <p>The designated centers comply with the following performance measures:</p> <ol style="list-style-type: none"> <li>1) DVT Prophylaxis</li> <li>2) Early Antithrombotic</li> <li>3) Anticoagulation for AF</li> <li>4) Door to IV t-PA in 60 minutes</li> <li>5) Antithrombotic at Discharge</li> <li>6) LDL 100 or ND - Statin</li> <li>7) Dysphagia screening</li> <li>8) Stroke Education</li> <li>9) Smoking Cessation</li> <li>10) Rehabilitation Considered</li> </ol>	<ul style="list-style-type: none"> <li>• Policy/procedures</li> <li>• Documentation of results</li> </ul>	

<p>11)NIHSS (admission and discharge) 12)Discharge Destination.</p>		
<p><b>4d.</b> The Stroke Center has established quality assurance groups specific to stroke, and incorporates stroke QA into the overall hospital quality assurance program. This is minimally expected to include review of patient outcome data, any delays in patient care, and discussions of opportunities for improvement.</p>	<ul style="list-style-type: none"> <li>• Provide minutes of meetings</li> <li>• Describe your QA system including:             <ol style="list-style-type: none"> <li>1) How practice is identified and addressed</li> <li>2) Who is responsible for implementing correction</li> <li>3) How is implementation of corrected action measured</li> <li>4) What is the plan for sustaining the corrective action</li> </ol> </li> </ul>	
<p><b>4e. Stroke Registry</b></p> <p>The stroke center agrees to participate in a registry that will track the number and type of stroke patients seen, their treatments, timeline for receiving treatment and the indicators selected to measure process and outcomes.</p>	<p>Statement of agreement to participate</p>	

## Attachment

### INSTRUCTIONS

This chart should track all members of the stroke team and how each of them meets the educational requirements in year one as well as in subsequent years.

### STROKE TEAM

Current Stroke team members who provide stroke care in the ED, ICU and Stroke Unit

All physicians and nurses in the above units must have 8 hours of education in the first year of designation, 4 CMEs or CEU equivalents are required in year two. Physicians may satisfy the requirements in year two if they are Board certified in Neurology, Neurosurgery, Internal Medicine or Emergency Medicine.

This chart illustrates how the correct number of CME or CEU hours should be documented. Please by name, include all physicians and nurses who are on the stroke team.

### Tracking Sheet for Application year and for subsequent years as well

#### YEAR ONE

Name	Education	Role	Unit
Dr. X	8 CMEs (Category 1)	Physician	ED
Dr. Y	8 CMEs (Category 1)	Physician	ICU
Dr. Z	8 CMEs (Category 1)	Physician	Stroke Unit
Nurse A	8 CEU equivalents	Nurse	ED
Nurse B	8 CEU equivalents	Nurse	ICU
Nurse C	8 CEU equivalents	Nurse	Stroke Unit
Physical Therapist	Bi Annual dates	PT	PT/OT
Occupational Therapist	Bi Annual dates	OT	PT/OT
Speech Pathologist	Bi Annual dates	Speech	PT/OT

#### YEAR TWO

Name	Education	Role	Unit
Dr. L	Board Certified in neurology	Physician	ICU
Dr. M	Board Certified in emergency medicine	Physician	ED
Dr. N	4 CMEs (stroke)	Physician	ED