Support (Level III) Stroke Facility Criteria Guidance

Support (Level III) Stroke Facilities ("SSFs") - provides resuscitation, stabilization and assessment of the stroke victim and either provides the treatment or arranges for immediate transfer to a higher level of stroke care either a Comprehensive (Level I) Stroke Center or Primary (Level II) Stroke Center; provides ongoing educational opportunities in stroke related topics for health care professionals and the public; and implements stroke prevention programs.

The purpose of this document is to provide guidance (as examples) on approaches to fulfill each of the criterion included in the Texas Stroke Facility Criteria – Support Stroke facility (each criterion is listed and followed by an example of approach to meet criteria). This is provided to assist hospital representatives in working to prepare their facility for Level III designation. For further clarification of any criterion required, please contact a member of Designation Team in the Office of EMS/Trauma Systems Coordination. Contact information is available on the EMS/Trauma Systems website: www.dshs.state.tx.emstraumasystems.

Support (Level III) Essential Criteria	*Guidance*	
A. Stroke Program	*The administrative structure of the hospital shall demonstrate institutional support and commitment and must include administrative, medical director and stroke coordinator. Sufficient authority of the stroke program to achieve all programmatic goals should be reflected in the organizational structure.*	**E**
1. Identified Stroke Medical Director who: 2. Is actively credentialed by the hospital to provide stroke care 3. Is charged with overall management of the stroke care provided by the hospital 4. Shall have the authority and responsibility of clinical oversight of the stroke program. This is accomplished through mechanisms that may include, but are not limited to: credentialing of staff that provide stroke care; providing stroke care; development of treatment protocols; cooperating with nursing administration to support the nursing needs of the stroke patient; coordinating the performance improvement peer review; and correcting deficiencies in stroke care. a. There shall be a defined job description b. There shall be an organizational chart delineating the Stroke Medical Director's role and responsibility c. The Stroke Medical Director shall be credentialed by the	*Ultimate accountability for over site of the stroke program resides with the stroke medical director* *a. All Stroke Medical Director responsibilities shall be incorporated in the Stroke Medical Director job description.* *b. The organizational chart shall include an open line between the Stroke Medical Director, Stroke Nurse Coordinator and the hospital administration.*	**E**

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hospital to participate in the stabilization and treatment of stroke patients using criteria such as board-certification/board eligibility; stroke continuing medical education, compliance with stroke protocols, and participation in the Stroke PI program. 5. The Stroke Medical Director shall participate in a leadership role in the hospital and community.		
6. An identified Stroke Nurse Coordinator who: a. Is a Registered Nurse b. Has successfully completed and is current Advanced Cardiac Life Support c. Has successfully completed 8 hours of stroke continuing education in the 12 months. d. Has successfully completed National Institutes of Health Stroke Scale (NIHSS) by an approved certification program or a DSHS (Department of State Health Services) approved equivalent e. Has the authority and responsibility to monitor the stroke patient care from ED admission through stabilization and transfer to a higher level of care or admission i. There shall be a defined job description ii. There shall be an organizational chart delineating roles and responsibilities iii. The Stroke Nurse Coordinator shall have a minimum of 8 hours of continuing education per 12 months. iv. The Stroke Nurse Coordinator shall be current in NIHSS certification v. The Stroke Nurse Coordinator shall receive education and training designed for his/her role which provides essential information on the structure, process, organization and administrative responsibilities of a PI program to include stroke outcomes and performance improvement.	*The Stroke Nurse Coordinator – a registered nurse with demonstrated interest, education, and experience in stroke care and who, in partnership with the Stroke Medical Director and hospital administration, is responsible for stroke care, coordination of stroke care at a designated stroke facility.* *This coordination should include active participation in the stroke performance improvement program, the authority to positively impact care in stroke patients in all areas of the hospital and targeted prevention and education activities for the public and health care professionals.* *NIHSS certification approved programs include American Heart Association, National Stroke Association and the National Institutes of Health-NINDS* *Time allotted for the position shall be sufficient to maintain all aspects of the stroke program, including concurrent review of medical records, concurrent PI, registry input, stroke prevention, RAC participation, community liaison, committee participation or any activities which enhance optimal stroke care management.* *Actual time dedicated to the stroke program is volume dependent.*	**E**
7. An identified Stroke Registrar who: a. Has appropriate training in stroke chart abstraction b. Has appropriate training in stroke registry data entry c. Has the ability to provide stroke registry data to the PI program	*This position may be included in Stroke Nurse Coordinator responsibilities. Additional FTE is volume dependent.*	**D**
8. Written protocols, developed with approval by the hospital's medical	*4. Standards of care for the stroke patient shall be*	**E**

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staff:	*established in all patient care areas. These standards shall reflect nationally recognized standards for stroke care.*	
a. Stroke Team Activation	*a. Stroke Team Activation protocol outlines an organized approach identifying "last known well time" or onset of symptoms which activates the stroke team. A list of team members and defines notification and response times of the team, both in-house and off-site. The activation of the stroke team must be continually evaluated by the stroke PI program.*	**E**
b. Identification of stroke team responsibilities during the stabilization of a stroke patient	*b. The stroke team consists of physicians, nurses and allied health personnel. The size of the stroke team may vary with hospital size or time of symptom onset. The roles of each stroke team member, during the initial assessment and emergent care of the stroke patient shall be outlined (define specifically what the role of each team member is and their response requirements)*	**E**
c. Triage, admission and transfer criteria of stroke pts.	*c. An admission policy shall be in a place describing the types of patients who are within the scope of the facilities capabilities and are consistent with the purview of a Level III stroke facility. Transfer procedures shall begin immediately upon arrival if not within the scope of the facility's capability. All existing state and federal laws related to patient transfer shall continue to be applicable (i.e. COBRA, EMTALA)*	**E**
d. Protocols for the administration of thrombolytics and other approved stroke treatments	*d. Protocols shall incorporate existing nationally recognized guidelines for thrombolytic therapy administration (i.e. AHA/ASA "The Guidelines for Early Management of Adults with Acute Ischemic Stroke", American Stroke Association) and all other approved stroke treatments.*	**E**
	e. Stabilization and treatment standards for stroke patients shall reflect nationally recognized standards	**E**

E – Essential
D – Desired

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e. Stabilization and treatment of stroke patients f. Facility capability for stroke patients will be provided to the Regional Advisory Council	*and guidelines.* *f. The facility will provide all capability to the Stroke Committee of the RAC in which they are aligned*	**E**
B. PHYSICIAN SERVICES		
1. Emergency Medicine – this requirement may be fulfilled by a physician credentialed by the hospital to provide emergency medical services a. Any emergency physician who provides care to the stroke patient must be credentialed by the Stroke Medical Director to participate in the stabilization and treatment of stroke patients (i.e. current board certification/eligibility, compliance with stroke protocols and participation in the stroke PI program). b. An average of 8 hours per year of stroke related continuing medical education c. An Emergency Medicine Physician providing stroke coverage must be current in ACLS d. The emergency physician representative to the multidisciplinary committee that provides stroke coverage to the facility shall attend 50% or greater of multidisciplinary and peer review stroke committee meetings.	*NIHSS should be part of the 8 hours of stroke related CME* *Stroke peer review may be incorporated in Medical Executive Committee*	**E**
2. Radiology - Capability to have CT report read within 45 minutes of patient arrival	*The use of teleradiology may fulfill this requirements. Reading and turnaround times shall be monitored in the stroke PI program. Should the physical presence of a radiologist be requested by a member of the stroke team, the response time of the radiologist shall be no longer than 30 minutes.*	**E**
3. Primary Care Physician – the patient's primary care physician should be notified at an appropriate time.		**D**
C. NURSING SERVICES (all patient care areas)		
1. All nurses caring for stroke patients throughout the continuum of care have ongoing documented knowledge and skills in stroke nursing for patients of all ages to include: a. Stroke specific orientation b. Annual competencies	*An organized, stroke related orientation shall be in place for nurses assigned to the emergency room and all in-patient units caring for stroke patients, including a skills checklist. Staff attendance at stroke related continuing education presentations shall be documented. A competency program*	**E**

c. Continuing annual education	*to demonstrate maintenance of specific skills related to stroke patient care is encouraged. It is recommended that low volume/high risk procedures are included in annual competency assessment.*	

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2. Written standards on nursing care for the stroke patients for all units caring for stroke patients shall be implemented	*Institutionally specific standards of nursing care shall be available such that a new nurse in the area can understand the expectations of care (i.e. AHA/ASA clinical practice guidelines)* *If the patient is admitted, the patient and/or family will receive standard stroke patient education (i.e. signs and symptoms of stroke/TIA, personal risk factors, activation of EMS, physician follow-up care, and medication education)*	**E**
3. 100% of nurses providing initial stabilization care for stroke patients shall be competent in: a. NIHSS (competency or certification) b. Dysphagia screening c. Thrombolytic therapy administration	*This may be accomplished by the facility's rapid response team or code team*	**E**
D. EMERGENCY DEPARTMENT		
1. The published physician on-call schedule must be available in the Emergency Department (ED).		E
2. Physician with special competence in the care of the stroke patient who is on-call (if not in-house 24/7) shall be promptly available within 30 minutes of request from outside the hospital and on patient arrival from inside the hospital.	*This time study shall be followed by the PI program.*	E
3. The physician on duty or on-call to the ED shall be activated on EMS communication with the ED or after a primary assessment of patients who arrive to the ED by private vehicle for patients who are exhibiting signs and symptoms of an acute stroke.	*This shall be followed by the PI program to verify appropriate stroke team activation*	E
4. A minimum of one and preferably two registered nurses who have stroke training shall participate in the initial stabilization of the stroke patient. Nursing staff required for initial stabilization is based on patient acuity and "last known well time".	*This shall be followed by the PI program.* *The rapid response team or code team may be utilized to assist in initial stroke stabilization*	E
5. 100% of the nursing staff have successfully completed and hold current credentials and competencies in: a. ACLS (certification) b. NIHSS (competency or certification) c. Dysphagia Screening (competency) d. Thrombolytic therapy administration (competency)	*This is followed by the Stroke PI Program.* *All nurses must have accomplished within 6 months of hire*	E

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6. Nursing documentation for stroke patients is systematic and meets stroke registry guidelines.	*Documentation must include all data elements to meet the stroke registry requirements. (i.e. Get with the Guidelines, Joint Commission)*	E
7. Two-way communication with all pre-hospital emergency medical services.	*The ability to communicate with ambulances transporting patients to the hospital must be maintained. This criteria may be accomplished by utilizing a telephone, cell phone, radio or other device.*	E
8. Equipment and services for the evaluation and stabilization of, and to provide life support for, critically ill stroke patients of all ages shall include, but not limited to: a. Airway control and ventilation equipment b. Continuous cardiac monitoring c. Mechanical ventilator d. Pulse oximetry e. Suction devices f. Electrocardiograph-oscilloscope-defibrillator g. Supraglottic airway management device h. All standard intravenous fluids and administration devices i. Drugs and supplies necessary to provide thrombolytic therapy	*Equipment for evaluation and stabilization must be readily available in the ED.* *Only current FDA approved agents for treatment of acute ischemic stroke.*	E
E. RADIOLOGICAL CAPABILITY		
1. 24-hour coverage by in-house technician		D
2. Computerized tomography	*The CT technician shall be a member of your stroke activation. The CT technician shall be present at the stroke patient's bedside within 30 minutes of notification. This response must be monitored by the stroke PI program.* *If CT is not available a bypass protocol (per RAC protocol) shall be in place for EMS arrival and emergent transfer initiated for private vehicle arrival.*	E
F. CLINICAL LABORATORY SERVICE		
1. 24-hour coverage by in-house lab technician		D
2. Drug and alcohol screening		D
3. Call-back process for stroke patients within 30 minutes 4. Bedside glucose 5. Standard analyses of blood, urine and other body fluids, including micro-sampling 6. Blood typing and cross-matching	*The lab technician shall be a member of your stroke activation.* This system shall be monitored in the PI program.	E

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7. Coagulation studies 8. Blood gases and pH determination		
G. PERFORMANCE IMPROVEMENT		
1. A facility must show at least 6 months worth of audits for all qualifying stroke patients with evidence of "loop closure" on identified issues. 2. Minimum inclusion criteria: a. All stroke activations b. All stroke admissions c. All transfers out d. All readmissions e. All stroke deaths	*In the stroke PI program case reviews need to include chart audits, documentation of findings, areas found to be out of compliance, critical reviews, process to address issues, and evidence of loop closures.* ***Initial designation** – 6 months worth of audits.* ***Re-designation** – evidence of continuous chart audits throughout the designation period. A rolling current 3 year period must be available for review at all times.*	E
3. An organized Stroke PI program established by the hospital a. Audit charts for appropriateness of stroke care		E
b. Documented evidence of identification of all deviations from standards of stroke care		E
c. Documentation of actions taken to address identified issues		E
d. Documented evidence of participation by the Stroke Medical Director		E
e. Morbidity and mortality review including decisions by the Stroke Medical Director as to whether or not standard of care was met.		E
f. Documented resolutions "loop closure" of all identified issues to prevent future reoccurrences		E
g. Special audit for all stroke deaths and other specified cases, including complications		E
h. Multidisciplinary hospital Stroke PI Committee		E
4. Multidisciplinary stroke conferences, continuing education and problem solving to include documented nursing and pre-hospital participation	Outside activities (i.e. RAC conferences) would be accepted	D
5. Feedback regarding stroke patient transfers-out from the ED and in-patient units shall be obtained from receiving facilities	*Follow-up can be requested by the transferring facility from the receiving facility to provide loop closure for the PI program.*	D
6. Stroke Registry – data shall be accumulated and downloaded to the receiving agencies	*This may be accomplished by an in-house developed program or a nationally recognized stroke registry (i.e. Get with the Guidelines)*	E

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	All audit filters must be followed. *Documentation of stroke population, including NIHSS, dypshagia screening and outcomes.*	
7. Participation with the regional advisory council's (RAC) PI program, including adherence to regional protocols, review of pre-hospital stroke care, submitting data to the RAC as requested to include such things as summaries of transfer denials and transfers to hospitals out the RAC.	*This may be accomplished through the RAC System QI programs or RAC Stroke Committee.*	E
8. Times of and reasons for diversion must be documented and reviewed by the Stroke PI program.		E
H. REGIONAL STROKE SYSTEM		
1. Must participate in the regional stroke system development per RAC requirements. 2. Participates in the development of RAC transport protocols for stroke patients, including destination and facility capability	*Participation as defined by RAC bylaws*	**E**
I. TRANSFERS		
1. A process to expedite the transfer of a stroke patient to include such things as written transfer protocols, written/verbal transfer agreements, and a regional stroke transfer plan for patients needing a higher level of care (Comprehensive or Primary Stroke Center)	*A Level III stroke facility should attempt to obtain written transfer agreements from a higher level of care for stroke patients who are not within their scope of service.* *The Regional Stroke Transfer plan shall be approved through the RAC Stroke Committee and adherence should be monitored through RAC System QI.*	**E**
2. A system for establishing an appropriate landing zone in close proximity to the hospital (if rotor wing services are available)	*This may be accomplished through contacting local fire department.*	**E**
J. PUBLIC EDUCATION/STROKE PREVENTION		
1. A public education program to address: a. Signs and symptoms of a stroke b. Activation of 911 c. Stroke risk factors d. Stroke prevention	*Participation in local health fairs, public service announcements, etc.*	**E**
2. Coordination and/or participation in community/RAC stroke prevention	*RAC stroke prevention activities*	**E**

activities		

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K. TRAINING PROGRAMS		
1. Formal programs in stroke continuing education provided by hospital for staff based on needs identified from the Stroke PI program for: a. Staff physicians b. Nurses c. Allied health personnel, including mid-level providers	*Both internal and external programs meet the intent of this criterion.*	**D**

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