

Acute Stroke Ready Center (Level III)

Criteria

Personnel

1.1 The center has a stroke care coordinator (may use a system coordinator).

1.2 The center has a stroke medical director (may use a system medical director). The medical director does not need to be board-certified in neurology or neurosurgery, but must have sufficient knowledge of cerebrovascular disease to provide administrative leadership, clinical guidance, and input to the program.

1.3 The center has a defined core resource stroke team. The core stroke resource team is responsible for setting protocol and procedures, for QI/PI, and for setting educational requirements.

Training and Education

2.1 Members of the stroke response team have annual education in stroke diagnosis and treatment to ensure competence.

2.2 The stroke medical director receives at least 4 hours annually of education related to the care of patients with stroke.

2.3 All staff have education and training on the process used to activate the stroke protocol.

Stroke Services

3.1 The center has a CT tech available 24/7.

3.2 The center has a neurologist or physician experienced in cerebrovascular care available 24/7 on-site or via telemedicine/telephone consult within 20 minutes of patient's arrival.

3.3 The center has staff on-site or via telemedicine/telephone to read and report CT within 45 minutes of patient's arrival 24/7. 85% achievement rate.

3.5 EKG and chest x-ray are available 24/7.

3.6 FDA approved IV thrombolytic therapy for stroke is available 24/7.

3.7 Written stroke protocols/order sets/procedures/algorithms for assessment and treatment of ischemic and hemorrhagic strokes which include:

a. Stroke protocol activation process;

b. Initial diagnostic tests;

c. Administration of medication (including consultation with a neurologist or with a Level I or II Stroke Center); and

d. Swallowing assessment prior to oral intake.

3.8 Transfer protocols that include criteria specific to transferring stroke patients including hemorrhagic stroke patients, stroke patients outside of the IV t-PA treatment window, etc.

3.9 A written transfer protocol with at least one Level I Stroke Center and one Level II Stroke Center. The transfer protocol must include communication and feedback from the receiving center.

3.10 Laboratory or point-of-care testing 24/7.

3.11 Coordination with EMS on stroke care and transport protocol, system activation, training, data collection and quality improvement.

3.12 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.

3.13 The center provides stroke education to stroke patients and their caregivers.

Performance Measurement and Quality Improvement

4.1 Participation in Idaho's TSE Registry.

4.2 Door-to-needle time under 60 minutes. 50% achievement rate.

4.3 Participation in Regional TSE Committee activities to allow quality assurance programs to evaluate stroke care delivery.