

1 §157.133. Requirements for Stroke Facility Designation.

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- 3 (a) General Provisions. A strong system for stroke survival is needed in the state's
- 4 communities in order to treat stroke victims in a timely manner and to improve the
- 5 overall treatment of stroke victims. The state stroke system will improve the overall
- 6 care of stroke victims by quick identification, transport to and treatment in an
- 7 appropriate stroke treatment facility. The purpose of this section is to set forth the
- 8 requirements for a health care facility to become a designated stroke facility.
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- 10 (1) The Department of State Health Services (department) shall determine the
- 11 designation level for each location, based on, but not limited to, the location's own
- 12 resources and levels of care capabilities; Trauma Service Area (TSA) capabilities; and
- 13 compliance with the essential criteria and standard requirements outlined in this section.
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- 15 (2) The Office of Emergency Medical Services (EMS)/Trauma Systems Coordination
- 16 (office) shall recommend to the Commissioner of the Department of State Health
- 17 Services (commissioner) the stroke designation of a facility at the level the office deems
- 18 appropriate.
- 19
- 20 (3) Facilities eligible for stroke designation include:
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- 22 (A) A General Hospital, licensed or otherwise meeting the description (in
- 23 accordance with Texas Administrative Code (TAC) Hospital Licensing
- 24 Section 133.21).
- 25
- 26 (i) Each facility operating on a single general hospital license with
- 27 multiple locations (multi-location license) shall be considered
- 28 separately for designation. Designation does not include provider-
- 29 based departments of the designated facility, which are not
- 30 contiguous with the designated facility. Departments or services
- 31 within a facility shall not be separately designated,
- 32
- 33 (ii) A general hospital owned and operated by the state of Texas, or
- 34
- 35 (iii) A general hospital owned and operated by the federal government.
- 36
- 37 (B) A stroke facility designation is issued for the physical location and to the
- 38 legal owner of the operations of the facility. If a designated facility has a
- 39 change of ownership or a change of the physical location of the facility, the
- 40 designation shall not be transferred or assigned.
- 41
- 42 (C) The three levels of stroke designation and the requirements for each are as
- 43 follows:
- 44
- 45 (i) A Comprehensive Stroke Facility (Level I) will provide comprehensive
- 46 care to the seriously ill patients with complex strokes and cerebrovascular disease; have the
- 47 capability to provide specialized care including advanced neuroimaging capabilities, various
- 48 types of cerebral angiography, neurosurgical and endovascular techniques; meet the current

49 Brain Attack Coalition recommendations; actively participate in the appropriate Regional
50 Advisory Council (RAC); and submit data to the department as requested.

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52 (ii) A Primary Stroke Facility (Level II) will provide complete care for most
53 acute stroke patients; have the capability to stabilize, diagnose and either provides treatment
54 with acute therapies or arranges for transfer to a higher level of stroke care; meet the current
55 Brain Attack Coalition recommendations; actively participate in the appropriate RAC; and
56 submit data to the department as requested.

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58 (iii) Support Stroke Level III Facility provides resuscitation, stabilization and
59 assessment of the stroke victim and either provides the treatment or arranges for immediate
60 transfer to a higher level of stroke care either a Comprehensive (Level I) Stroke Center or
61 Primary (Level II) Stroke Center; provides ongoing educational opportunities in stroke
62 related topics for health care professionals and the public; and implements stroke prevention
63 programs.

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65 (4) Facilities seeking Comprehensive, Primary or Support Stroke facility designation shall
66 be surveyed through The Joint Commission's stroke certification program or other organization
67 approved by the office to verify that the facility is meeting office-approved relevant stroke facility
68 standards.

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70 (5) A designated stroke facility must:

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72 (A) comply with the provisions within this rule, all current state and regional stroke
73 system standards as described in this chapter, and all policies, protocols, and procedures as
74 set forth in the state stroke system plan; and

75
76 (B) continue to provide the resources, personnel, equipment, and response
77 throughout the designation cycle as required by its designation level.

78
79 (6) Designation of a healthcare facility as a stroke facility is valid for three years.

80
81 (b) Designation Process.

82
83 (1) Designation Application submittal. The applicant shall submit the following documents
84 to the Office of EMS/Trauma systems coordination (office):

85
86 (A) An accurate and complete designation application form for the appropriate
87 level of designation;

88
89 (B) full payment of the non-refundable, non-transferrable \$100 designation fee;

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91
92 (C) a completed stroke designation survey report, including patient care reviews,
93 if required by the department, submitted not later than 180 days of the date of the survey;

94
95 (D) If deficiencies, findings of not met, are identified on the survey report and
96 patient record reviews, the facility shall develop and implement a plan of correction (POC). The POC shall
97 include;

- 98 (i) A statement of the cited deficiency;
99 (ii) A statement describing the corrective action by the facility to ensure
100 compliance with the requirement;
101 (iii) The title of the person responsible for ensuring the correction(s) is
102 implemented; and
103 (iv) The date by which the corrective action will be implemented, not to
104 exceed 90 days from the date the facility received the official survey
105 report.

106
107 (E) Evidence of participation in the applicable Regional Advisory Council; and

108
109 (F) any subsequent documents submitted by the date requested by the office;

110
111 (G) If a healthcare facility seeking initial designation fails to meet the
112 requirements in subsection (f)(1)(A) – (F) of this section, the application shall be denied.

113
114 (2) Renewal of Designation. The applicant shall submit the documents described in
115 subsection (f)(1)(A) – (F) above not less than 90 days prior to the designation expiration date.

116
117 (A) If a healthcare facility seeking renewal of designation fails to meet the
118 requirements in subsection (f)(1)(A) – (F) of this section, the original designation will expire on its
119 expiration date.

120
121 (3) It shall be necessary to repeat the stroke designation process as described in this
122 section prior to expiration of a facility’s designation or the designation expires.

123
124 (c) Survey Process. A facility seeking designation shall undergo an onsite survey as outlined in this
125 section.

126
127 (1) The facility shall be responsible for scheduling a designation survey through The
128 Joint Commission’s stroke certification program or other office approved organization.

129
130 (2) The facility shall notify the office of the date of the planned survey.

131
132 (3) The facility shall be responsible for any expenses associated with the survey.

133
134 (4) The office, at its discretion, may appoint an observer to accompany the survey team.
135 In this event, the cost for the observer shall be borne by the office.

136
137 (5) Facilities surveyed by an office approved agency shall have a surveyor that meets
138 the following requirements:

139
140 (A) a registered nurse;

141
142 (B) currently employed at a designated stroke facility that is greater than 100 miles
143 from the requesting facility;

144
145 (C) not be employed in the same TSA as the designating facility;

146

147 (D) not be a current or former employee of the facility that is the subject of the
148 survey or of an affiliated facility;
149
150 (E) not be employed at a facility that is a primary transfer facility with the facility
151 being surveyed.
152
153 (F) not survey the facility program and physical location on consecutive designation
154 cycles;
155
156 (G) not have been requested by the facility;
157
158 (H) not possess other potential conflict of interest between the surveyor or the
159 surveyor's place of employment and the facility being surveyed.
160
161 (I) have at least 5 years of experience in the care of stroke patients;
162
163 (J) be currently employed in the management of or providing direct care services to
164 stroke patients;
165
166 (K) have direct experience in the preparation for and successful completion of stroke
167 facility designation for no fewer than 2 successful designation cycles;
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169
170 (M) have current NIHSS certification;
171
172 (L) have successfully completed a DSHS-approved stroke facility site surveyor
173 course and be successfully re-credentialed every 4 years; and
174
175 (N) have successfully completed a stroke designation surveyor internship.
176
177 (6) The surveyor(s) shall provide the facility with a written, signed survey report
178 documenting their evaluation of the facility's compliance and the noncompliance with this section 157.133
179 by:
180
181 (A) reviewing documents, including a minimum of 10 closed medical records
182 per surveyor;
183
184 (B) tour of the physical plant; and staff interviews to include:
185
186 (i) Chief Executive Officer;
187
188 (ii) Chief Nursing Officer;
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190 (iii) Stroke Medical Director;
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192 (iv) the stroke program sponsor who is a member of the Executive
193 Leadership team.
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195 (7) The written, signed survey report shall be forwarded to the facility within 30 calendar
196 days of the completion date of the survey. The facility is responsible for forwarding a complete copy of
197 the survey report, including patient record reviews, to the office if it intends to continue the designation
198 process.
199

200 (8) The designation survey report and patient care reviews in its entirety shall be part of a
201 facility's quality assessment and performance improvement (QAPI) program and subject to confidentiality
202 as articulated in the Health and Safety Code, §773.095.
203

204 (A) If a facility seeking designation fails to meet the requirements of this section, the
205 application shall be denied and, for facilities seeking re-designation, the original designation will expire
206 on its expiration date.
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208 (B) The office will review the entire application, the findings of the survey report
209 and complete an analysis of patient care reviews to determine the designation
210 recommendation. The recommendation for designation will be made to the
211 commissioner if the facility meets the requirements for designation found in this
212 section.
213

214 (C) If a facility does not meet the requirements for the level of designation
215 required, the office shall recommend designation for the facility at the
216 highest level for which it qualifies and notify the facility of the requirements
217 if must meet to achieve the requested level of designation.
218

219 (d) The facility shall have the right to withdraw its application at any time prior to being
220 recommended for stroke facility designation by the office.
221

222 (e) If the commissioner concurs with the recommendation to designate, the facility shall receive a
223 letter of designation valid for 3 years and a certificate of designation.
224

225 (1) Display: The facility shall prominently and conspicuously display the stroke designation
226 certificate and the current letter awarding designation from the Commissioner, in a public area of the
227 licensed premises that is readily visible to patients, employees, and visitors.
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229 (2) The stroke designation certificate shall be valid only when displayed with the current
230 letter awarding designation.
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232 (3) If the facility closes or loses stroke designation, the certificate shall be returned to the
233 office.
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235 (f) Alteration: the stroke designation certificate and the award letter shall not be altered. Any
236 alteration to either document voids stroke designation for the remainder of that cycle.
237

238 (g) Designated stroke facilities failing to meet and/or maintain critical services outlined in this
239 subsection, must provide notification about such failings within five days to the office, its RAC, plus other
240 affected RACs, EMS providers, and the healthcare facilities from which it receives and to which it
241 transfers stroke patients:
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243 (1) neurosurgery capabilities (Level I);

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- (2) neurointerventional surgery capabilities (Level I);
- (3) neuro-critical care services (Level I)
- (4) 24 hours a day procedural capabilities (Level I)
- (5) neurology capabilities (Level I, II);
- (6) anesthesiology (Levels I);
- (6) emergency physicians (all levels);
- (7) stroke medical director (all levels);
- (8) stroke program manager (all levels); and
- (9) stroke registry (all levels).

(h) If the facility chooses to apply for a lower level of stroke designation, it may do so at any time; however, it may be necessary to repeat the designation process. There shall be a paper review by the office to determine if and when a full survey shall be required. The office may waive the survey process.

(i) If the facility chooses to relinquish or change its stroke designation, it must provide not less than 30 days notice to the RAC and the office.

(j) A healthcare facility may not use the terms "stroke facility," "stroke hospital," "stroke center," "comprehensive stroke center," "primary stroke center," "support stroke facility" or similar terminology in its signs, advertisements or in printed materials and information it provides to the public unless the healthcare facility is currently designated as that level of stroke facility according to the process described in this section.

(k) The office may review, inspect, evaluate, and audit all stroke patient records, stroke multidisciplinary and peer review performance improvement committee minutes, and other documents relevant to stroke care in any designated stroke facility or applicant/healthcare facility at any time to verify compliance with the statute and this rule, including the designation criteria.

(l) If a designated stroke facility ceases to provide services temporarily or intermittently to meet and/or maintain compliance with the requirements of this section or if it violates the TAC 133 Hospital licensing requirements, resulting in enforcement action or under an agreed order, the department may deny, suspend or revoke the designation.

(m) Program Requirements.

(1) Program Plan. The facility shall develop a written plan of the organized stroke program that includes the scope of services available to all stroke patients, defines the stroke patient population evaluated and/or treated, transferred, or transported by the facility that is consistent with accepted standards of practice of stroke care, and ensure the health and safety of patients.

293 (A) The written plan and the program policies and procedures shall be reviewed and
294 approved by the facility's governing body. The governing body shall ensure that the requirements of this
295 section are implemented and enforced.

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297 (B) The written stroke program plan shall include at a minimum,:

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299 (i) The standards of stroke practice that the program policies and procedures
300 are based upon that are adopted, implemented and enforced for the stroke services it provides;

301
302 (ii) A periodic review and revision schedule for all stroke care policies and
303 procedures;

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305 (iii) Written protocols, developed with approval by the facility's medical
306 staff, on:

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308 (I) stroke team activation;

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310 (II) identification of stroke team responsibilities during the
311 stabilization of a stroke patient;

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313 (III) triage, admission and transfer criteria of stroke patients;

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315 (IV) protocols for the administration of thrombolytics and other
316 approved stroke treatments;

317
318 (V) stabilization and treatment of stroke patients; and

319
320 (VI) facility capability for stroke patients will be provided to the
321 Regional Advisory Council.

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323 (iv) Written triage, stabilization and transfer guidelines for stroke patients;

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325 (v) Provision for ongoing multidisciplinary stroke performance improvement and
326 peer review committee meetings;

327
328 (vi) a Quality Assessment and Performance Improvement (QAPI) Program as
329 described in §133.41(r)(relating to Hospital Functions and Services) to evaluate performance of all stroke
330 services. The facility shall demonstrate that the stroke program evaluates the provision of stroke care on an
331 ongoing basis, identify opportunities for improvement, develop and implement improvement plans, and
332 evaluate the implementation until a resolution is achieved. The stroke program shall measure, analyze, and
333 track quality indicators or other aspects of performance that the facility adopts or develops that reflect
334 processes of care and is outcome based. Evidence shall support that aggregate patient data is continuously
335 reviewed for trends and data is submitted to the department as requested;

336
337 (vii) Provisions for staff education;

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339 (viii) Provision for participation in the applicable trauma service area regional
340 advisory council;

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342 (ix) Requirements for minimal credentials for staff participating in the care of stroke
343 patients;

344 (x) Plans to ensure the continuation of an active stroke program in the event that the
345 Stroke Medical Director or the Stroke Program Manager position becomes vacant;

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347 (xi) Identify a program sponsor who is a member of the executive leadership at the
348 facility; and

349

350 (xii) Provisions for disaster response to include evacuation of stroke patients to
351 appropriate levels of care and participation in the regional disaster plan

352

353 (n) Stroke Medical Director (SMD). There shall be an identified Stroke Medical Director (SMD)
354 responsible for the provision of stroke care services and credentialed by the facility for the treatment of
355 stroke patients.

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357 (1) The Stroke Medical Director shall have responsibility for the overall clinical direction
358 and oversight of the stroke program and the services provided;

359

360 (2) The responsibilities and authority of the Stroke Medical Director shall include but are
361 not limited to:

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363 (A) Reviewing credentials of medical staff requesting privileges on the stroke team
364 and making recommendations to the Medical Executive Committee for either approval or denial of such
365 privileges;

366

367 (B) Regularly and actively participating in the care of stroke patients;

368

369 (C) Developing and providing ongoing maintenance of treatment protocols based on
370 current standards of stroke care;

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372 (D) Developing and participating in the ongoing education of the physicians, nursing
373 staff, ancillary staff, and prehospital staff in the care of the stroke patient;

374

375 (E) Ensuring that the quality assessment and performance improvement (QAPI) is
376 specific to stroke care is ongoing, data driven and outcome based as defined in (n)(1)(vi) of this section;
377 SMD serves as chair of the stroke performance improvement and peer review meetings;

378

379 (F) Maintaining participation in the applicable regional advisory council;

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381 (G) Actively participates in a leadership role in the facility and community.

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383 (H) Averages 8 hours of continuing stroke medical education (CME) annually; and

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385 (I) Maintains active staff privileges as defined in the facility's medical staff bylaws.

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387 (o) Stroke Program Manager (SPM). The SPM responsible for the provision of stroke care services
388 and the integration of stroke nursing standards of care shall be identified by the facility and:

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390 (1) Is a Register nurse;

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(2) has successfully completed an approved National Institutes of Health Stroke Scale (NIHSS) certification course or an office-approved equivalent, and has successfully completed 8 hours of stroke continuing education in the last 12 months;

(3) has the authority and responsibility to monitor the provision of stroke patient care services from admission, stabilization, operative intervention(s) if applicable, through discharge, inclusive of the QAPI Program as defined in subsection (n)(1)(vi) of this section;

(4) has responsibility for the integration of stroke nursing standards of care;

(4) collaborates with the SMD in areas to include, but not limited to: developing and/or revising policies, procedures and guidelines; assuring staff competency, education, and training; the QAPI Program; and regularly participates in the stroke QAPI meeting; and

(5) develops collaborative relationships with other SPM(s) of designated facilities within the applicable Trauma Service Area (TSA).

(6) Participation in a leadership role in the facility and community; and

(7) 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.

(p) Stroke Registrar. There shall be an identified Stroke Registrar who:

(1) has had appropriate training to maintain stroke registry information for the facility's stroke patients; and

(2) has the ability to identify stroke data for the stroke performance improvement program for the purpose of trending and tracking outcomes.

(q) Stroke Designation Levels.

(1) A Comprehensive Stroke Facility (Level I) will provide comprehensive care to the seriously ill patients with complex strokes and cerebrovascular disease; have the capability to provide specialized care including advanced neuroimaging capabilities, various types of cerebral angiography, neurosurgical and endovascular techniques; meet the current Brain Attack Coalition recommendations; actively participate in the appropriate Regional Advisory Council (RAC); and submit data to the department as requested.

(2) A Primary Stroke Facility (Level II) will provide complete care for most acute stroke patients; have the capability to stabilize, diagnose and either provides treatment with acute therapies or arranges for transfer to a higher level of stroke care; meet the current Brain Attack Coalition recommendations; actively participate in the appropriate RAC; and submit data to the department as requested.

(3) Support Stroke Level III Facility provides resuscitation, stabilization and assessment of the stroke victim and either provides the treatment or arranges for immediate transfer to a higher

440 level of stroke care either a Comprehensive (Level I) Stroke Center or Primary (Level II) Stroke
441 Center; provides ongoing educational opportunities in stroke related topics for health care
442 professionals and the public; and implements stroke prevention programs.

443
444 (A) Physician Services.

445
446 (i) Emergency Medicine – this requirement may be fulfilled by a physician
447 credentialed by the facility to provide emergency medicine and meets the following:

448
449 (I) Is an emergency physician who provides care to the stroke patient
450 and must be appropriately approved through the stroke program and completes an average of 8
451 hours per year of stroke specific education; or

452
453 (II) Is a non-board certified/board eligible Emergency Medicine
454 Physician providing stroke coverage must be current in Advanced Cardiac Life Support (ACLS) and
455 completes 8 hours of stroke education annually; and

456
457 (III) Maintains compliance with stroke protocols;

458
459 (IV) Participates in the stroke PI program; and

460
461 (V) The designated physician liaison shall attend 50% or greater of
462 multidisciplinary stroke care PI and peer review committee meetings.

463
464 (ii) Radiology - Capability to have computerized tomography (CT) images
465 interpreted
466 within 45 minutes of patient arrival by a physician competent in neuro-imaging interpretation.

467
468 (A) Nursing Services for all critical care and patient care areas shall provide evidence of the
469 following:

470
471 (i) All nurses caring for stroke patients throughout the continuum of care have
472 ongoing documented knowledge and skills in stroke nursing for patients of all ages to include stroke
473 specific orientation, annual clinical competencies, and continuing education;

474
475 (ii) Written standards on nursing care for the stroke patients for all units (i.e. ED,
476 ICU, OR, PACU, general inpatient, rehabilitation) in the stroke facility must be implemented;

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479 (B) Emergency Department.

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481 (i) The published physician on-call schedule must be available in the Emergency
482 Department (ED);

483
484 (ii) A physician with special competence in the care of the stroke patient who is
485 on-call (if not in-house 24/7) shall be present in the ED within 30 minutes of request from outside the
486 hospital and on patient arrival from inside the hospital;

488 (iii) The physician on duty or on-call to the ED shall be activated on EMS
489 communication with the ED or after a primary assessment of patients who arrive to the ED by private
490 vehicle or for patients who are exhibiting signs and symptoms of an acute stroke;
491

492 (iii) Documentation that 100% of nursing staff working in the Emergency
493 Department (ED) and providing initial stabilization care for stroke patients have successfully completed
494 and hold current credentials in Advanced Cardiac Life Support (ACLS); NIHSS (competency or
495 certification); Dysphagia screening; and Thrombolytic therapy administration.
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497
498 (iv) At least one registered nurse who has stroke care training shall participate in the
499 initial stabilization of the stroke patient. Nursing staff required for initial stabilization is based on patient
500 acuity and “last known well time”;
501

502 (v) Nursing documentation for stroke patients is systematic and meets stroke
503 registry guidelines;
504

505 (vi) Two-way communication with all pre-hospital emergency medical services;
506

507 (vii) Equipment and services for the evaluation and stabilization of, and to provide
508 life support for, critically ill stroke patients of all ages shall include, but not limited to:
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510 (I) Airway control and ventilation equipment;

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512 (II) Continuous cardiac monitoring;

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514 (III) Mechanical ventilator;

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516 (IV) Pulse oximetry;

517
518 (V) Suction devices;

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520 (VI) Electrocardiograph-oscilloscope-defibrillator;

521
522 (VII) Supraglottic airway management device;

523
524 (VIII) Standard intravenous fluids and administration devices;

525
526 (IX) Drugs and supplies necessary to provide thrombolytic therapy;
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528 (C) Radiological Capability.

529
530 (i) Computerized Tomography available 24 hours a day;

531
532 (ii) An in-house technician shall be available 24 hours a day or be on-call and
533 present in the ED within 30 minutes of request.
534

535 (D) Clinical Laboratory Service.
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- 537 (i) An in-house laboratory technician shall be available 24 hours a day or be on-
538 call and present in the ED within 30 minutes of request;
539
- 540 (ii) Emergency laboratory services shall be available 24 hours a day;
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- 542 (iii) Drug and alcohol screening available;
543
- 544 (iv) Critical value lab results reported to Emergency Department for stroke patients
545 within 30 minutes:
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- 547 (II) Standard analyses of blood, urine and other body fluids, including micro-
548 sampling;
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- 550 (III) Blood typing and cross-matching;
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- 552 (IV) Coagulation studies; and
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- 554 (V) Blood gases and pH determination.
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- 556 (E) Performance Improvement.
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- 558 (i) A stroke program must have a Multidisciplinary Performance Improvement and
559 peer review committee to perform the activities of the PI program.
560
- 561 (ii) A facility seeking initial designation must show at least 6 months of
562 audits for all qualifying stroke patients with evidence of resolution.
563
- 564 (ii) A facility shall develop, implement, maintain, and evaluate an effective, ongoing,
565 facility-wide, data-driven multidisciplinary quality assessment and performance improvement (QAPI)
566 program. The program shall be individualized to the facility and meet the requirements and standards
567 described in (n)(1)(vi) of this section.
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- 569 (iii) The program must reflect the complexity of the facility's stroke program
570 plan and the services involved. All facility services (including those services furnished under contract or
571 arrangement) shall focus on decreasing the deviations from the stroke standards of care to ensure optimal
572 stroke outcomes, patient safety standards and cost effective care.
573
- 574 (iv) The stroke center must demonstrate that the facility staff evaluates the
575 provision of stroke care and patient services, identify opportunities for
576 improvement, develop and implement improvement plans, and evaluate the
577 implementation of those plans until resolution is achieved. Evidence shall
578 support that aggregate patient data, including identification and tracking of
579 stroke patient complications or variances from standards of care, is
580 continuously reviewed for trends by the stroke multidisciplinary team.
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- 582 (v) The Multidisciplinary QAPI committee meetings must be documented and
583 include the attendance, activities, actions and follow-up for identified matters.
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- (vi) A designated stroke facility must have an ongoing PI program that includes
 - (I) All stroke activations;
 - (II) All stroke admissions;
 - (III) All transfers out;
 - (IV) All readmissions;
 - (V) All stroke deaths.
 - (VI) All thrombolytic administration.
 - (vii) Performance improvement activities must be:
 - (I) continuous and ongoing throughout the designation period;
 - (II) available for review on a rolling three year period; and
 - (III) available for review at all times.
 - (viii) Feedback regarding stroke patient transfers-out from the ED and in-patient units shall be requested from receiving facilities.
 - (ix) Receiving facilities shall provide feedback and outcome data to facilities that transfer stroke patients in to their facility.
- (F) Stroke Registry - data shall be accumulated and downloaded to the specified agencies.
 - (G) 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 summaries of transfer denials and transfers to hospitals outside the RAC
 - (H) Duration of and reasons for diversion must be documented and reviewed by the Stroke PI program
 - (I) Regional Stroke System.
 - (i) Must participate in the regional stroke system ; and
 - (ii) Participates in the development of RAC transport protocols for stroke patients, including destination and facility capability.
 - (J) Transfers.
 - (i) A process to expedite the transfer of a stroke patient to include written transfer protocols, written/verbal transfer agreements, and a regional stroke transfer

634 plan for patients needing a higher level of care (Comprehensive or Primary Stroke Center);
635 and

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637 (ii) A system for establishing an appropriate landing zone in close proximity to the
638 facility (if rotor wing services are available.)

639
640 (K) Public Education and Stroke Prevention.

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642 (i) A public education program to address signs and symptoms of a stroke, activation
643 of 911, stroke risk factors, and stroke prevention; and

644
645 (ii) Coordination and/or participation in community, RAC, and/or a
646 Comprehensive/Primary Stroke Center stroke prevention activities.

647
648 (L) Training Programs. Formal programs in stroke continuing education provided by facility
649 for staff based on needs identified from the Stroke Multidisciplinary QAPI program for:

650
651 (i) Staff physicians;

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653 (ii) Nurses;

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655 (iii) Allied health personnel, including advanced practice providers (physician
656 assistants and nurse practitioners);

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658 (iv) Community physicians; and

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660 (v) Prehospital personnel.

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