



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

Support (Level III) Stroke Facility Applicants

1. Request a designation application packet from the Office of EMS/Trauma Systems Coordination (OEMS/TS) at 512/834-6700 or download it from the file library at:
<http://www.dshs.state.tx.us/emstraumasystems/formsresources.shtm#STROKE>
2. Review the criteria for Support Stroke Facility designation.
3. Fill out the “*Complete Application for Level III Designation.*”
4. Complete the “*Criteria Checklist for Level III Stroke Facility Designation*” utilizing the columns labeled "Hospital".
5. Submit by mail the following documents in preparation for Support Stroke Facility designation:
 - four (4) copies of the “*Complete Application for Level III Designation*” (all blanks filled in and attached tables/addendums included)
 - four (4) copies of the “*Criteria Checklist for Level III Stroke Facility Designation*”
 - the application fee non-refundable \$100 designation fee
 - a letter from the Regional Advisory Council (RAC) with which the facility is affiliated confirming facility participation in RAC activities
6. Mail the required documents to:
Cash Receipts Branch, MC 2003
Texas Department of State Health Services
Office of EMS/Trauma Systems Coordination
P.O. Box 149347
Austin, Texas 78714-9347
7. Schedule the site survey **after receiving notification from the Office of EMS/Trauma Systems Coordination** stating the facility is ready to survey. The notification will be provided to the Stroke Nurse Coordinator outlining the review results and informing of the next step to move forward with the designation process.

Please use the following link to request TETAF survey services
<http://www.tetaf.org/traumasurvey.php> or you may email bputz@tetaf.org or eshumaker@tetaf.org. Website: www.tetaf.org
8. **TETAF will provide the survey date information to our office** and finalize their process with you.
9. In written correspondence following staff review of the application, the OEMS/TS will offer technical assistance by identifying critical deficiencies in the facility’s stroke program and by providing follow-up as needed.

10. Prepare for the site survey:
 - a. The survey team may request a pre-survey meeting the evening prior to your survey. Key representatives to your stroke program should be available for interviews. Coordinate the agenda for the evening with the survey team.
 - b. Identify a room to be available for the survey team to use during the site visit.
 - c. Contact the surveyors, they will provide you with a list of materials that need to be available during the survey. Such items may include:
 - 1.) Stroke CME/credentialing policies/documentation for all physicians providing care to stroke patients.
 - 2.) Physician on-call rosters for the last 6 months
 - 3.) List of all nurses (RNs & LVNs) / staffing schedules
 - 4.) Nurse credentialing/education documentation
 - 5.) Emergency department log for last 12 months
 - 6.) Stroke medical records:
 - a) All stroke deaths
 - b) Most current applicable stroke charts – to be categorized per surveyors’ request ((these should be the most recent stroke patients with completed Performance Improvement (PI) review)); additional records will be chosen from the emergency room log by the surveyors
 - 7.) PI notebook/records for last 12 months
 - 8.) All applicable PI Committee minutes
 - 9.) Injury Prevention/ Outreach Activities
 - 10.) Diversion/ refusal of stroke transfer logs
 - 11.) Transfer agreements
 - d. Plan for the hospital tour, which usually includes the emergency room, laboratory, blood bank, radiology, operative suite, recovery room, and intensive care unit. The Stroke Nurse Coordinator and Stroke Medical Director of the emergency department should accompany the survey team on this tour. The surveyors may wish to discuss with stroke team members their duties and responsibilities when caring for stroke patients.
11. The site survey report should be sent to the hospital by the surveyors within 30 calendar days of survey date. It is then the facility’s responsibility to forward 2 copies of that report to the OEMS/TS.