

Connecticut Department of Public Health

Designated Primary Stroke Center Attestation and Self-Audit Tool

Evaluation period: From: _____ to _____

Hospital: _____ **Primary Stroke Center Designation Date:** _____

Address: _____

CEO: _____ **Phone:** _____ **E-Mail:** _____

PSC Director: _____ **Phone:** _____ **E-Mail:** _____

PSC Coordinator: _____ **Phone:** _____ **E-Mail:** _____

Attestation: The undersigned hereby attests that, pursuant to the hospital's responsibility as a state designated Primary Stroke Center, the hospital ensures 24-hour availability of resources to patients presenting with acute stroke at the above named facility; continues to meet the Connecticut Department of Public Health criteria for Primary Stroke Center designation and can provide verification of the accuracy of the responses; and data submitted by this hospital is an accurate representation of care delivered during this reporting period.

Signature of CEO

Date

Glossary of Terms

Acute Stroke Team	A specially designated team of health care professionals consisting of neurologists, emergency department physicians, nurses, and radiologists that follow a predetermined protocol to quickly diagnose and initiate treatment to stroke patients. Often called the Rapid Response Team .
Core Stroke Team	Consists of a designated team of health care professionals that have specialized training in stroke care and are responsible for the administration of the Primary Stroke Center Designation Program. They may or may not be directly involved in the care of stroke patients. Must consist of at least two people including the PSC Medical Director and Stroke Coordinator, but may also include Quality Assurance, Rehabilitation, EMS and Emergency Department staff.

Please attest to the following capabilities as they pertain to your Primary Stroke Center services. Please provide explanation for any “no” responses, attach the required documentation and return with the signed attestation to:

Valerie Fisher, Nurse Consultant
Connecticut Department of Public Health
Heart Disease & Stroke Prevention Program
410 Capitol Ave MS# - 11APV
Hartford, CT 06134-0308

Element One: Acute Stroke Team (i.e., Rapid Response Team)	Yes	No	Required Documentation
<p>The Acute Stroke Team continues to be staffed 24-hours a day/7 days a week by qualified health care professionals including:</p> <ol style="list-style-type: none"> 1. Physician with specific training in stroke care, and 2. Another health care professional (APRN, PA, RN or other MD) with specific training in stroke care. 	<input type="checkbox"/>	<input type="checkbox"/>	<p>Provide DPH with a CV/resume and education requirements for all new acute stroke team members.</p> <p>Provide DPH with a current organizational chart.</p>
<p>All Acute Stroke Team members receive specific training in stroke care annually.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Education program curriculum and sign-in sheets only if requested by DPH.</p>
<p>National Institute of Neurological Disorders and Stroke (NINDS) evaluation/treatment targets are tracked, including times, patient diagnosis, treatment and outcome.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Provide DPH with a summary (past 6-months) of your data reflecting your performance in meeting the following:</p> <ol style="list-style-type: none"> 1. Door to MD Evaluation: 10 minutes 2. Door to Stroke Team Contact: 15 minutes 3. Door to CT: 25 minutes 4. Door to CT Interpretation: 45 minutes 5. Door to Rx Treatment: 60 minutes
Element Two: Written Care Protocols	Yes	No	Required Documentation
<p>Stroke policies/protocols are reviewed annually and updated as needed.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Provide DPH with date(s) of review and names/titles of reviewers.</p> <p>Provide DPH with copies of any new and/or revised stroke policies/protocols.</p>
<p>A pediatric stroke policy has been developed and implemented.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Provide DPH with a copy of your pediatric stroke policy, including transfer agreement to another facility if appropriate.</p>
<p>Stroke policies/protocols are available in all areas within your facility, including guidelines for ischemic stroke, hemorrhagic stroke and tPA protocols.</p>	<input type="checkbox"/>	<input type="checkbox"/>	

Element Three: Commitment and Support of Organization (Core Stroke Team)	Yes	No	Required Documentation
<p>PSC Medical Director(s) must receive annual training including one or more of the following:</p> <ul style="list-style-type: none"> • Completion of stroke fellowship; • Participation in at least one (1) regional, national, or international stroke conference each year; • Five (5) or more peer-reviewed publications on stroke; or, • Eight (8) or more CME credits each year in the area of cerebrovascular disease. 	<input type="checkbox"/>	<input type="checkbox"/>	<p>Provide DPH with proof of attendance, CME records, etc. for stroke training.</p>
<p>PSC Clinicians/Team Members must receive annual training including one or more of the following:</p> <ul style="list-style-type: none"> • Completion of stroke fellowship; • Participation in at least one (1) regional, national, or international stroke conference each year; • Five (5) or more peer-reviewed publications on stroke; or, • Eight (8) or more CME/CE credits each year in the area of cerebrovascular disease. 	<input type="checkbox"/>	<input type="checkbox"/>	<p>Provide DPH with proof of attendance, CME/CE records, etc. for stroke training.</p> <p>Provide DPH with a CV/resume for all new core stroke team members.</p>
Element Four: Neurosurgical Services	Yes	No	Required Documentation
<p>Neurosurgical services are available 24-hours a day/7-days a week with appropriately trained personnel.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Neurology coverage: Number of neurologists on staff: _____ Number of neurosurgeons on staff: _____</p> <p>Report any changes to on-call coverage or neurologist staffing.</p> <p>Staff schedules only if requested by DPH.</p>

The stroke center medical director continues to maintain a current written agreement documenting the arrangement for a neurosurgical procedure within two-hours of when it is deemed clinically necessary. Including transfer to another facility to receive such treatment.	<input type="checkbox"/>	<input type="checkbox"/>	Provide DPH with transfer protocol and transfer agreement with receiving facility if neurosurgical services are not available 24-hours a day/7-days a week.
Element Five: Community Education	Yes	No	Required Documentation
Public education programs about stroke prevention, recognition of signs and symptoms, when to call 9-1-1, diagnosis and treatment, are conducted at a minimum of two times per year.	<input type="checkbox"/>	<input type="checkbox"/>	Program titles, dates and target population served <u>only if requested</u> by DPH.
Element Six: Neuroimaging Services	Yes	No	Required Documentation
Neuroimaging services are available 24-hours a day/7-days a week to perform brain computed tomography (CT) or magnetic resonance imaging (MRI) scans and provide interpretation by a physician with experience in acute stroke neuroimaging within recommended NINDS evaluation target times.	<input type="checkbox"/>	<input type="checkbox"/>	Staff schedules <u>only if requested</u> by DPH.
Element Seven: Laboratory Services	Yes	No	Required Documentation
Laboratory services are available 24-hours a day/7-days a week with reporting results that are consistent with the recommended NINDS evaluation target times.	<input type="checkbox"/>	<input type="checkbox"/>	Staff schedules <u>only if requested</u> by DPH.
Element Eight: Outcome and Quality Improvement	Yes	No	Required Documentation
The PSC has an established quality assurance group/committee that meet regularly to review patient outcome data, delays in patient care and to discuss opportunities for improvement.	<input type="checkbox"/>	<input type="checkbox"/>	Provide DPH with QI meeting minutes for the past 6-months. Provide DPH with committee member names and titles.
The PSC maintains a database to track the number and type of stroke patients seen, treatment received, recommended evaluation and treatment timelines and selected outcome indicators to measure performance.	<input type="checkbox"/>	<input type="checkbox"/>	Provide DPH a summary (past 6-months) of your data results on the following benchmarks: <ul style="list-style-type: none"> • DVT Prophylaxis

			<ul style="list-style-type: none"> • Discharged on Antithrombotic Therapy • Patients with A-Fib Receiving Anticoagulation Therapy • Thrombolytic Therapy Administered • Antithrombotic Therapy by End of Hospital Day Two • Discharged on Cholesterol Reducing Medication • Dysphagia Screening • Stroke Education • Smoking Cessation/Advice/Counseling • Assessed for Rehabilitation
The PSC has established process measures that are time-specific and measurable. Specific benchmarks for comparison have been established and comparison studies have been conducted annually.	<input type="checkbox"/>	<input type="checkbox"/>	<p>Provide DPH with a summary of PSC policy or procedures changes that were based on quality issues identified in comparison data analysis.</p> <p>Use narrative section on page 7 or attach as a separate document.</p>
Element Nine: Emergency Medical Services	Yes	No	Required Documentation
The PSC maintains established communication process/policy with EMS providers to insure the rapid transport and treatment of stroke patients.	<input type="checkbox"/>	<input type="checkbox"/>	Provide DPH with a copy of your pre-hospital and stroke alert policy <u>only if requested</u> by DPH.
The PSC supports/participates in stroke specific training for EMS providers at a minimum of once a year.	<input type="checkbox"/>	<input type="checkbox"/>	Education program curriculum and sign-in sheets <u>only if requested</u> by DPH.
Element Ten: Emergency Department	Yes	No	Required Documentation
Acute Stroke Team members receive annual stroke specific training that includes diagnosis and treatment of acute stroke.	<input type="checkbox"/>	<input type="checkbox"/>	Education program curriculum and sign-in sheets <u>only if requested</u> by DPH
All other ED personnel receive annual stroke specific training that includes diagnosis and treatment of acute stroke.	<input type="checkbox"/>	<input type="checkbox"/>	Education program curriculum and sign-in sheets <u>only if requested</u> by DPH.

ED personnel are trained on established EMS communication process/policy and when to call a “Stroke Alert”.	<input type="checkbox"/>	<input type="checkbox"/>	
Element Eleven: Stroke Unit	Yes	No	Required Documentation
The PSC maintains a designated setting within the facility for the care of stroke patients beyond the acute treatment period.	<input type="checkbox"/>	<input type="checkbox"/>	
Stroke unit personnel receive stroke specific training at least once per year.	<input type="checkbox"/>	<input type="checkbox"/>	Education program curriculum and sign-in sheets <u>only if requested</u> by DPH.
The stroke unit maintains the necessary equipment and tools to aid in the care of stroke patients. This includes written protocols and the capability to monitor blood pressure by non-invasive means.	<input type="checkbox"/>	<input type="checkbox"/>	
The PSC maintains documentation that delineates the functions of the stroke unit, including admission and discharge criteria, care guidelines, patient census and outcome data.	<input type="checkbox"/>	<input type="checkbox"/>	

Please provide a brief narrative of PSC accomplishments, challenges, new initiatives (including telemedicine), personnel and process changes since designation date or last update. Please attach any relevant or supporting documentation to attestation (e.g. CV/resume of new stroke team member(s), new or revised stroke policies, QI committee meeting minutes, data summary reports, etc.) and return to DPH within 30-days.

FOR DPH USE ONLY:

Date Attestation Received:

Date of DPH Review:

DPH Staff Conducting the Review:

Date of Hospital Site Visit:

Designation Renewal: YES NO

Date Notification Letter Sent:

Comments: