

Monterey County EMS System Policy



Policy Number: 5190
Effective Date: 7/1/2023
Review Date: 6/30/2026

STROKE CENTERS

I. PURPOSE

To define requirements for designation as a Stroke Center in Monterey County.

II. POLICY

A. Hospitals requesting designation as a Primary Stroke Center by the Monterey County EMS Agency shall meet the following minimum criteria:

1. Adequate staff, equipment, and training to perform rapid evaluation, triage, and treatment for the stroke patient in the emergency department.
2. Standardized stroke care protocol/order set.
3. Stroke diagnosis and treatment capacity twenty-four (24) hours per day, seven (7) days per week, three hundred and sixty-five (365) days per year.
4. Data-driven, continuous quality improvement process including collection and monitoring of standardized performance measures.
5. Continuing education in stroke care provided for staff physicians, staff nurses, staff allied health personnel, and EMS personnel.
6. Public education on stroke and illness prevention.
7. A clinical stroke team, available to see in person or via telehealth, a patient identified as a potential acute stroke patient within 15 minutes following the patient's arrival at the hospital's emergency department or within 15 minutes following a diagnosis of a patient's potential acute stroke.
 - a. At a minimum, a clinical stroke team shall consist of:
 - 1) A neurologist, neurosurgeon, interventional neuro-radiologist, or emergency physician who is board certified or board eligible in neurology, neurosurgery, endovascular neurosurgical radiology, or other board-certified physician with sufficient experience and expertise in managing patients with acute cerebral vascular disease as determined by the hospital credentials committee.
 - 2) A registered nurse, physician assistant, or nurse practitioner capable of caring for acute stroke patients that has been designated by the hospital who may serve as a stroke program manager.
8. Written policies and procedures for stroke services which shall include written protocols and standardized orders for the emergency care of stroke patients. These policies and procedures shall be reviewed at least every three (3) years, revised as needed, and implemented.

Monterey County EMS System Policy 5190

9. Data-driven continuous quality improvement process including collection and monitoring of standardized performance measures.
10. Neuro-imaging services capability that is available twenty-four (24) hours per day, seven (7) days per week, three hundred and sixty-five (365) days per year, such that imaging shall be initiated within twenty-five (25) minutes following emergency department arrival.
11. CT scanning or equivalent neuroimaging shall be initiated within twenty-five (25) minutes following emergency department arrival.
12. Other imaging shall be available within a clinically appropriate timeframe and shall at a minimum include:
 - a. MRI
 - b. CTA and/or Magnetic resonance angiography (MRA)
 - c. TEE or TTE
13. Interpretation of imaging:
 - a. If teleradiology is used in image interpretation, all staffing and staff qualification requirements contained in this section shall remain in effect and shall be documented by the hospital.
 - b. Neuro-imaging studies shall be reviewed by a physician with appropriate expertise, such as board-certified radiologist, board-certified neurologist, board-certified neurosurgeon, or residents who interpret such studies as part of their training in ACGME-approved radiology, neurology, or neurosurgery training program within forty-five (45) minutes of emergency department arrival.
 - 1) For the purpose of this subsection, a qualified radiologist shall be board certified by the American Board of Radiology or the American Osteopathic Board of Radiology.
 - 2) For the purpose of this subsection, a qualified neurologist shall be board certified by the American Board of Psychiatry and Neurology or the American Osteopathic Board of Neurology and Psychiatry.
 - 3) For the purpose of this subsection, a qualified neurosurgeon shall be board certified by the American Board of Neurological Surgery.
14. Laboratory services capability that is available twenty-four (24) hours per day, seven (7) days per week, three hundred and sixty-five (365) days per year, such that services may be performed within forty-five (45) minutes following emergency department arrival
15. Neurosurgical services shall be available, including operating room availability, either directly or under an agreement with a thrombectomy-capable, comprehensive or other stroke center with neurosurgical services, within two (2) hours following the arrival of acute stroke patients to the primary stroke center.

Monterey County EMS System Policy 5190

16. Acute care rehabilitation services.
 17. Transfer arrangements with one or more higher level of care centers when clinically warranted or for neurosurgical emergencies.
 18. There shall be a stroke medical director of a primary stroke center, who may also serve as a physician member of a stroke team, who is board-certified in neurology or neurosurgery or another board-certified physician with sufficient experience and expertise dealing with cerebral vascular disease as determined by the hospital credential committee.
- B. Hospitals requesting designation as a thrombectomy-capable stroke center by the Monterey County EMS Agency shall meet the following minimum criteria:
1. Satisfy all the requirements of a primary stroke center as provided in Section II A.
 2. The ability to perform mechanical thrombectomy for the treatment of ischemic stroke twenty-four (24) hours per day, seven (7) days per week, three hundred and sixty-five (365) days per year.
 3. Dedicated neuro-intensive care unit beds to care for acute ischemic stroke patients twenty-four (24) hours per day, seven (7) days per week, three hundred and sixty-five (365) days per year.
 4. Satisfy all the following staff qualifications:
 - a. A qualified physician, board certified by the American Board of Radiology, American Osteopathic Board of Radiology, American Board of Psychiatry and Neurology, or the American Osteopathic Board of Neurology and Psychiatry, with neuro-interventional angiographic training and skills on staff as deemed by the hospital's credentialing committee.
 - b. A qualified neuro-radiologist, board-certified by the American Board of Radiology or the American Osteopathic Board of Radiology.
 - c. A qualified vascular neurologist, board-certified by the American Board of Psychiatry and Neurology or the American Osteopathic Board of Neurology and Psychiatry, or with the appropriate education and experience as defined by the hospital credentialing committee.
 - d. If teleradiology is used in image interpretation, all staffing and staff qualification requirements contained in this section shall remain in effect and shall be documented by the hospital.
 - e. The ability to perform advanced imaging twenty-four (24) hours per day, seven (7) days per week, three hundred and sixty-five (365) days per year, which shall include, but not be limited to, the following:
 - 1) Computed tomography angiography (CTA)
 - 2) Diffusion-weighted MRI or CT Perfusion
 - 3) Catheter angiography
 - 4) Magnetic resonance angiography (MRA)

Monterey County EMS System Policy 5190

- 5) And the following modalities available when clinically necessary:
 - a) Transesophageal echocardiography (TEE)
 - b) Transthoracic echocardiography (TTE)
5. A process to collect and review data regarding adverse patient outcomes following mechanical thrombectomy.
6. Written transfer agreement(s) with at least one comprehensive stroke center.
- C. Hospitals requesting designation as an acute stroke ready center by the Monterey County EMS Agency shall meet the following minimum criteria:
 1. A clinical stroke team available to see in person or via telehealth a patient identified as a potential acute stroke patient within twenty (20) minutes following the patient's arrival at the hospital's emergency department.
 2. Written policies and procedures for emergency department stroke services that are reviewed, revised as needed, and implemented at least every three (3) years.
 3. Emergency department policies and procedures that include written protocols and standardized orders for the emergency care of stroke patients.
 4. Data-driven continuous quality improvement process including collection and monitoring of standardized performance measures.
 5. Neuro-imaging services capability that is available twenty-four (24) hours per day, seven (7) days per week, three hundred and sixty-five (365) days per year, such that imaging shall be performed and reviewed by a physician within forty-five (45) minutes following emergency department arrival.
 6. Neuro-imaging services shall, at a minimum, include CT or MRI or both.
 7. Imaging interpretation:
 - a. If teleradiology is used in image interpretation, all staffing and staff qualification requirements contained in this section shall remain in effect and shall be documented by the hospital.
 - b. Neuro-imaging studies shall be reviewed by a physician with appropriate expertise, such as a board-certified radiologist, board-certified neurologist, a board-certified neurosurgeon, or residents who interpret such studies as part of their training in ACGME-approved radiology, neurology, or neurosurgery training program within forty-five (45) minutes of emergency department arrival.
 - 1) For the purpose of this subsection, a qualified radiologist shall be board-certified by the American Board of Radiology or the American Osteopathic Board of Radiology.
 - 2) For the purpose of this subsection, a qualified neurologist shall be board-certified by the American Board of Psychiatry and Neurology or the American Osteopathic Board of Neurology and Psychiatry.

Monterey County EMS System Policy 5190

- 3) For the purpose of this subsection, a qualified neurosurgeon shall be board-certified by the American Board of Neurological Surgery.
 8. Laboratory services shall, at a minimum, include blood testing, electrocardiography and x-ray services, and be available twenty-four (24) hours per day, seven (7) days per week, three hundred and sixty-five (365) days per year, and able to be completed and reviewed by physician within sixty (60) minutes following emergency department arrival.
 9. Neurosurgical services shall be available, including operating room availability, either directly or under an agreement with a thrombectomy-capable, primary or comprehensive stroke center, within three (3) hours following the arrival of acute stroke patients to an acute stroke-ready hospital.
 10. Provide IV thrombolytic treatment and have transfer arrangements with one or more thrombectomy-capable, primary or comprehensive stroke center(s) that facilitate the transfer of patients with strokes to a stroke center for care when clinically warranted.
 11. There shall be a medical director of an acute stroke-ready hospital, who may also serve as a member of a stroke team, who is a physician or advanced practice nurse who maintains at least four (4) hours per year of educational time in cerebrovascular disease.
 12. The clinical stroke team for an acute stroke-ready hospital at a minimum shall consist of a nurse and a physician with training and expertise in acute stroke care.
- D. EMS receiving hospital that are not designated to provide stroke critical care services shall work cooperatively with stroke receiving centers and the Monterey County EMS Agency to do the following, at a minimum:
1. Participate in the Monterey County EMS Agency's quality improvement system, including data submission as determined by the Monterey County EMS Agency medical director.
 2. Participate in interfacility transfer agreements to ensure access to the stroke critical care system for potential stroke patients.

III. APPLICATION PROCESS

- A. To apply for designation as a Stroke Center in Monterey County, an interested hospital shall:
1. Submit an application packet that contains all of the required documentation outlined in the Stroke Center application checklist.
 2. Submit the applicable designation fees to cover initial and ongoing Monterey County EMS Agency costs to support the stroke program.
 - a. Stroke Center Application Fee: A stroke center application fee will be established. This fee will cover the costs associated with the designation process. These costs may include contract costs for plan development,

Monterey County EMS System Policy 5190

Requests for Proposal development, review of proposals, out of area site team costs, legal reviews and agency costs in excess of the costs associated with the day-to-day stroke system regulation. The stroke center application fee will be assessed for hospitals applying for stroke center designation. Fees paid in excess of actual costs will be returned to applicants.

- b. Stroke Center Designation Fee: The Monterey County Board of Supervisors will establish an annual Stroke Center Designation Fee. This fee covers the cost of monitoring the operation of the stroke system in compliance with State of California EMS Authority regulations and Monterey County EMS Agency policies and protocols. The fee will be based on the time requirements of the stroke system medical director, stroke system coordinator, and other staff activity dedicated to stroke issues as well as associated overhead and program support costs.
 - c. Monterey County EMS Agency will provide the designated stroke center(s) written notice of any increase in the designated fee at least 180 days (6 months) prior to the effective date of the increase with an explanation for the increase and the basis on which it was calculated.
3. Develop transfer agreements with other Monterey County hospitals to accept any stroke patients from those facilities. A copy of these agreements shall be included in the application packet.

IV. DESIGNATION CRITERIA

- A. Hospitals wishing to be designated as a Stroke Receiving Center (Acute Stroke Ready Hospital, Primary Stroke Center, Thrombectomy-Capable Stroke Center or Comprehensive Stroke Center) in Monterey County shall meet the following requirements:
 1. Current California licensure as an acute care facility providing Basic or Comprehensive Emergency Medical Services.
 2. Submit the Stroke Center Designation Application, the Stroke Center Designation Criteria Evaluation Tool, and all required supporting documentation to the EMS Agency.
 3. Enter into and maintain a written Stroke Center agreement with the Monterey County EMS Agency that defines the roles and responsibilities of the hospital and the EMS Agency relative to the care of stroke patients.
 4. Receive and maintain current certification as an Acute Stroke Ready Hospital, a Primary Stroke Center, a Comprehensive Stroke Center, or a Thrombectomy Capable Stroke Center by the Joint Commission, the Healthcare Facilities Accreditation Program (HFAP), or Det Norske Veritas Healthcare, Inc (DNV).
 5. Develop and maintain appropriate internal (hospital) policies addressing the following:

Monterey County EMS System Policy 5190

- a. Designation of the Stroke Center Medical Director and the Stroke Center Nurse Program Manager.
 - b. Staff and physician coverage. The policy shall including availability requirements for timely staff and physician response upon notification or arrival of a stroke patient to the emergency department
 - c. Interfacility transfer policies, protocols, and agreements.
 - d. Collection of data and a process for sharing required data with the Monterey County EMS Agency and the Stroke QI Committee
 - e. Active and regular participation in Monterey County EMS Stroke QI activities including the Monterey County EMS Agency Stroke QI Committee.
6. Initiate and maintain a hospital Stroke QI Committee.
 7. Participate in the California Stroke Registry.
- B. Stroke center designation will be provided to a hospital following satisfactory review of written documentation and initial site survey by Monterey County EMS Agency staff and receipt of stroke center fees by the Monterey County EMS Agency.
 - C. The stroke center designation period will coincide with the period covered in the written agreement between the Stroke Receiving Center and the Monterey County EMS Agency.

V. REDESIGNATION CRITERIA

- A. A stroke center may be redesignated following a satisfactory review of written documentation and a site survey.
- B. Redesignation of a stroke center shall require submission of a Stroke Center Designation Application, the Stroke Center Designation Criteria Evaluation Tool, and updated supporting documentation to the EMS Agency.
- C. On-site stroke center surveys for redesignation shall occur every three years in coordination with the terms of the Stroke Center agreement with the Monterey County EMS Agency.
- D. Stroke centers must be current with the submission of all data required by the Monterey County EMS Agency and the State of California EMS Authority.

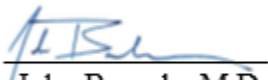
VI. QUALITY/PERFORMANCE IMPROVEMENT

- A. The Monterey County EMS Agency shall be responsible for ongoing performance evaluation and quality improvement of the stroke critical care system.
- B. Stroke centers shall participate in the Monterey County EMS Agency quality improvement processes related to the stroke critical care program.

Monterey County EMS System Policy 5190

- C. Stroke centers shall participate in the Stroke QI Committee, as described in Monterey County EMS Policy #1020 EMS Advisory Committees, with attendance at not less than 80% of the meetings.
- D. A stroke center shall develop a written internal quality improvement plan/program description for stroke patients.
 - 1. The plan will include a Community Stroke Reduction Plan including participation in outreach programs to reduce cardiovascular disease and stroke.
- E. Stroke centers shall provide continuing education to EMS personnel, the clinical stroke team, and related hospital staff.
- F. The Monterey County EMS Agency Stroke Critical Care System shall have a quality improvement process that shall include, at a minimum:
 - 1. Evaluation of program structure, process, and outcome
 - 2. Review of stroke-related deaths, major complications, and transfers.
 - 3. A multidisciplinary Stroke Quality Improvement Committee, including both prehospital and hospital members.
 - 4. Participation in the QI process by all designated stroke centers and prehospital providers involved in the stroke critical care system.
 - 5. Evaluation of regional integration of stroke patient movement.
 - 6. Participation in the stroke data management system.
 - 7. Compliance with the California Evidence Code, Section 1157.7 to ensure confidentiality, and a disclosure protected review of selected stroke cases.

END OF POLICY


John Beuerle, M.D.
EMS Medical Director


Teresa Rios
EMS Bureau Chief



COUNTY OF MONTEREY HEALTH DEPARTMENT

Elsa Jimenez, Director of Health

Administration	Clinic Services	Public Health
Behavioral Health	Emergency Medical Services	Public Administrator/Public Guardian
	Environmental Health/Animal Services	

Nationally Accredited for Providing Quality Health Services

Application for Stroke Center Designation

Hospital: _____

Contact: _____ Phone #: _____

Title: _____ E-Mail: _____

- Is your hospital licensed by the California Department of Health Services and accredited by a CMS-approved accrediting body as a Primary or Comprehensive Stroke Center? Yes No
- Does your hospital have a special permit for Neurosurgical Services? *(Not required for designation as an Acute Stroke Ready Hospital or a Primary Stroke Center)* Yes No

Administration/Staffing

A. Stroke Center Medical Director (attach resume)

Name of Proposed Stroke Center Medical Director: _____

Title: _____ Phone: _____

Email: _____

- Board Certified in:

Emergency Medicine	<input type="checkbox"/>
Neurology	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>

B. Stroke Center Coordinator/Program Manager (attach resume)

Name of proposed Stroke Center Coordinator: _____

Title: _____ Phone #: _____

Email: _____

C. Stroke Center administrative contact

Name: _____

Title: _____ Phone #: _____

Email: _____

- Do you use tele-neurology? Yes No
 - *If yes, please include a copy of the contract with the tele-neurology service including timeframes for examination of Stroke/ TIA patients.*

- Do you use tele-radiology for interpretation of radiological studies? Yes No
 - *If yes, please include a copy of the agreement with teleradiology service including timeframes for reading and interpreting radiological studies for Stroke/ TIA patients.*

- Do you have a dedicated and audio recorded phone line, capable of being answered 24 hours per day, seven days per week, for paramedic notification of Stroke/ TIA patients? Yes No

Policies:

- Does your organization have policies on the treatment of Stroke patients that define who shall receive emergent tPA or other IV thrombolytic medication? ***(Please attach)*** Yes No

- Does your organization have a policy on the treatment of Stroke that includes emphasis on rapid treatment? ***(Please attach)*** Yes No

- Does your organization have data and quality improvement policies that meet the requirements in the Monterey County Stroke Center policy? (Please attach) Yes No

Data:

- Does your organization agree to participate in the California Stroke Registry/California Coverdell Program? Yes No

- Does your organization agree to report data on stroke patients, including outcome data, to the EMS Agency every quarter? Yes No

- Please attach the previous 6 months' worth of the following data for your organization:
 - Total number of Stroke patients that were seen and treated at hour hospital. _____
 - Total number of Stroke patients that were transferred from an acute care hospital to your facility for definitive care. _____
 - Total number of Stroke patients who met criteria for receiving IV thrombolytics. _____
 - Total number of Stroke patients who met criteria for receiving IV thrombolytics who refused the therapy. _____
 - Total number of Stroke patients who received IV thrombolytics. _____
 - Total number of Stroke patients who were discharged alive. _____
 - Total number of Stroke patients who were discharged to a rehabilitation facility. _____
 - Total number of Stroke patients who were discharged home alive _____

Completed by (please print): _____ Date: _____

Signature: _____

Please contact the Monterey County EMS Agency at emsadmin@co.monterey.ca.us prior to submission of the application for initial or continued designation. Request contact with the Stroke program staff member for the purpose of submission of a Stroke Receiving Center application for designation or continued designation.

List of neurologists/neurointerventionalists/interventional radiologists proposed for call for Stroke/TIA patients

<u>Physician Name</u>	<u>At which hospitals does the physician have privileges?</u>	<u>Number of Stroke/TIA Pts/year</u>
_____	_____	_____
_____	_____	_____
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ACUTE STROKE READY HOSPITAL DESIGNATION CRITERIA EVALUATION TOOL

Stroke Designation Standard	Objective Measurement	Meets Standard	Comments
Current License to provide Basic Emergency Services in Monterey County	Copy of License	Yes No	
Current copy of Joint Commission, HFAP or DNV Certification	Copy of Certification	Yes No	
An acute Stroke team available within 20 minutes of patient's arrival in ED	On-call schedules for 3 months. On-call policy and procedure. Emergency Department protocol for initial screening and treatment of suspected stroke patients.	Yes No	May use telehealth for this requirement
Written policies and procedures for Stroke services	Copy of policies, procedures	Yes No	Include protocols and standardized orders and order sets
Data-driven, CQI process including collection and monitoring of standardized performance measures	3 months' worth of CQI data Data showing identification of areas in need of improvement and how the issue was dealt with.	Yes No	
Data reporting mechanism	Copy of agreement with AHA/ASA Get With The Guidelines – Stroke	Yes No	AHA Get With The Guidelines - Stroke
Neuro-imaging capability 24/7/365	Policies/protocols supporting operations	Yes No	CT and/or MRI
One of the following: <ul style="list-style-type: none"> • Qualified Radiologist • Qualified Neurologist • Qualified Neurosurgeon 	Copy of appropriate board certification On-call schedules for 3 months	Yes No	If using telemedicine, hospital must document this standard
Laboratory services 24/7/365	Copy of policies/procedures/protocols for lab services	Yes No	Blood testing, ECG, and x-ray services
Provide IV thrombolytic treatment to qualified patients	Copy of policies/procedures/protocols for administration of tPA	Yes No	

ACUTE STROKE READY HOSPITAL DESIGNATION CRITERIA EVALUATION TOOL

Stroke Designation Standard	Objective Measurement	Meets Standard	Comments
Medical Director: <ul style="list-style-type: none"> • Physician • Advanced practice nurse Both must maintain at least 4 hours per year of educational time in cerebrovascular disease	Copy of CE units for previous 2 years	Yes No	
If no neurosurgical services available: Plan to transfer within 2 hours	Supporting policies, procedures and agreements	Yes No	Required if no neurosurgery
In-patient acute care rehabilitation	Policies/procedures for inpatient rehabilitation Agreement with other inpatient acute rehabilitation	Yes No	
Designated telephone number for prehospital	Actual number on file	Yes No	
Written transfer guidelines for higher level of service	Transfer policies/procedures Copy of agreement	Yes No	
Continuing Education Provider	Copy of approval letter with CE provider number	Yes No	
Stroke contingency plans <ul style="list-style-type: none"> • Personnel • Imaging equipment • Bed capacity 	Pertinent policy and procedures to minimize disruption	Yes No	Expectation of no advisory status except for internal disaster
STAFFING			
Acute Stroke Care team:			
One of the following: <ul style="list-style-type: none"> • Neurologist • Neurosurgeon • Interventional neuroradiologist • Emergency Physician 	Copy of appropriate board certification On-call schedule for 3 months Copy of job description	Yes No	Board certified or board eligible in neurology, neurosurgery, endovascular neurosurgical radiology, with experience and expertise in dealing with cerebral vascular disease
One of the following: <ul style="list-style-type: none"> • Registered Nurse • Physician assistant • Nurse practitioner 	Copy of license Copy of job description	Yes No	Demonstrated competency in caring for acute stroke patients

PRIMARY STROKE CENTER DESIGNATION CRITERIA EVALUATION TOOL

Stroke Designation Standard	Objective Measurement	Meets Standard	Comments
Hospital must meet all requirements of an Acute Stroke Ready Hospital plus:			
An acute Stroke team available within 15 minutes	On-call schedules for 3 months. On-call policy and procedure. Emergency Department protocol for initial screening and treatment of suspected stroke patients.	Yes No	
Immediate, telemetry or critical care beds	Immediate: _____ Telemetry: _____ Critical Care: _____	Yes No	Number of beds
Neurosurgical services including operating room	Number of operating rooms on license: _____ Copy of agreement(s) with other Stroke Centers	Yes No	May be under agreement with another Stroke Center
If no neurosurgical services available: Plan to transfer within 2 hours	Supporting policies, procedures and agreements	Yes No	Required if no neurosurgery
Inpatient acute care rehabilitation	Policies/procedures for inpatient rehabilitation Agreement with other inpatient acute rehabilitation	Yes No	May contract with other acute inpatient rehabilitation provider
Designated telephone number for prehospital personnel to contact ED	Actual number on file	Yes No	
Written transfer guidelines for higher level of service	Transfer policies/procedures Copy of agreement	Yes No	
Monterey County designated Continuing Education Provider	Copy of approval letter with CE provider number	Yes No	
Stroke contingency plans <ul style="list-style-type: none"> • Personnel • Imaging equipment Bed capacity	Pertinent policy and procedures to minimize disruption	Yes No	Expectation of no advisory status except for internal disaster
STAFFING			
Acute Stroke Care Team			

**PRIMARY STROKE CENTER DESIGNATION CRITERIA
EVALUATION TOOL**

Stroke Designation Standard	Objective Measurement	Meets Standard	Comments
One of the following: <ul style="list-style-type: none"> • Neurologist • Neurosurgeon • Interventional neuroradiologist Emergency Physician	Copy of appropriate board certification On-call schedule for 3 months Copy of job description	Yes No	Board certified or board eligible in neurology, neurosurgery, endovascular neurosurgical radiology, with experience and expertise in dealing with cerebral vascular disease
One of the following: <ul style="list-style-type: none"> • Registered Nurse • Physician assistant Nurse practitioner	Copy of license Copy of job description	Yes No	Demonstrated competency in caring for acute stroke patients

THROMBECTOMY-CAPABLE STROKE CENTER DESIGNATION CRITERIA EVALUATION TOOL

Stroke Designation Standard	Objective Measurement	Meets Standard	Comments
Meets all requirements of Primary Stroke Center plus:		Yes No	
Ability to perform mechanical thrombectomy for the treatment of ischemic stroke 24/7/365	Copy of on-call schedules for interventionalists	Yes No	
Staffing: Must have all the following staff qualifications:			
A qualified physician, board certified by the American Board of Radiology, American Osteopathic Board of Radiology, American Board of Psychiatry and Neurology or the American Osteopathic Board of Neurology and Psychiatry, with neuro-interventional angiographic training and skills on staff	Copy of interventionalist CV	Yes No	
A qualified neuro-radiologist, board-certified by the American Board of Radiology or the American Osteopathic Board of Radiology	Copy of radiologist CV	Yes No	
A qualified vascular neurologist, board certified by the American Board of Psychiatry and Neurology or the American Osteopathic Board of Neurology and Psychiatry, or with appropriate education and experience as defined by the hospital credentials committee	Copy of CV	Yes No	
If teleradiology is used in image interpretation, all staffing and staff qualifications shall remain in effect and shall be documented by the hospital		Yes No	
The ability to perform advanced imaging 24/7/365,		Yes	

THROMBECTOMY-CAPABLE STROKE CENTER DESIGNATION CRITERIA EVALUATION TOOL

Stroke Designation Standard	Objective Measurement	Meets Standard	Comments
to include but not be limited to: <ul style="list-style-type: none"> • CTA • Diffusion-weighted MRI or CT Perfusion • MRA • Catheter angiography 	On-call schedules for the last 3 months	No	
The following modalities must be available when clinically necessary: <ul style="list-style-type: none"> • Carotid duplex ultrasound • TEE • TTE 	Demonstrated on site survey	Yes No	
A process to collect and review data regarding adverse patient outcomes following mechanical thrombectomy	Written policies/protocols/procedures/plans	Yes No	