

APPENDIX B

Primary Stroke Center Assessment*

Hospital Name _____

Address _____

Patient Care

1 Does EMS pre-notify your emergency department of potential stroke patients?

Yes No

If yes, is there a protocol in place to notify the stroke team?

Yes No

Comments _____

2 Do you have an agreement with local EMS for consistent transport of stroke patients to appropriate hospitals using high priority coding?

Yes No

3 Do you have written care protocols (standing orders) for emergency care of stroke patients?

Yes No

If yes, are the orders:

Specific for t-PA? Yes No

General stroke orders? Yes No

Comments _____

4 Are the emergency department personnel trained in diagnosing and treating acute stroke?

Yes No

Comments _____

5 Are dedicated, trained, stroke health-care providers (stroke team) available to evaluate a suspected stroke patient within 15 minutes of the patient's arrival 24 hours a day, 7 days a week?

Yes No

If yes, define the members of your stroke team by specialty:

Comments _____

* From the **Acute Stroke Treatment Program**. Used with permission from the American Stroke Association, a division of the American Heart Association.

6 What is your typical "door to needle" time for ALL suspected stroke patients from time of arrival at emergency department?

- Less than 60 minutes
- 60 to 120 minutes
- More than 120 minutes

Comments_____

7 Is t-PA for stroke patients available in the emergency department 24 hours a day, 7 days a week?

- Yes No
- Intravenous t-PA? Yes No
- Intra-arterial t-PA? Yes No

Comments_____

8 Does your hospital have physicians experienced in the administration of thrombolytic therapy for stroke on-site or on-call 24 hours a day, 7 days a week?

- Yes No

Comments_____

9 Is a CT scan or MRI performed and interpreted by an attending or staff radiologist or neurologist within 45 minutes of the arrival of a potential candidate for t-PA therapy 24 hours a day, 7 days a week?

- Yes No

Comments_____

Support Services

10 Do you have the following staff available or on call 24 hours a day, 7 days a week?

- Neurologist Yes No
- Neurosurgeon Yes No
- Designated stroke/neuro nurse Yes No
- Diagnostic neuroradiologist Yes No
- Interventional neuroradiologist Yes No
- Designated medical director of stroke unit? Yes No

Comments_____

11 Do you have neurosurgical services available 24 hours a day, 7 days a week and ready within 2 hours?

- Yes No

If no, are you prepared to transfer the patient to a hospital that does?

- Yes No

Comments_____

12 Are hospital personnel trained in the National Institutes of Health Stroke Scale (NIHSS)?

Yes No

If yes, please list staff by specialty (ED Physicians, ED Nursing, etc): _____

If no, what scale do you use? _____

12a Are any of those staff (and therefore the ability to use the NIHSS) available 24 hours a day, 7 days a week?

Yes No

Comments _____

13 Are stroke-relevant blood work (coagulation, CBC, basic metabolic panel, etc.), x-ray, and EKG completed with results back within 45 minutes?

Yes No

Comments _____

14 Do you operate a stroke unit with written care protocols, continuous telemetry, or ICU staffed by physicians and nurses trained and experienced in caring for acute stroke patients?

Yes No

If no, are you prepared to transfer the patient to a hospital that does?

Yes No

Comments _____

15 Does your hospital have a critical pathway, care-map, or collaborative pathway for stroke patients during their inpatient stay?

Yes No

Comments _____

16 Does your hospital utilize a stroke rehabilitation decision guideline or pathway?

Yes No

Comments _____

17 Does your hospital track any of the following in a database or stroke registry?

a. Elements of the stroke timeline for treatment with t-PA:

Door to first physician contact? Yes No

Door to CT scan read? Yes No

Door to needle? Yes No

If yes, what treatments (drugs)? _____

b. Number of stroke patients seen Yes No

c. Type of stroke Yes No

- d. Stroke patient outcomes Yes No
 - Graded examination Yes No
 - Disposition Yes No
 - Other — please explain _____

18 Does your hospital provide the following diagnostic procedures?

- a. Diffusion imaging MRI Yes No
- b. MRA Yes No
- c. CT Yes No
- d. CTA Yes No
- e. Cerebral angiography Yes No
- f. Transcranial Doppler Yes No
- g. Transthoracic echo Yes No
- h. Transesophageal echo Yes No
- i. Ultrasound Yes No

Comments _____

19 Does your hospital provide the following surgical endovascular procedures?

- a. Carotid endarterectomy Yes No
- b. Intracranial balloon angioplasty Yes No
- c. Intracranial stenting Yes No
- d. Extracranial stenting Yes No
- e. Intracarotid balloon angioplasty Yes No
- f. Intracarotid stenting Yes No
- g. Aneurysm clipping Yes No
- h. Aneurysm coils Yes No
- i. Treatment of vasospasm (transcatheter) Yes No

Comments _____

20 Does your hospital participate in any of the categories of stroke care programs below?

- a. Secondary prevention Yes No
- b. Rehabilitation Yes No
- c. Other Yes No

If other, please describe _____

21 When patients are discharged, are they given a standard packet of information and materials and counseled about next steps and follow-up?

- Yes No

Comments _____

22 How long does your hospital track stroke patients after discharge? _____

23 Does your hospital provide at least 2 community outreach education programs annually?

Yes No

If yes, please describe _____

24 Do you provide a minimum of 8 hours of continuing stroke education for hospital staff annually?

Yes No

Comments _____

25 Has your hospital provided a stroke education and training program for staff in the past year?

Yes No

Comments _____

26 Does your hospital have continuing education criteria for each member of the stroke team?

Yes No

If yes, does this include emergency department personnel?

Yes No

Comments _____

27 Does your hospital sponsor a stroke support group?

Yes No

Comments _____

28 Do you have telemedicine capabilities (use of remote video technology) to provide stroke treatment in your facility?

Yes No

Comments _____

Name of person(s) completing the assessment:

Print Name _____

Date _____ Title _____

Indicate all names of persons contributing information; note which responses they provided:

Name/Numbers completed (example: 1,2,3,16,22)

Thank you for taking the time to complete this assessment.

AHA Contact _____

Phone number _____