

B. Proposed NSRC Program Nursing Coordinator: *(Attach resume)*

Name: _____

Phone #: _____ Email: _____

C. Proposed Radiologist *(if different from above): (Attach resume)*
(Experienced in Neuroradiologic Interpretation)

Name: _____

Phone #: _____ Email: _____

D. Proposed On-Call Neurologist: *(See attached on-call page)*

Name: _____

Phone #: _____ Email: _____

E. Interventional Neuroradiologist and/or Interventional Vascular Neurosurgeons able to administer inter-arterial tissue plasminogen activator and/or perform mechanical clot. *(Attach resume)*

Name: _____

Phone #: _____ Email: _____

F. Neurosurgeon (See attached on-call page).

III. STROKE CENTER REQUIREMENTS

- A. Is hospital currently accredited by The Joint Commission (TJC) or Healthcare Facilities Accreditation Program (HFAP) as a Primary Stroke Center? *(Attach copy of current accreditation documentation)* Yes No
- B. Is there a dedicated phone line, capable of being answered 24 hours per day, seven days per week, for paramedic notification of stroke patients? *(A recorded phone line is mandatory for base hospitals. Provide policy and/or process.)* Yes No
- C. Does the hospital have a licensed and approved interventional radiology suite? Yes No
- D. Does the hospital have a special permit for neurovascular surgery? Yes No

IV. INTERNAL HOSPITAL POLICIES

(Provide copy of policy for each Items A-K below)

- A. Is there currently a "stroke alert" policy that includes notification and integration of ancillary services, such as lab, CT, ICU, etc.? Yes No
- B. Is there currently a rapid assessment policy for the stroke patient? Yes No

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|----|--|------------------------------|-----------------------------|
| C. | Is there a policy for bed priority in the acute stroke unit or ICU for stroke patients? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| D. | Is there currently a hospital policy for the treatment of stroke patients that define who shall receive emergent tPA protocol to be used by Neurology, Emergency, Pharmacy and Critical Care Teams? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| E. | Is there a current tele-neurology policy to be used by Neurology, Emergency, Pharmacy and Critical Care Teams? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| F. | Is there currently a hospital policy for the treatment of stroke patients that define who shall receive neuroradiologic intervention to be used by Neurology, Emergency, Pharmacy and Critical Care Teams? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| G. | Is there currently a hospital policy for the treatment of stroke patients that define who shall receive neurosurgery to be used by Neurology, Emergency, Pharmacy and Critical Care Teams? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| H. | Does the policy include diversion of stroke patients <i>only</i> during times of Internal Disaster designation? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| I. | Is there currently a hospital agreement regarding prompt acceptance of stroke patients from other Stroke Referral Hospitals that do not have interventional capability? (<i>Attach agreement</i>) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| J. | Are there current hospital policies for data collection and quality improvement that meet requirements outlined in ICEMA Reference # 6100? (<i>Attach policy</i>) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| K. | Will hospital provide continuing education opportunities for EMS field personnel in areas of stroke education, as well as assessment and management of stroke patients? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

On behalf of the above named hospital and physicians, I agree to all provisions identified in ICEMA Reference #6100 - Neurovascular Stroke Receiving Centers Criteria and Destination Policy.

Signature - Chief Executive Officer

Date

Print Name

LIST OF PROPOSED ON-CALL NEUROLOGISTS

Physician Name	Phone/email	Physician(s) Hospital Privileges

LIST OF PROPOSED ON-CALL INTERVENTIONAL NEURORADIOLOGISTS OR VASCULAR SURGEONS

Physician Name	Phone/email	Physician(s) Hospital Privileges	Interventions per year

LIST OF PROPOSED ON-CALL NEUROSURGEONS

Physician Name	Phone/email	Physician(s) Hospital Privileges	Interventions per year

