

PRIMARY STROKE SERVICE APPLICATION MATERIALS LIST

In support of the application, the following items must be readily available for on-site review, including written protocols that the hospital should develop to assure consistency in the implementation of the Primary Stroke Service.

130.1404	MD Stroke Service Director/Coordinator – curriculum vitae, copy of current license
130.1405	<p>A) Written protocols, critical pathways and/or algorithms for acute stroke assessment, management and intervention, based on established guidelines, and/or developed by a multidisciplinary team organized by the Stroke Service, including:</p> <ol style="list-style-type: none"> 1) Communication with EMS personnel during pre-hospital transport of acute stroke patients 2) Acute Stroke Team – members, qualifications, staffing availability, notification system, responsibilities 3) Stroke Triage Plan – e.g., patient assessment, recent medical history, pre-incident history, medication history 4) Time target goals for assessment, management and intervention (refer to Attachment B of Circular Letter DHCQ 04-04-440 at www.mass.gov/dph/dhcq/cicletter/cir_letter_404440.htm) 5) Protocols for telemedicine, if applicable, including notification system, responsibilities, and availability; staff qualifications; appointment/credentialing status; written agreement 6) Patient physical exam, neurological assessment, including level of consciousness and severity of stroke (using established scale/scoring systems)

	<ul style="list-style-type: none">7) Differential diagnoses8) Initial diagnostic tests – laboratory, EKG, CXR, as necessary9) Stabilization of patient vital signs, oxygen, fluid management10) Management of increased blood pressure, seizures, aspiration, hemorrhage <p>B) Patient/Family education – e.g., stroke disability and likelihood of recovery, potential complications, diagnostic testing, risks/benefits of treatment, post-stroke support services, risk reduction, discharge planning</p> <p>C) Use of thrombolytic therapy – (IV t-PA)</p> <ul style="list-style-type: none">1) Pre-treatment protocols – define patient selection, inclusion/exclusion criteria; vital signs/neurological status monitoring2) Treatment protocols – medication dosing, vital sign monitoring3) Post-treatment protocols – precautions/management (e.g., restrict anticoagulants, identify and maintain blood pressure parameters), vital signs/neurological status monitoring4) Management of complications (e.g., intracranial hemorrhage) <p>D) Use of other treatments</p> <p>E) Post-admission care of acute stroke patients</p>
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130.1406	<p>CT/MRI technologist and physician coverage/availability of services, qualifications of staff who interpret scans</p> <p>Protocols for teleradiology, if applicable, including notification system, responsibilities, and availability; staff qualifications, appointment/credentialing status; written agreement</p>
130.1407	<p>Other Imaging (e.g., CXR as necessary) and EKG Services – time target goals</p>
130.1408	<p>Laboratory Services (e.g., serum chemistry, hematology, coagulation studies) – time target goals</p>
130.1409	<p>Neurosurgical Services – evaluation, consultation, and transfer protocols (if applicable)</p> <p>Transfer agreement for Neurosurgical Services (if applicable)</p> <p>Time target goals</p>
130.1410	<p>Quality Improvement – protocols for the collection and analysis of data and provisions for corrective actions and re-evaluation to assess effectiveness of actions taken</p> <p>Prior to designation as a Primary Stroke Service, a signed contract with a DPH approved data management vendor and hospital protocols for the collection and submission of information to the data management vendor, must be submitted to the Department of Public Health for review and approval, if not available at survey.</p>
130.1411	<p>Continuing health professional education plans – orientation and ongoing training programs including topics/agenda, targeted audience (disciplines, services), frequency and projected schedule, and attendance lists, if applicable</p>
130.1412	<p>Community education plans –list of activities, including frequency</p>

130.1413	Primary Stroke Service review protocols, including at a minimum: an evaluation of the number and type of stroke patients; nature of any complications of thrombolytic therapy; compliance with Primary Stroke Service regulations, including time targets; annual review by a committee designated by the governing body of the hospital, including the Stroke Service Director or Coordinator
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The following web sites may assist you in the development of Primary Stroke Service protocols:

- Brain Attack Coalition – www.stroke-site.org
- American Stroke Association – www.strokeassociation.org