



Community Health Systems  
PO Box 47853  
Olympia WA, 98504-7853

## Level 2 Stroke Center Documentation Checklist

Please reference this checklist prior to submitting your application to ensure all information and materials are submitted for a complete application.

- ☐ List of stroke coordinator responsibilities.
- ☐ Description of the acute stroke team. If there is a separate “core” stroke team, describe both teams and their roles in the stroke program.
- ☐ Written stroke protocols:
  - stroke team activation process (from prehospital notification and for walk-ins)
  - initial diagnostic tests (e.g., FAST screen at triage, NIH stroke scale, CT)
  - telestroke protocol/procedures, if applicable
  - administration of medications (e.g., t-PA)
  - swallowing assessment prior to oral intake
  - name of telestroke partner hospital, if applicable.
- ☐ Transfer protocols or guidelines specific to stroke patients, although there should be no reason to transfer stroke patients from a Level I other than disasters, equipment failure, or severe staffing shortage. General EMTALA transfer protocols or guidelines that don’t specifically address stroke transfers are not adequate documentation.
- ☐ Description of stroke unit, including staffing, training, operation, admission/discharge, care protocols, census, and outcome data.
- ☐ Description of how you work with EMS in your community, e.g., attendance at county and/or regional EMS council meetings, copies of county EMS stroke patient care procedures, joint training, etc. and list of coordination activities from the last year.
- ☐ List of stroke team and documentation of 8 hours education received in previous year.
- ☐ Description of stroke-related education for ED personnel in previous year.
- ☐ Example of public education materials/messaging on stroke from previous year.
- ☐ Example of stroke patient education.
- ☐ Description of your stroke QI activities. This should include:
  - The type and source of data used to evaluate adherence to guidelines and performance on measures (e.g., internal or external patient data registries).

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email [doh.information@doh.wa.gov](mailto:doh.information@doh.wa.gov).

- Participants in the internal QI process (preferably a multi-disciplinary group).
- The process, e.g., monthly meetings with case reviews, data presentations, PDSA's, root cause analysis, etc.
- An example of a stroke case reviewed during the previous categorization period. Please include a summary of the case, the issue identified, discussion and conclusion, action plan developed to address deficiencies or improve processes, evaluation of the action plan and issue resolution (loop closure). The example may be a system issue, a physician or nursing practice issue or an unfavorable patient outcome. Please mark as confidential, and remove all patient and practitioner identifiers.

- ☐ Description of participation in regional QI activities.
- ☐ Documentation of participation in state or national data collection system or registry.
- ☐ Documentation or description of how you evaluate adherence to stroke guidelines.
- ☐ Documentation of two patient care benchmarks measured in the previous year.