



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

Level 3 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.
- ☐ Stroke protocols/order sets, procedures/algorithms, etc.) for each action or process listed:
 - 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 per criterion. 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).

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- 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 or description of data collection system used to evaluate performance on these key patient care measures:

- **Mode of Arrival:** Percent of patients who arrive by EMS.
- **Pre-notification:** Percent of cases of advanced notification by EMS for patients transported by EMS from scene.
- **% Door To CT <= 25min:** Percent of patients who receive brain imaging within 25 minutes of arrival.
- **% CT Interpretation <= 45 Min:** Percent of patients whose brain imaging results were interpreted within 45 minutes of arrival.
- **Time to Intravenous Thrombolytic Therapy - 60 min:** Percent of acute ischemic stroke patients receiving intravenous tissue plasminogen activator (tPA) therapy during the hospital stay who have a time from hospital arrival to initiation of thrombolytic therapy administration (door-to-needle time) of 60 minutes or less.
- **Patients treated with IV rt-PA:** Percent of eligible acute ischemic stroke patients who were treated with IV rt-PA at my hospital.
- **Door-in/Door-out time:** Time from hospital arrival to hospital departure for stroke patients transferred from my hospital to another hospital.

For patients admitted and not transferred for treatment or post-treatment care, the National Stroke Inpatient Quality Measures:

- Venous thromboembolism (VTE) prophylaxis
- Discharged on antithrombotic therapy
- Anticoagulation therapy for atrial fibrillation/flutter
- Thrombolytic therapy
- Antithrombotic therapy by end of hospital day 2
- Discharged on statin medication
- Stroke education
- Assessed for rehabilitation

☐ Documentation or description of how you evaluate adherence to stroke guidelines.