Health Rule 420-2-3-A

ALABAMA STATE COMMITTEE OF PUBLIC HEALTH ALABAMA DEPARTMENT OF PUBLIC HEALTH ADMINISTRATIVE CODE

CHAPTER 420-2-3
ALABAMA STATEWIDE HEALTH SYSTEM FOR STROKE

420-2-3-A Appendix A Stroke Center Designation Criteria.

Appendix A: Stroke Designation Criteria

Alabama Department of Public Health Office of Emergency Medical Services

Systems-Stroke Designation Criteria Statewide Trauma and Health

Master Checklist

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MASTER CHECKLIST

Statewide Trauma and Health Systems-Stroke Designation Criteria

These items have been deemed essential per the State Stroke System plan

Level II

LevelIII

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HOSPITAL ORGANIZATION

Stroke Service Director Stroke Service or Equivalent

Stroke Coordinator

Physician Medical Director for stroke services

Hospital Departments/Sections

Neurology¹

Vascular Neurosurgery (or transfer plan)

Emergency Medicine

CLINICAL CAPABILITIES

Specialty availability upon notification of patient need

Emergency Medicine (10 minutes) Neurology¹

Vascular Neurosurgery

Physician or nurse with ability to evaluate patient for tPA use

treating stroke, or a neurologist by telemedicine¹ 24/7 on-call neurology or, a physician with expertise and experience in diagnosing and

Consultants availability

Internal Medicine

Cardiology

Critical Care

Neuroimaging

FACILITIES AND RESOURCES

Emergency Department Designated Physician Director (with 8 hours stroke related CME)

Emergency Medicine Specialists

Nursing Personnel (continuous monitoring until admission)

Emergency Department available 24/7

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Statewide Trauma and Health Systems-Stroke Designation Criteria

	Level II	Level III
Stroke Treatment Protocols in place that define tPA administration	E	E
Pharmacy with tPA in stock 24/7	_ E	Е
Written plan for higher level of care for patients who require it	-	Е
Equipment	7 8 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2000 M
Airway control and ventilation equipment		
Pulse oximetry	E	3
End-tidal CO2 determination	ш	E
Suction devices	E	3
Electrocardiograph	Е	E
Standard intravenous fluid administration equipment	E	Е
Sterile sets for percutaneous vascular access (venous and arterial)	E	Е
Gastric decompression	Ē	Е
Drugs necessary for emergency care	E	Э
X-ray availability	E	E
CT availability and interpretation in 45 minutes	E	E
Angiographic suite available	r.	Е
Two-way communication with emergency vehicles	m	Е
Sterile ventriculostomy try readily available if NS coverage	E	
Operating suites adequately staffed (within 30 minutes of stroke alert)	Е	
Post anesthetic recovery room available	m	
Intensive Care Unit or dedicated bed for stroke patients	m	
Personnel		
Designated Medical Director	m	
Specialists with privileges in critical care in-house or on-call	E	-
Monitoring equipment		
Telemetry	E	
Pulse Oximetry	m	

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MASTER CHECKLIST

Statewide Trauma and Health Systems-Stroke Designation Criteria

Neuroimaging special capabilities

In-house radiology technical personnel capable of brain CT

Angiography (CTA and MRA)

Neurovascular sonography

Computed tomography (emergent and routine)

Magnetic Resonance Imaging (MRI)

Rehabilitation

Clinical laboratory services Rehabilitation services protocol for stroke patients

Standard analyses of blood, urine, etc.

Blood typing and cross-matching

Comprehensive blood bank or access to equivalent facility

Blood gases and pH determination

CSF examination capabilities

CONTINUING EDUCATION Comprehensive coagulation testing

Staff Physicians who care for stroke patients

At least 8 hours annual program education are provided for:

At least twice a year stroke program education is provided for:

All other staff members who care for stroke patients

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PERFORMANCE IMPROVEMENT (PI)

Does hospital track patient outcomes?

Perform on-going evaluations? Strive for improvement?

Community outreach/public education

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MASTER CHECKLIST

Statewide Trauma and Health Systems-Stroke Designation Criteria

APPENDIX

emergency medicine or neurology through the American Board of Medical Specialties, or who is BC/BE in another specialty, but has a minimum of 8 hours of stroke related continuing medical education (CME) annually. ¹Neurology: A physician with experience in diagnosing and treating stroke is defined as a licensed physician who is board-certified or board-eligible (BC/BE) in

Level | Comprehensive Stroke Center Guidelines

Comprehensive Stroke Center or equivalent and maintain status with the ATCC. To be recognized as a Level I Comprehensive Stroke Center, a hospital must be certified by the Joint Commission as a

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			NOTES	Statewide Trauma and Health Systems-Stroke Designation Criteria
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Statutory Authority: <u>Code of Ala. 1975</u>, §22-11D-1, <u>et seq.</u>

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