Figure: 25 TAC §157.133(a)(3)

Support (Level III) Stroke Facility Criteria

Support (Level III) Stroke Facilities (SSFs) - Provides resuscitation, stabilization and assessment of the stroke victim and either provides the treatment or arranges for immediate transfer to a higher level of stroke care either a Comprehensive (Level I) Stroke Center or Primary (Level II) Stroke Center; provides ongoing educational opportunities in stroke related topics for health care professionals and the public; and implements stroke prevention programs.

A. Stroke Program	
1. Identified Stroke Medical Director who: a. Is actively credentialed by the hospital to provide stroke care b. Is charged with overall management of the stroke care provided by the hospital c. Shall have the authority and responsibility of clinical oversight of the stroke program. This is accomplished through mechanisms that may include, but are not limited to: credentialing of staff that provide stroke care; providing stroke care; development of treatment protocols; cooperating with nursing administration to support the nursing needs of the stroke patient; coordinating the performance improvement peer review; and correcting deficiencies in stroke care. i. There shall be a defined job description ii. There shall be an organizational chart delineating the Stroke Medical Director's role and responsibility iii. The Stroke Medical Director shall be credentialed by the hospital to participate in the stabilization and treatment of stroke patients using criteria such as board-certification/board eligibility; stroke continuing medical education; compliance with stroke protocols, and participation in the Stroke Process Improvement (PI) program. d. The Stroke Medical Director shall participate in a leadership role in the hospital and community.	**E**
2. Identified Stroke Nurse Coordinator who: a. Is a Registered Nurse b. Has successfully completed and is current in Advanced Cardiac Life Support c. Has successfully completed 8 hours of stroke continuing education in the last 12 months d. Has successfully completed National Institutes of Health Stroke Scale (NIHSS) by an approved certification program or a DSHS (Department of State Health Services) approved equivalent e. Has the authority and responsibility to monitor the stroke patient care from Emergency Department (ED) admission through stabilization and transfer to a higher level of care or admission i. There shall be a defined job description ii. There shall be an organizational chart delineating roles and responsibilities iii. The Stroke Nurse Coordinator shall have a minimum of 8 hours of continuing education per 12 months. iv. The Stroke Nurse Coordinator shall be current in NIHSS certification	**E**

v. The Stroke Nurse Coordinator shall receive education and training designed for his/her role which provides essential information on the structure, process, organization and administrative responsibilities of a PI program to include stroke outcomes and performance improvement	
3. An identified Stroke Registrar who: a. Has appropriate training in stroke chart abstraction b. Has appropriate training in stroke registry data entry c. Has the ability to provide stroke registry data to the PI program	**D**
4. Written protocols, developed with approval by the hospital's medical staff: a. Stroke Team Activation b. Identification of stroke team responsibilities during the stabilization of a stroke patient c. Triage, admission and transfer criteria of stroke pts. d. Protocols for the administration of thrombolytics and other approved stroke treatments e. Stabilization and treatment of stroke patients f. Facility capability for stroke patients will be provided to the Regional Advisory Council	**E**
B. PHYSICIAN SERVICES	
1. Emergency Medicine – this requirement may be fulfilled by a physician credentialed by the hospital to provide emergency medical services a. Any emergency physician who provides care to the stroke patient must be credentialed by the Stroke Medical Director to participate in the stabilization and treatment of stroke patients (i.e. current board certification/eligibility, compliance with stroke protocols and participation in the stroke PI program). b. An average of 8 hours per year of stroke related continuing medical education c. An Emergency Medicine Physician providing stroke coverage must be current in Advanced Cardiac Life Support (ACLS). d. The emergency physician representative to the multidisciplinary committee that provides stroke coverage to the facility shall attend 50% or greater of multidisciplinary and peer review stroke committee meetings.	**E**
2. Radiology - Capability to have computerized topography (CT) report read within 45 minutes of patient arrival	**E**
3. Primary Care Physician – the patient's primary care physician should be notified at an appropriate time.	**D**
C. NURSING SERVICES (all patient care areas)	
1. All nurses caring for stroke patients throughout the continuum of care have ongoing documented knowledge and skills in stroke nursing for patients of all ages to include: a. Stroke specific orientation b. Annual competencies c. Continuing annual education	**E**
2. Written standards on nursing care for the stroke patients for all units caring for stroke patients shall be implemented	**E**
3. 100% of nurses providing initial stabilization care for stroke patients shall be competent in: a. NIHSS (competency or certification)	**E**

b. Dysphagia screening c. Thrombolytic therapy administration	
D. EMERGENCY DEPARTMENT	
1. The published physician on-call schedule must be available in the Emergency Department (ED).	**E**
2. A physician with special competence in the care of the stroke patient who is on-call (if not in-house 24/7) shall be promptly available within 30 minutes of request from outside the hospital and on patient arrival from inside the hospital.	**E**
3. The physician on duty or on-call to the ED shall be activated on EMS communication with the ED or after a primary assessment of patients who arrive to the ED by private vehicle **or** for patients who are exhibiting signs and symptoms of an acute stroke.	**E**
4. A minimum of one and preferably two registered nurses who have stroke training shall participate in the initial stabilization of the stroke patient. Nursing staff required for initial stabilization is based on patient acuity and "last known well time". 5. 100% of the nursing staff have successfully completed and hold current credentials and competencies in: a. ACLS (certification) b. NIHSS (competency or certification) c. Dysphagia Screening (competency) d. Thrombolytic therapy administration (competency)	**E**
6. Nursing documentation for stroke patients is systematic and meets stroke registry guidelines.	**E**
7. Two-way communication with all pre-hospital emergency medical services.	**E**
8. Equipment and services for the evaluation and stabilization of, and to provide life support for, critically ill stroke patients of all ages shall include, but not limited to: a. Airway control and ventilation equipment b. Continuous cardiac monitoring c. Mechanical ventilator d. Pulse oximetry e. Suction devices f. Electrocardiograph-oscilloscope-defibrillator g. Supraglottic airway management device h. All standard intravenous fluids and administration devices i. Drugs and supplies necessary to provide thrombolytic therapy	**E**
E. RADIOLOGICAL CAPABILITY	
1. 24-hour coverage by in-house technician	**D**
2. Computerized tomography	**E**
F. CLINICAL LABORATORY SERVICE	
1. 24-hour coverage by in-house lab technician	**D**
2. Drug and alcohol screening	**D**
3. Call-back process for stroke patients within 30 minutes 4. Bedside glucose 5. Standard analyses of blood, urine and other body fluids, including micro-sampling 6. Blood typing and cross-matching 7. Coagulation studies 8. Blood gases and pH determination	**E**

G. PERFORMANCE IMPROVEMENT	
1. A facility must show at least 6 months worth of audits for all qualifying stroke patients with evidence of "loop closure" on identified issues. 2. Minimum inclusion criteria: a. All stroke activations b. All stroke admissions c. All transfers out d. All readmissions e. All stroke deaths	**E**
3. An organized Stroke PI program established by the hospital a. Audit charts for appropriateness of stroke care	**E**
b. Documented evidence of identification of all deviations from standards of stroke care c. Documentation of actions taken to address identified issues d. Documented evidence of participation by the Stroke Medical Director e. Morbidity and mortality review including decisions by the Stroke Medical Director as to whether or not standard of care was met f. Documented resolutions "loop closure" of all identified issues to prevent future reoccurrences g. Special audit for all stroke deaths and other specified cases, including complications h. Multidisciplinary hospital Stroke PI Committee	**E**
4. Multidisciplinary stroke conferences, continuing education and problem solving to include documented nursing and pre-hospital participation	**D**
5. Feedback regarding stroke patient transfers-out from the ED and in-patient units shall be obtained from receiving facilities	**D**
6. Stroke Registry – data shall be accumulated and downloaded to the receiving agencies	**E**
7. Participation with the regional advisory council's (RAC) PI program, including adherence to regional protocols, review of pre-hospital stroke care, submitting data to the RAC as requested to include such things as summaries of transfer denials and transfers to hospitals outside the RAC.	**E**
8. Times of and reasons for diversion must be documented and reviewed by the Stroke PI program.	**E**
H. REGIONAL STROKE SYSTEM	
1. Must participate in the regional stroke system development per RAC requirements. 2. Participates in the development of RAC transport protocols for stroke patients, including destination and facility capability	**E**
I. TRANSFERS	
1. A process to expedite the transfer of a stroke patient to include such things as written transfer protocols, written/verbal transfer agreements, and a regional stroke transfer plan for patients needing a higher level of care (Comprehensive or Primary Stroke Center)	**E**
2. A system for establishing an appropriate landing zone in close proximity to the hospital (if rotor wing services are available)	**E**
J. PUBLIC EDUCATION/STROKE PREVENTION	
1. A public education program to address: a. Signs and symptoms of a stroke b. Activation of 911 c. Stroke risk factors	**E**

d. Stroke prevention	
2. Coordination and/or participation in community/RAC stroke prevention activities	**E**
K. TRAINING PROGRAMS	
1. Formal programs in stroke continuing education provided by hospital for staff based on needs identified from the Stroke PI program for: a. Staff physicians b. Nurses c. Allied health personnel, including mid-level providers	**D**