

**Arkansas Stroke Ready Hospital (ArSRH) Initial Designation Application and Checklist**

Hospital Name:	Address:
Administrator:	Number of Licensed Beds:
Stroke Coordinator:	Phone #:
Email Address:	Date of Application:

The responses to these questions and any data will be used exclusively for state performance improvement purposes. Please direct any questions to the ADH Stroke Program. Send the completed application and supporting documents to [Lindsay.Sterling@Arkansas.gov](mailto:Lindsay.Sterling@Arkansas.gov). The completed application and supporting documents shall be labeled and attached separately for ease of filing and identification.

<u>ArSRH Initial Designation Application and Checklist</u>	Yes	No
<b>Staffing and Resources</b>		
1. <b>Is the ED staffed with an RN 24/7?</b> Please include a copy of the call roster/schedule for the previous calendar month.		
2. <b>Is there a designated stroke coordinator/facilitator for the facility?</b> Please include a brief description of the role and function.		
3. <b>Is the ED staffed with a Physician 24/7?</b> Please include a copy of the call roster/schedule for the previous calendar month.		
4. <b>Is there a Provider/Neurologist (Telestroke is acceptable) available 24/7 who is trained to treat ischemic stroke?</b> Please include a copy of the provider call roster/Telestroke agreement for the previous calendar month.		
5. <b>Does the facility have CT with interpretation capability within 45 minutes of patient arrival?</b> Please include documentation verifying availability for the previous calendar month.		
6. <b>Does the facility have CTA with interpretation capability 24/7?</b>		
7. <b>Is the facility laboratory staffed 24/7?</b> Please include a copy of the staff roster/schedule for the previous calendar month.		
8. <b>Are the following test results available within 45 minutes of patient arrival?</b> Please provide documentation verifying lab results were available within 45 minutes of arrival for the previous calendar month. <ul style="list-style-type: none"> <li>• CBC</li> <li>• BMP</li> <li>• PT/PTT/INR</li> </ul>		
9. <b>Are IV thrombolytics immediately available?</b> Please include documentation verifying availability i.e., formulary list.		

<b>Processes and Procedures</b>		
10. <b>Is the ED staff trained to use a standardized stroke severity assessment tool?</b> Please include a copy of the tool and the most recent training log.		
11. <b>Does the facility use a standardized acute stroke care protocol?</b> Please include a copy of the most recent protocol.		
12. <b>Does the facility have a transport protocol with a contingency plan for inclement weather, diversion, etc.?</b> Please include a copy of the most recent protocol.		
13. <b>Does the facility ensure stroke bands are placed and documented on all suspected stroke patients and record the Stroke Band ID in the patient's chart and GWTG-STK?</b>		
<b>Education and Quality Improvement</b>		
14. <b>Does the facility participate in the Arkansas Stroke Registry (ASR) by ensuring 100% collection of appropriate stroke patient data into Get With The Guidelines – Stroke (GWTG-STK)?</b>		
15. <b>Does the ED stroke team staff participate in NIHSS training and stroke education programs?</b>		
16. <b>Does the facility provide stroke education for local pre-hospital providers?</b>		
17. <b>Does the facility staff provide monthly stroke education/outreach events for the local community?</b>		
18. <b>Does the facility staff provide quarterly feedback to EMS including final patient diagnosis/outcome?</b>		

**Attachment checklist:** The following items shall be returned as separate attachments along with this application and each attachment shall be labeled by name and corresponding number as specified below.

<b>1. Roster/Call Schedule for RNs</b>	<input type="checkbox"/>
<b>2. Stroke Coordinator Job Description/Function</b>	<input type="checkbox"/>
<b>3. Roster/Call Schedule for Physicians</b>	<input type="checkbox"/>
<b>4. Stroke Physician Call Roster/Telestroke Agreement</b>	<input type="checkbox"/>
<b>5. Documentation of CT with timely Interpretation</b>	<input type="checkbox"/>
<b>6. No documentation is required if not applicable.</b>	<input type="checkbox"/>
<b>7. Laboratory Staff Roster</b>	<input type="checkbox"/>
<b>8. Documentation of timely Lab Results</b>	<input type="checkbox"/>
<b>9. Documentation of Thrombolytics Available</b>	<input type="checkbox"/>
<b>10. Standardized Stroke Assessment Tool and Training Log</b>	<input type="checkbox"/>
<b>11. Acute Stroke Care Protocol</b>	<input type="checkbox"/>
<b>12. Stroke Patient Transport Protocol</b>	<input type="checkbox"/>
<b>13. – 14. No documentation is required. ADH staff will pull data from GWTG-STK to verify.</b>	<input type="checkbox"/>
<b>15. – 18. Plan, Process, Protocol, or Training Log used to address each requirement.</b>	<input type="checkbox"/>

Examples of supporting documents to include with your application can be found here:

[https://www.healthy.arkansas.gov/images/uploads/pdf/Arkansas Stroke Ready Hospital Attachment Examples 9-15-2021.pdf](https://www.healthy.arkansas.gov/images/uploads/pdf/Arkansas_Stroke_Ready_Hospital_Attachment_Examples_9-15-2021.pdf)