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## **Steps for Remote Treatment Stroke Center Designation**

- ❖ Complete Remote Treatment Stroke Center Application and send to DPH
  - Application must include a letter of agreement from a Coverdell PSC (HUB) Hospital stating they will work with your facility to establish stroke care transfers and communication protocols.
  - Letter of intent from Hospital CEO to DPH requesting to move forward with Remote Treatment Stroke Center Designation.
  - Agree to enter data into the Quintiles database (formally Outcome) Coverdell modified version of the GWTG (Get With the Guidelines) Stroke Patient Management Tool (PMT).
    - Sign and complete online version of the Quintiles Business Associate Agreement as well as the Coverdell Amendment to the Business Associate Agreement (which permits Quintiles to send data to the State Department of Public Health).
    - There is no cost for participating in the Georgia Coverdell Acute Stroke Registry; however, there is an annual cost associated with the Quintiles PMT. Cost is: \$2027 for acute care hospitals and \$794 for Critical Care Access hospitals. (2016 Get With The Guidelines Annual Program Fees)
- ❖ Appoint a Remote Treatment Stroke Center Medical Director (Medical Director does not have to be a board-certified neurologist; however, he/she must be a board certified physician licensed to practice in Georgia who is knowledgeable in stroke care).
- ❖ Request Copy of Remote Treatment Stroke Center Checklist
  - Work with HUB hospital on all areas of checklist
  - Contact the state office of EMS or a Coverdell Staff member stating you are ready to have a State Regional Director be assigned to your hospital for remote treatment stroke center designation survey
  - A State Regional EMS Director will come to your facility, go over the checklist and at that time, your hospital will be asked to provide all supporting documents to see if your facility is designation ready. In addition, you must show proof of having entered data either concurrent or retrospective into the Coverdell/GWTG database.
- ❖ Once designation has been approved, your hospital will be listed on the State EMS website as a designated Remote Treatment Stroke Center.





# Georgia Remote Treatment Stroke Center Application for Designation

By submitting this application, the applicant hospital is seeking to be identified by the Georgia Department of Public Health ("DPH") as a certified **Remote Treatment Stroke Center** in accordance with O.C.G.A. § 31-11-110 et seq. The purpose of this designation is to help ensure the rapid triage, diagnostic evaluation, and timely and effective treatment of patients suffering from a stroke in Georgia.

Hospital Name:	Today's Date:
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### CONTACT INFORMATION

Name of Primary Contact:	Title:	
Address Line 1:		
Address Line 2:		
City:	State:	Zip Code:
Telephone Number:	Secondary Telephone Number:	Fax Number (optional):
Email Address:		

Is your hospital currently reporting data to the Georgia Coverdell Stroke Registry?  Yes  No

If **NO**, what is your target date to begin reporting data to Georgia Coverdell? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

• **Primary Stroke Center (Hub) Hospital your facility will work with to establish cooperative stroke care transfer agreements and communication protocols (LETTER OF AGREEMENT ATTACHED):**

Primary Stroke Center Hospital:	
Secondary, if applicable:	
Name of Primary Contact:	Title:
Telephone Number:	Email Address:

For a complete list of hospitals currently designated as a Georgia Primary Stroke Center, visit:

<http://www.ems.state.ga.us/includes/StrokeCenters.asp>

To participate in this program, the applicant hospital agrees to comply with the requirements set forth under O.C.G.A. § 31-11-110 et seq. and the Department Rules & Regulations under Chapter 511-9-2-.04. Failure to do so may result in the suspension or revocation of a hospital's designation as a Remote Treatment Stroke Center by the Department.

_____	_____	_____
Print Name	Signature	Date

Please return this form to:  
**Georgia Office of EMS and Trauma**  
**1680 Phoenix Boulevard, Suite 200**  
**Atlanta, Georgia 30349**

Regional EMS contacts:  
<http://ems.ga.gov/programs/ems/offices.asp>  
Map of Georgia EMS Regions:  
[http://ems.ga.gov/includes/contact\\_map.asp](http://ems.ga.gov/includes/contact_map.asp)

<sup>†</sup> Prior to being identified as a Remote Treatment Stroke Center, the hospital must first be registered and participate in the Georgia Coverdell Acute Stroke Registry ("Registry") program operated by DPH, and agree to submit data to DPH on an annual basis in accordance with the requirements established in O.C.G.A. § 31-11-116.



## GEORGIA REMOTE TREATMENT STROKE CENTER CHECKLIST

Hospital Name:		Today's Date:		
Telephone Number:		Email Address:		
Name of Primary Contact:		Title:		
<b>Primary Stroke Center Hospital:</b>				
DESCRIPTION	YES	NO	UNABLE TO DETERMINE	
GENERAL				
Received letter of intent to become designated remote treatment stroke center from hospital CEO (initial inspection only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A Remote Treatment Stroke Center Medical Director is appointed. <i>Note:</i> Medical Director does not have to be a board-certified neurologist; however, he/she must be a board certified physician licensed to practice in Georgia who is knowledgeable in stroke care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ACUTE CARE AREA (EMERGENCY DEPARTMENT ) and STROKE TEAM				
1 Protocols/care pathways (preprinted or electronic documents) for the acute workup of <b>ischemic and hemorrhagic stroke patients</b> are available for review in the Emergency Department's acute care areas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency Department has 24-hour access to physician expertise in the use of IV thrombolytic therapy in the diagnosis and treatment of ischemic stroke.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2 Pre-written Stroke Order set developed in collaboration with Hub Hospital. Each Remote Treatment Stroke Center must select a Georgia Coverdell-participating Primary Stroke Center as its partner Hub Hospital.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3 Written documentation (policy or protocol) exists for the stroke team notification system, with expected response times defined in the documentation. Response time adherence can be accomplished through telemedicine or a practitioner in contact with an experienced stroke practitioner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Unified Pagers or equivalent are used for team notification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ACUTE STROKE TEAM PROTOCOL				
Use of protocols is reflected in the order sets, pathways, or medical records.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4 ~ Protocol for monitoring and treatment of blood pressure and neurologic status after IV tPA according to consensus guidelines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5 ~ Protocol for the treatment of patients with tPA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6 ~ Protocols for dealing with complications of tPA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7 ~ Protocol for neurosurgery if it is needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8 ~ Protocol for expediting transfer to a Primary Stroke Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9 Written documentation shows evidence of neurosurgical coverage or protocol for transfer to an appropriate facility.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
~ For sites that do not transfer patients for neurosurgical emergencies, the stroke center has a fully functional operating room facility and staff for neurosurgical services within two hours of the recognized need for such services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Acute stroke protocols or order sets and pathways are reviewed and updated annually.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

DESCRIPTION		YES	NO	UNABLE TO DETERMINE
<b>RESOURCE REQUIREMENTS</b>				
Brain Imaging needs to be emergently available on-site 24 hours a day and 365 days a year, but interpretation does not have to be performed on site.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient evaluation may be performed off-site via telemedicine technology.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initial lab test is available on-site 24 hours a day, 7 days a week. Lab tests include a complete blood cell count with platelet count, coagulation studies (PT, INR), and blood chemistries.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The ability to emergently perform and report lab tests.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The ability to emergently perform an ECG and chest x-ray.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telestroke program includes the following: ~ Access to the hub is available 24 hours a day, 7 days a week ~ Pre-written Stroke Order Set developed in collaboration with the Hub Hospital. ~ Ability to read CT Scan. Facilities are encouraged to use technology to provide rapid access to imaging. ~ TPA Criteria developed in collaboration with the Hub Hospital ~ Wireless internet capability in Emergency Department ~ Interactive two-way audio and video strongly encouraged at bedside but not mandatory. In the absence of video, audio support from individuals with stroke expertise must be available.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>COMMUNITY RELATIONS</b>				
10	Documentation indicates at least one stroke public education activity performed per year.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>QUALITY IMPROVEMENT</b>				
11	The Remote Treatment Stroke Center's Quality Department holds quarterly meetings with the Remote Treatment Stroke Center's Medical Director (and other key personnel) to review Performance Improvement opportunities within the stroke program. An appropriate representative from the Hub Hospital (e.g. Stroke Coordinator or Stroke Center Medical Director) must participate in person or by teleconference in at least two of the regular meetings each year.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Evidence of specific stroke performance measurements, including a) use of IV tPA for eligible patients and b) door to needle time for patients who receive IV tPA and quarterly review by quality improvement department, stroke team members and stroke director.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	A rapid-cycle performance improvement plan exists to reflect regular review of processes with changes in processes made and evaluated to improve stroke patient care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>SIGNATURES</b>				
<b>Regional Director:</b> Print		<b>Hospital Representative:</b> Print		
Signature _____ Date: _____		Signature _____ Date: _____		
<b>Site Inspector:</b> Print		<b>Primary Stroke Center Representative:</b> Print		
Signature _____ Date: _____		Signature _____ Date: _____		