

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 IQVIA database Coverdell modified version of the GWTG (Get With The Guidelines) Stroke Patient Management Tool (PMT).
 - Sign and complete online version of the IQVIA Business Associate Agreement as well as the Coverdell Amendment to the Business Associate Agreement (which permits IQVIA 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 annual cost associated with the IQVIA PMT.
- ❖ Appoint a Remote Treatment Stroke Center 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 and Trauma 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 and Trauma 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 stroke patients in Georgia.

Hospital Name: _____

Today's Date: _____

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 Acute Stroke Registry (GCASR)[†]? Yes No

If **NO**, what is your target date to begin reporting data to GCASR? _____ - _____ - _____

Primary Stroke Center (Hub) Hospital your facility will work 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: [Georgia Primary Stroke Centers](#)

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, GA 30349**

[Link to Regional EMS Contacts](#)

[Link to Map of Georgia EMS Regions](#)

[†] 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](#) 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: _____

Primary Stroke Center Hospital: _____

DESCRIPTION	YES	NO	UNABLE TO DETERMINE
A. GENERAL			
1. Received letter of intent to become designated remote treatment stroke center from hospital CEO (initial inspection only)			
2. 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.			
B. ACUTE CARE AREA (EMERGENCY DEPARTMENT) and STROKE TEAM			
1. Protocols/care pathways (preprinted or electronic documents) for the acute workup of ischemic and hemorrhagic stroke patients are available for review in the Emergency Department's acute care areas.			
2. Emergency Department has 24-hour access to physician expertise in the use of IV thrombolytic therapy in the diagnosis and treatment of ischemic stroke.			
3. 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.			
4. 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.			
5. Unified Pagers or equivalent are used for team notification			
C. ACUTE STROKE TEAM PROTOCOL			
1. Use of protocols is reflected in the order sets, pathways, or medical records. <ul style="list-style-type: none"> a. <i>Protocol for monitoring and treatment of blood pressure and neurologic status after IV Alteplase according to consensus guidelines.</i> b. <i>Protocol for the treatment of patients with Alteplase</i> c. <i>Protocols for dealing with complications of Alteplase</i> d. <i>Protocol for neurosurgery if it is needed</i> e. <i>Protocol for expediting transfer to a Primary Stroke Center</i> 			
2. Written documentation shows evidence of neurosurgical coverage or protocol for transfer to an appropriate facility.			
3. <i>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.</i>			
4. Acute stroke protocols or order sets and pathways are reviewed and updated annually.			

DESCRIPTION	YES	NO	UNABLE TO DETERMINE
D. RESOURCE REQUIREMENTS			
1. 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.			
2. Patient evaluation may be performed off-site via telemedicine technology.			
3. 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.			
4. The ability to emergently perform and report lab tests.			
5. The ability to emergently perform an ECG and chest x-ray.			
6. Telestroke program includes the following: a. <i>Access to the Hub Hospital is available 24 hours a day, 7 days a week</i> b. <i>Pre-written Stroke Order Set developed in collaboration with the Hub Hospital.</i> c. <i>Ability to read CT Scan. Facilities are encouraged to use technology to provide rapid access to imaging.</i> d. <i>Alteplase Criteria developed in collaboration with the Hub Hospital</i> e. <i>Wireless internet capability in Emergency Department</i> f. <i>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.</i>			
E. COMMUNITY RELATIONS			
1. Documentation indicates at least one stroke public education activity performed per year.			
F. QUALITY IMPROVEMENT			
1. 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.			
2. Evidence of specific stroke performance measurements, including a) use of IV Alteplase for eligible patients and b) door to needle time for patients who receive IV Alteplase and quarterly review by quality improvement department, stroke team members and stroke director.			
3. 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.			

SIGNATURES

Printed Name of Regional Director	Signature	Date
_____	_____	_____
Printed Name of Site Inspector	Signature	Date
_____	_____	_____
Printed Name of Hospital Representative	Signature	Date
_____	_____	_____
Printed Name of Primary Stroke Center Representative	Signature	Date
_____	_____	_____