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Steps for Remote Stroke Treatment Center Designation

- ❖ Complete Remote Stroke Treatment 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 Stroke Treatment 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: \$1950 for acute care hospitals and \$764 for critical access hospitals. (Annual fees are valid through December 31, 2014).
- ❖ Appoint a Remote Stroke Treatment 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 Stroke Treatment 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 stroke 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 Stroke Treatment Center.
- ❖ Reviews will occur every 24 months





GEORGIA REMOTE STROKE TREATMENT 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	
GENERAL				
Received letter of intent to become designated remote stroke treatment center from hospital CEO (initial inspection only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A Remote Stroke Treatment 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				
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.	<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"/>	
Pre-written Stroke Order set developed in collaboration with Hub Hospital. Each Remote Stroke Treatment Center must select a Georgia Coverdell-participating Primary Stroke Center as its partner Hub Hospital.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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. ~ Protocol for monitoring and treatment of blood pressure and neurologic status after IV tPA according to consensus guidelines. ~ Protocol for the treatment of patients with tPA ~ Protocols for dealing with complications of tPA ~ Protocol for neurosurgery if it is needed ~ Protocol for expediting transfer to a Primary Stroke Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Written documentation shows evidence of neurosurgical coverage or protocol for transfer to an appropriate facility. ~ 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"/>	

