



STROKE CENTER DESIGNATION APPLICATION

Request for Designation/Re-Designation of Primary
Stroke Center or Emergent Stroke Ready Hospital

Application Signature Page

Name of hospital and address (typed)

The above named facility is requesting

Designation / Re-Designation

as either a

Primary Stroke Center (PSC)

Emergent Stroke Ready Hospital (ESRH)

In addition, the above named facility certifies that each requirement in this Application for Stroke Center Designation is met.

Typed name – CEO/Administrator

Signature - CEO/Administrator

Date

Typed name – Hospital Stroke Medical Director (PSC) or Director of Stroke Care (ESRH)

Signature – Hospital Stroke Medical Director (PSC) or Director of Stroke Care (ESRH)

Date

Typed Name– Chief Medical Officer (ESRH only)

Signature – Chief Medical Officer (ESRH only)

Date

Contact Person – Typed name, credentials and title

Contact Person – Phone number, fax number and email



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INSTRUCTIONS

Review the following instructions carefully:

- Utilize the checklist to ensure all required documentation is received by the Department. *Submit the completed checklist with your application.
- Every submission must include a completed signature page.
- Facilities requesting Primary Stroke Center (PSC) designation/re-designation complete Section A only.
- Facilities requesting Emergent Stroke Ready Hospital (ESRH) initial designation complete Section B only.
- Facilities requesting Emergent Stroke Ready Hospital (ESRH) re-designation must complete Section B every three years.
- Facilities designated as an Emergent Stroke Ready Hospital (ESRH) must complete Section C the first and second year after designation/re-designation to comply with the attestation requirement.
- Include any applicable supplemental documentation.

Send all stroke documentation to:

HSVI/Spinal Cord Injury Coordinator
Illinois Department of Public Health
422 S. 5th St., 3rd Floor
Springfield, IL 62701

Section A

Primary Stroke Center

Facility Checklist	Required Documentation	IDPH Use Only
	Hospital Name Attach documentation certifying the hospital is currently certified as a Primary Stroke Center by a nationally recognized certifying body approved by the Illinois Department of Public Health. Dates of current certification _____	
	Statement that the hospital meets the requirements for Primary Stroke Center Designation in Section 3.117 of the Act.	

For Illinois Department of Public Health Use Only

Approved

Denied

Signature Stroke Program Manager or Designee

Date



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Section B

Emergent Stroke Ready Hospital Application

Attach supporting documentation for each requirement outlined below.

Facility Checklist	Required Documentation	IDPH Use Only
	Hospital Name	
	1) A copy of the hospital's stroke policies, procedures, or <i>protocols related to the provision of emergent stroke care.</i>	
	2) A copy of the hospital's <i>transfer agreement with one or more hospitals that have board certified or board eligible neurosurgical expertise</i> , and policies, procedures or protocols related to the transfer.	
	3) The hospital stroke director's name, contact information and curriculum vitae or resume demonstrating the director is a <i>clinical member of the hospital staff or a clinical designee of the hospital administrator.</i>	
	4) A copy of the hospital's policies, procedures or protocols related to the administration of <i>thrombolytic therapy, or subsequently developed medical therapies that meet nationally recognized evidence-based stroke protocols or guidelines.</i>	
	5) A letter from the stroke director or hospital administrator indicating how the hospital <i>conducts and interprets brain image tests at all times</i> , which consider and reflect nationally recognized evidence-based stroke protocols or guidelines.	
	6) Documentation of laboratory accreditation by a nationally recognized accrediting body.	
	7) A sample <i>stroke log</i> or verification of use of a nationally recognized stroke data registry that meets the minimum requirements of Section 515.5090 and Section 3.117 (b)(3) of the Act.	
	8) Each Emergent Stroke Ready Hospital shall submit a description of its comprehensive ongoing quality improvement plan, including, but not limited to, all of the quality measurements in section 515.5070 (f). The description shall include the steps an Emergent Stroke Ready Hospital would use to implement performance improvement processes.	

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Approved

Denied

Signature Stroke Program Manager or Designee

Date



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Section C

Emergency Stroke Ready Hospital Re-Designation

The hospital shall provide the Illinois Department of Public Health with updated supporting documentation, including quality outcomes, indicating compliance with emergent stroke ready designation criteria in Section 515.5060. Hospitals shall submit a full application every three years.

Date of Initial Designation _____

Facility Checklist	Required Documentation	IDPH Use Only
	Hospital Name	
	<p>Quality outcomes data shall include a summary of the following quality outcomes, as indicated by the stroke log: (515.5070, f, 1-6):</p> <ol style="list-style-type: none"> 1) Results time for door-to-blood coagulation study. 2) Completed time for door-to-brain imaging. 3) Results time for door-to-brain imaging. 4) Time for door-to-thrombolytic therapy, if applicable. 5) Time for door-to transfer from emergency department, if applicable. 6) Non-emergency department patients transferred out of the hospital for stroke diagnosis. 	
	Each Emergency Stroke Ready Hospital shall submit a copy of its comprehensive quality assessment, including, but not limited to, all of the quality measurements that do not meet nationally recognized evidenced-based stroke guidelines. For each outcome not meeting national guidelines, the Emergency Stroke Ready Hospital shall implement a written quality improvement plan (515.5070, g).	
	Written attestation that the facility meets and will continue to meet the criteria for Emergent Stroke Ready Hospital designation. Include any supporting documents that have changed since the previous re-designation or annual attestation (515.5050, d).	

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Approved

Denied

Signature Stroke Program Manager or Designee

Date