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Steps for Remote Stroke Treatment Center Designation

- Complete Remote Stroke Treatment Center Application and send to DPH
 - o 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
 - o 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 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'sDate:		
	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 t	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) Hospit agreements and communication professional Primary Stroke Center Hospital: Secondary, if applicable: 	•	•		
Name of Primary Contact:		Title:		
•				
Telephone Number:	Email Address:			
	spitals currently designated as a Georgia F	· · · · · · · · · · · · · · · · · · ·	er, visit:	
To participate in this program, the applica 110 et seq. and the Department Rules & Ro revocation of a hospital's designation as a	egulations under Chapter 511-9-204. Fa	ilure to do so may		
Print Name	Signature		Date	
Please return this form to: Georgia Office of EMS/Trauma	Map of Georgia EMS Regio	ons and Regional FM	1S Office Directory:	
2600 Skyland Drive, Lower Level	, ,	http://dph.georgia.gov/regional-ems-offices-0		

[†] Prior to being identified as a Remote Treatment Stroke Center, the hospital must first be registered and participate in the <u>Georgia Coverdell Acute Stroke Registry</u> ("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 STROKE TREATMENT CENTER CHECKLIST

Hospital Name:		Today's Date:			
Telephone Number:	nail Address:				
Name of Primary Contact:		Title:	Title:		
Primary Stroke Center Hospital:					
DESCRIPTION		YES	NO	UNABLE TO DETERMINE	
GENERAL					
Received letter of intent to become hospital CEO (initial inspection only)	e designated remote stroke treatment center from				
	Medical Director is appointed. have to be a board-certified neurologist; however, physician licensed to practice in Georgia who is				
ACUTE CARE AREA (EMERGEN	CY DEPARTMENT				
	d or electronic documents) for the acute workup of patients are available for review in the Emergency				
Emergency Department has 24-ho thrombolytic therapy in the diagnosis	ur access to physician expertise in the use of IVs and treatment of ischemic stroke.				
	eloped in collaboration with Hub Hospital. Each r must select a Georgia Coverdell-participating Hub Hospital.				
system, with expected response tir	protocol) exists for the stroke team notification nes defined in the documentation. Response time rough telemedicine or a practitioner in contact with				
Unified Pagers or equivalent are use	ed for team notification				
ACUTE STROKE TEAM PROTO	COL				
•	rder sets, pathways, or medical records. tment of blood pressure and neurologic status after idelines.				
~ Protocol for the treatment of pati	ents with tPA				
~ Protocols for dealing with compl	ications of tPA				
~ Protocol for neurosurgery if it is	needed				
~ Protocol for expediting transfer t	o a Primary Stroke Center				
Written documentation shows evice transfer to an appropriate facility.	dence of neurosurgical coverage or protocol for				
	patients for neurosurgical emergencies, the stroke perating room facility and staff for neurosurgical cognized need for such services.				
Acute stroke protocols or order sets	and pathways are reviewed and updated annually.				

DESCRIPTION			NO	UNABLE TO DETERMINE
RESOURCE REQUIREMENTS				
Brain Imaging needs to be emergently available on-site 2 year, but interpretation does not have to be performed or	•			
Patient evaluation may be performed off-site via telemedi	cine technology.			
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.				
The ability to emergently perform and report lab tests.				
The ability to emergently perform an ECG and chest x-ray	у.			
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.				
COMMUNITY RELATIONS				
Documentation indicates at least one stroke public education activity performed per year.				
QUALITY IMPROVEMENT				
The Remote Stroke Treatment Center's Quality Department holds quarterly meetings with the Remote Stroke Treatment 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.				
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.				
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				
-	Hospital Representative: Print			
	Signature Date:			
Site Inspector:	Primary Stroke Center Representa	ntive:		
-	Print			
Signature Date:	Signature Date:			