Arkansas Department of Health
4815 West Markham Street • Little Rock, Arkansas 72205-3867 • Telephone (501) 661-2000
Governor Asa Hutchinson
José R. Romero, MD, Secretary of Health

Arkansas Stroke Ready Hospital (ArSRH) Re-Designation Application: 2021-2022

Purpose

Any facility requesting re-designation as an Arkansas Stroke Ready Hospital (ArSRH) must submit the attached *Re-Designation Application* to the Arkansas Department of Health (ADH) every three (3) years. Hospitals may choose to seek higher levels of stroke designation such as Primary Stroke Center (PSC) or Comprehensive Stroke Center (CSC) offered by The Joint Commission.

Of note, the initial designation as an ArSRH by the ADH is a testament of the hospital's capacity and capability to provide the recommended stroke care based on the designation. Re-designation as an ArSRH demonstrates the quality and performance measures for optimal stroke care in addition to demonstrating capacity and capability.

Section A. ARKANSAS STROKE READY HOSPITAL RE-DESIGNATION GUIDELINES

The process to apply for and receive re-designation as an ArSRH is to be submitted as follows:

1. Application is to be submitted between sixty (60) and ninety (90) days prior to the expiration date of ArSRH designation.
2. Hospital representative completes Sections B, C, and D of this application. If any of the required measures fall below the specified ADH benchmark, a Corrective Action Plan (CAP) addressing each deficient measure must be submitted to ADH staff along with the completed re-designation application via e-mail. The CAP is a step-by-step plan to explain how performance is to be improved (NOTE: please use the CAP template provided in Section E).
    a. A CAP is needed only if any of the required measures do not meet or fall below the ADH benchmark; a CAP is not required for any of the reporting measures
3. Email completed application to Joanne.Labelle@arkansas.gov
4. The ADH re-designation team will review the application.
    a. The number of required measures that fall below the ADH benchmark will determine the re-designation process
        i. If no required measures fall below the ADH benchmark, the re-designation application will be approved
        ii. If one or two required measures fall below the ADH benchmark, the hospital needs to submit CAPs for each deficient measure and the re-designation application will be approved after review of CAPs

iii. If three or more required measures fall below the ADH benchmark, the hospital needs to submit CAPs for each deficient measure and a timeline to address them. The hospital needs to submit at least three (3) months of new data into the Arkansas Stroke Registry (post-date of CAP) and then the ADH will re-evaluate at that time.

b. Upon approval, ADH issues a letter to the hospital extending the license term as an ArSRH for an additional three (3) years. Furthermore, ADH provides certificate of designation providing proof of the ArSRH term extension.

c. If the hospital is required to re-submit a new application for re-designation due to three or more required measures having failed to meet the ADH benchmark, the ADH team decides if re-designation is appropriate upon receipt of the new application.
    i. If approved, an official letter of designation and certificate of designation is provided to the hospital.
    ii. If any data continues to fall short of the specified benchmark and the application is not approved, the ADH team informs hospital staff and indicates the path forward for re-designation at that point.

Additional information:

- On a quarterly basis (at minimum), the Arkansas Stroke Ready Hospital creates GWTG-Stroke measure reports as part of stroke care quality improvement meetings conducted with hospital staff and local EMS to evaluate performance. These measures include the following data points part of the ADH program review process: stroke band ID; EMS Pre-notification; NIHSS performed by hospital staff; Door-to-CT time <= 25 min; Door-in-Door-Out Times at First Hospital Prior to Transfer to Acute Therapy; Time to Intravenous Thrombolytic therapy – 60 minutes; IV-Thrombolytic: Arrive by 2 Hour, Treat by 3 Hour; IV-Thrombolytic Arrive by 3.5 Hour, Treat by 4.5 Hour; Early Antithrombotics; VTE prophylaxis; Antithrombotics; Anticoag for Afib/Aflutter; Smoking Cessation; Statin on Discharge; Dysphagia Screen; Stroke Education; Rehabilitation Considered and the CDC/COV Defect Free score. The hospital creates the most recent quarter of data available for each these measures using GWTG-Stroke and have this report ready for ADH staff to review as part of the annual stroke performance program review process.
- The Arkansas Stroke Ready Hospital Re-Designation review process does not require an on-site visit; however, the ADH reserves the right to perform site visits as needed.
- A hospital that is not designated by ADH cannot represent itself as an ArSRH.
- There are two categories of data points to be recorded within Section D of application for re-designation: “required” and “reporting.” While both categories are necessary for the hospital to disclose as part of this re-designation process, only the required measures are being evaluated to determine eligibility for re-designation. Reporting measures may become required in the future.
- Any Designated Stroke Center is required to notify the ADH if other Stroke Level of Certifications are denied or suspended/revoked.
- Any ArSRH that fails to submit a Re-Designation Application every three (3) years risks suspension/revocation of its designation.
- An ArSRH’s Designation may be denied/suspended for, but not limited to, any one of the following reasons:
    a. Failure to comply with applicable sections within the Arkansas Stroke Ready Hospital’s guidelines;
    b. Failure to provide care consistent with the facility’s capability and capacity;

c. Willful preparation or filing of false stroke reports, records, or data;
d. Fraud or deceit in obtaining or attempting to obtain designation status;
e. Failure to submit stroke data to the Arkansas Stroke Registry as described in the Arkansas Stroke Registry guidelines;
f. Failure to have appropriate staff and/or equipment required for an ArSRH as described in the ArSRH guidelines, as applicable;
g. Unauthorized disclosure of stroke medical or other confidential information.

Section B. LEVEL OF DESIGNATION

Designation Level (CHECK)	NONE	ArSRH	PSC	CSC	Other (Fill-in:) _____
Current Level:	☐	☐	☐	☐	
Applying For:		☐			

Does your hospital participate in either the UAMS Institute for Digital Health & Innovation Stroke Program or in the Mercy Telestroke Program?

Yes ☐ No ☐

If "No," specify the name of participating telestroke program: _____

Section C. FACILITY IDENTIFYING INFORMATION

Facility Name			
Mailing Address for Stroke Program Coordinator (include street address)			Main Telephone Number
City	State	Zip	County
Stroke Coordinator Name			
Email	Telephone		Fax

Section D. RE-DESIGNATION DATA METRICS

Hospital Reported % from GWTG-Stroke (most recent 12 months of available data)	Hospital Name: Date of Initial Designation: Time Period Reported (most recent 12 months):	ADH Benchmark (expected to increase annually)	Corrective Action Plan (add "X" to indicate a CAP is provided)
	Required Stroke Performance Measures		
	1. Pre-notification (% of cases of advanced notification by EMS for suspected stroke patients transported by EMS from scene).	75%	
	2. Stroke Band ID (% of stroke patients for whom a stroke band identification number was recorded in GWTG-Stroke).	75%	
	3. Door to CT Time <= 25 min (% of patients who receive brain imaging within 25 minutes of arrival).	75%	
	4. Time to Intravenous Thrombolytic Therapy – 60 Minutes (% of acute ischemic stroke patients receiving therapy during the hospital stay who have a time from hospital arrival to initiation of thrombolytic therapy administration ≤ 60 min.)	75%	
	5. IV Thrombolytic Therapy Arrive by 2 Hour, Treat by 3 Hour. (% of acute ischemic stroke patients who arrive at the hospital within 2 hours of time last known well and for whom IV thrombolytic was initiated at the hospital within 3 hours of time last known well).	75%	
	6. IV Thrombolytic Therapy Arrive by 3.5 Hour, Treat by 4.5 Hour (% of acute ischemic stroke patients who arrive at the hospital within 3.5 hours of time last known well and for whom IV thrombolytic was initiated at the hospital within 4.5 hours of time last known well).	75%	
	7. Feedback to EMS (Does the hospital currently provide feedback to local EMS on stroke patient final diagnosis and outcome? If so, indicate frequency i.e. daily, weekly, monthly, etc. and how the feedback is provided i.e. spreadsheet, telephone call, etc.) *NOTE: This measure is not tracked in GWTG-Stroke.*	At least once per quarter	
	8. Community Education (Does the hospital currently perform community outreach events specific to increase stroke awareness and/or usage of 911 when stroke is suspected? If so, indicate frequency) *NOTE: Measure not tracked in GWTG.*	At least one event per month	
	Reported Stroke Performance Measures		
	1. NIHSS Reported (% of ischemic stroke and stroke not otherwise specified patients with a score reported for NIHSS).	75%	N/A
	2. Early Antithrombotics (% of patients with ischemic stroke or TIA who receive antithrombotic therapy by end of day two).	75%	N/A
	3. Door-in-Door-Out Times at First Hospital Prior to Transfer to Acute Therapy (% of confirmed stroke patients for whom <= 90 minutes was spent in the ED prior to transfer to a higher-level stroke center e.g. PSC, CSC, etc. for time-critical therapy).	75%	N/A

For the Arkansas Department of Health Only

FULL DESIGNATION ☐ PROVISIONAL DESIGNATION ☐ DENIAL/INCOMPLETE APPLICATION ☐

Chief Medical Officer (Acting) State Chronic Disease Director	Section Chief, Stroke and STEMI
Branch Chief for EMS/Trauma, Stroke, STEMI	Medical Director of EMS and Trauma
State Stroke Nurse Coordinator	Chief Epidemiologist/Evaluator
Section Chief, EMS	Quality Improvement Contractor

Submit Completed Application and Checklist via email to:

Joanne.Labelle@arkansas.gov

For Question(s) Contact:

Joanne LaBelle, RN, MS, CPHQ, HRM
Arkansas Department of Health
Quality Improvement Contractor
4815 West Markham Street, Slot #14
Little Rock, AR 72205-3867
(501) 774-230-7288 (cell)
Email: Joanne.Labelle@arkansas.gov

Dr. Tammie Marshall, DNP, MSN, MHA, RN, CNE, CNS, ASLS Instructor
State Stroke Nurse Coordinator
Arkansas Department of Health
4815 West Markham Street, Slot 14
Little Rock, AR 72205-3867
(501) 671-1448 (office)
(501) 291-8779 (cell)
(501) 280-4729 (fax)
Email: Tammie.Marshall@arkansas.gov

Section E. CORRECTION ACTION PLAN (CAP) TEMPLATE – ARKANSAS STROKE READY HOSPITAL (ArSRH) Re-Designation

To receive an Word version of this template if more space is needed, contact Dr. Tammie Marshall or David Vrudny*

Date of Re-Designation Application:		Hospital:		Stroke Coordinator/ED Director Contact Information:	

I. Pre-Notification

No.	Findings/Specific Areas to be Improved	Proposed Corrective Action to be Taken to Improve Performance	Timeframe for Improvement (2 weeks -3 months)	Documentation of Improvement	Action Corrected (Y/N)
1.					

II. Stroke Band ID Recording

No.	Findings/Specific Areas to be Improved	Proposed Corrective Action to be Taken to Improve Performance	Timeframe for Improvement (2 weeks -3 months)	Documentation of Improvement	Action Corrected (Y/N)
1.					

III. Door to CT Time <= 25 min

No.	Findings/Specific Areas to be Improved	Proposed Corrective Action to be Taken to Improve Performance	Timeframe for Improvement (2 weeks -3 months)	Documentation of Improvement	Action Corrected (Y/N)
1.					

IV. Time to intravenous thrombolytic therapy – 60 minutes

No.	Findings/Specific Areas to be Improved	Proposed Corrective Action to be Taken to Improve Performance	Timeframe for Improvement (2 weeks -3 months)	Documentation of Improvement	Action Corrected (Y/N)
1.					

V. IV-Alteplase Arrive by 2 Hour, Treat by 3 Hour

No.	Findings/Specific Areas to be Improved	Proposed Corrective Action to be Taken to Improve Performance	Timeframe for Improvement (2 weeks -3 months)	Documentation of Improvement	Action Corrected (Y/N)
1.					

VI. IV-Alteplase Arrive by 3.5 Hour, Treat by 4.5 Hour

No.	Findings/Specific Areas to be Improved	Corrective Action to be Taken to Improve Performance	Timeframe for Improvement (2 weeks -3 months)	Documentation of Improvement	Action Corrected (Y/N)
1.					

VII. Feedback to EMS

No.	Findings/Specific Areas to be Improved	Corrective Action to be Taken to Improve Performance	Timeframe for Improvement (2 weeks -3 months)	Documentation of Improvement	Action Corrected (Y/N)
1.					

VIII. Community Education

No.	Findings/Specific Areas to be Improved	Corrective Action to be Taken to Improve Performance	Timeframe for Improvement (2 weeks -3 months)	Documentation of Improvement	Action Corrected (Y/N)
1.					

Your signature below indicates that I have received a copy of this Corrective Action Plan and that you understand and contributed to its contents (click for digital signature)

Hospital Stroke Coordinator/ED Director Signature: _____

Date: _____

Submit Completed Application and Checklist via email to:
Joanne.Labelle@arkansas.gov