



# STROKE CENTER DESIGNATION APPLICATION

Request for Designation/Re-Designation/Attestation of  
Acute Stroke-Ready Hospital without National Certification

## Application Signature Page

Name and address of hospital (typed)

Hospital  
Name:

Hospital  
Address:

The above named facility is requesting

Designation /  Re-Designation /  Attestation

as a

Acute Stroke-Ready Hospital without National Certification

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

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Typed name – CEO/Administrator

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Signature - CEO/Administrator

Date

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Typed name – Clinical Director of Stroke Care *(See instructions or criteria listed in Administrative Code 515.5060 ( c ) (4))*

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Signature – Clinical Director of Stroke Care

Date

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Typed Name– Chief Medical Officer

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Signature – Chief Medical Officer

Date

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Contact Person – Typed name, credentials and title

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Contact Person – Phone number, fax number and email



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### INSTRUCTIONS

Review the following instructions carefully:

- Provide the requested documentation for each requirement listed.
- Utilize the appropriate Application Checklist to ensure all required documentation is received by the Department.
- Submit the completed Application Checklist with your application.
- Every application submitted must include a completed signature page. Per Administrative Code 515.5060 (c) (4) the Clinical Director of Stroke Care may be a neurologist, neurosurgeon, emergency medicine physician, internist, radiologist, advanced practice nurse, or physician assistant (Section 3.11(b) (3) (c) of the Act.)
- Facilities requesting Acute Stroke-Ready Hospital without National Certification initial designation application must complete and provide the requested documentation for the Application Checklist A only.
- Facilities requesting Acute Stroke-Ready Hospital without National Certification re-designation must complete Application Checklist A, with supporting documentation, every three years (years 3, 6, 9, 12 of designation).
- Facilities designated as an Acute Stroke-Ready Hospital without National Certification must complete Application Checklist B the first and second year after designation/re-designation to comply with the attestation requirement (years 1, 2, 4, 5, 7, 8, 10, 11 of designation).
- The letter indicating how the hospital conducts and interprets brain images must be signed by the CEO or Stroke Director. The letter must indicate the hospital conducts and interprets brain image tests at all times, which consider and reflect nationally recognized evidenced based stroke protocols or guidelines.
- The Stroke Log must include, at minimum, all components exactly as listed in Administrative Code 515.5060 (7) (c) (A-M). Stroke Log Administrative Code Requirements can be found at: <http://www.ilga.gov/commission/jcar/admincode/077/077005150K50600R.html>
- The Comprehensive Quality Improvement plan must include, at minimum, all components exactly as listed in Administrative Code 515.5070 (f). Consider an addendum to the Hospital Quality Improvement Plan to incorporate this requirement. Comprehensive Quality Improvement Administrative Code Requirements can be found at: <http://www.ilga.gov/commission/jcar/admincode/077/077005150K50700R.html>
- Include any applicable supplemental documentation.
- Contact the Illinois Department of Public Health Stroke Program Coordinator with any questions regarding this application or required documents at 217-785-2080.

Send all stroke documentation to:

Stroke Program Coordinator  
Illinois Department of Public Health  
422 S. 5th St., 3rd Floor  
Springfield, IL 62701



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## Application Checklist A

### Acute Stroke-Ready Hospital without National Certification Initial Application and Re-Designation 3 year rotation

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 in Administrative Code 515.5060 and Section 3.117 (b)(3) of the Act.	
	8) Each Acute 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 Administrative Code 515.5070 (f). The description shall include the steps an Acute Stroke-Ready Hospital would use to implement performance improvement processes.	

**\*For Illinois Department of Public Health Use Only\***

Approved

Denied

\_\_\_\_\_  
Signature of Stroke Program Manager or Designee

\_\_\_\_\_  
Date



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## Application Checklist B

### Acute Stroke-Ready Hospital without National Certification Attestation for Current Designation

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. Administrative Code 515.5070 (f) (1-6)</p> <ol style="list-style-type: none"> <li>1) Results time for door-to-blood coagulation study.</li> <li>2) Completed time for door-to-brain imaging.</li> <li>3) Results time for door-to-brain imaging.</li> <li>4) Time for door-to-thrombolytic therapy, if applicable.</li> <li>5) Time for door-to transfer from emergency department, if applicable.</li> <li>6) Non-emergency department patients transferred out of the hospital for stroke diagnosis.</li> </ol>	
	<p>Each Acute 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 Acute Stroke-Ready Hospital shall implement a written quality improvement plan. Administrative Code 515.5070 (g).</p>	
	<p>Written attestation that the facility meets and will continue to meet the criteria for Acute Stroke-Ready Hospital designation. Include any supporting documents that have changed since the previous re-designation or annual attestation. Administrative Code 515.5050 (d).</p>	

**\*For Illinois Department of Public Health Use Only\***

Approved

Denied

\_\_\_\_\_  
Signature of Stroke Program Manager or Designee

\_\_\_\_\_  
Date