



STATE OF UTAH BUREAU OF EMS STROKE RECEIVING FACILITY DESIGNATION CRITERIA

SECTION 1: Emergency Department Staffing

1.1 Demonstrates that the Emergency Department is Staffed with an RN 24/7.		
1.2 Demonstrates that the Emergency Department staffed with a physician 24/7.		
1.3 Demonstrates that the Emergency Department staff is trained in the use of a standardized assessment for stroke severity.		
1.4 Documented assessment tools are available: (Please provide a copy of assessment tool(s) used).		
1.5 The Hospital uses a standardized acute ischemic stroke protocol.		
1.6 A copy of the protocol used is available.		
1.7 Thrombolytics are available in the hospital.		
1.8 A list of medications are available.		
1.9 The hospital Stroke Program uses a standardized guideline to access medication(s) needed to treat and respond to acute stroke. This guideline is used to minimize delays in stroke treatment.		
1.10 A copy of guidelines used is available.		

SECTION 2: Transfer and Transport Protocols

2.1 The hospital has a transport protocol with contingency plans for bad weather, no bed availability, etc.		
2.2 A copy of the protocol used is available.		

2.3 A detailed explanation of transfer guidelines for patients requiring transfer INTRA and/or POST thrombolytic therapy Management is available. Include ability to manage blood pressure during transport.		
2.4 Guidelines and documents are available.		
SECTION 3: Stroke Care and Treatment		
3.1 The hospital has an acute stroke team trained in acute stroke care.		
3.2 Provides a list of the stroke team.		
3.3 Describe designated stroke unit or ICU with appropriate telemetry or protocols for care of the acute stroke patient.		
3.4 The hospital has telestroke capabilities with a Comprehensive or Primary stroke center.		
SECTION 4: CT Availability		
4.1 The hospital has CT availability 24/7.		
4.2 Explains Radiology/CT Coverage.		
4.3 Stroke CT images able to be interpreted within 45 minutes of exam completion.		
4.4 Documentation of Radiologist coverage and Imaging read guidelines are available.		
SECTION 5: Laboratory Availability		
5.1 The hospital laboratory staff is available 24/7.		
5.2 Explains laboratory coverage at your facility.		
5.3 The following test results are available within 45 minutes of patient arrival (CBC, BMP, PT/PTT/INR). Provides documentation.		
SECTION 6: Quality Improvement Plan		
6.1 The hospital has a designated stroke coordinator.		
6.2 The role of the Stroke Coordinator is provided (Dedicated time to stroke program, reporting structure etc.).		
6.3 The hospital collects and reviews standard stroke quality improvement data in formal PI meetings held at least three (3) times per year.		

6.4 Documents show data elements and PI Committee Meeting Minutes.		
6.5 Evidence shows the structure of the Stroke PI Committee:		
6.6 Hospital collects and reports quality improvement data to the DPS Stroke Program on a quarterly basis.		
6.7 Documentation shows current data submission status to DPS.		
SECTION 7:Education		
7.1 The hospital provides yearly training for appropriate hospital staff related to stroke.		
7.2 Documentation of facility Stroke Education Plan is available for review.		
7.3 Appropriate public outreach education programs are sponsored and conducted by the hospital.		
7.4 Details of outreach education activities conducted during the reporting period are available for review.		

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