

North Carolina Stroke Prevention and Treatment Facilities Survey -2008

Facility name: _____

Survey completed by: _____ Title: _____

Does your facility care for patients with acute stroke? YES NO

If your facility does not care for patients with acute stroke, please stop and return to the address below.

Please check below to indicate the availability of the indicated programs or services at your facility. If available, check whether they can be performed 24/7 where indicated.

Diagnostic tests and procedures:

Platelet count, PT/PTT, blood glucose Available 24/7? YES NO

Brain CT scan Available 24/7? YES NO

Brain MRI scan Available 24/7? YES NO

Diffusion-weighted MRI

Magnetic resonance angiography

CT angiography

Catheter-based cerebral angiography

Carotid duplex ultrasonography

Transcranial Doppler ultrasonography

Transthoracic echocardiography

Transesophageal echocardiography

Programs and Services:

Use acute stroke clinical care pathway based on national guidelines

Stroke quality improvement program assessing national quality improvement markers (e.g., Joint Commission, N.C. Collaborative Stroke Registry, Get With the Guidelines-Stroke)?

Carotid endarterectomy (_____ number of procedures/year)

Carotid angioplasty/stenting (_____ number of procedures/year)

Emergency department

Acute stroke team

Stroke Program Coordinator

Pre-written stroke care orders

Stroke intravenous t-PA protocol

Endovascular neuro-interventionalist Available 24/7? YES NO

Neurologist Available 24/7? YES NO

Conduct at least 2 public stroke-related educational/ screening programs each year

Provide stroke patients with educational materials related to stroke prevention, treatment and calling 911 for relevant symptoms

Provide inpatient evaluation and education for post-discharge rehabilitation needs

Provide a current list of post-discharge stroke-related community resources

Clinics/ Facilities:

- Anticoagulation clinic
- Stroke Acute Care Unit (or equivalent)
- Inpatient Acute Rehabilitation

Has your facility treated any stroke patients with intravenous tissue plasminogen activator (t-PA) over the last year? YES (Approximate Number _____) NO

Has your facility treated any acute stroke patients with acute endovascular intervention over the last year? YES (Approximate Number _____) NO

Does your facility routinely use remote (i.e., telephone/ telemedicine) support for the management of your patients with acute stroke?
 YES NO

Does your facility have a policy or plan in place to transfer acute stroke patients outside your capabilities to another appropriate facility?
 YES (Up to 2 primary facility name(s) _____) NO

Does your facility have an inpatient rehabilitation unit for stroke patients?
 YES NO

If YES, do your rehabilitation providers evaluate compliance with the national (*Joint Commission or CARF*) guidelines for post-acute care?
 YES NO

Do key staff caring for stroke patients complete at least 2-hours of accredited stroke-related continuing education annually? YES NO

If your facility is not a Joint Commission -certified Primary Stroke Center
Do you have a pending application? YES NO
If not, are you planning to submit an application within the next 5 years? YES NO

What are your current hospital-based and community needs for improving stroke care?

Please return by mail using the enclosed envelope or by FAX using the enclosed FAX cover sheet by April 25, 2008.