IDAHO TIME SENSITIVE EMERGENCY SYSTEM

TRAUMA | STROKE | STEMI

Stroke Clarification Document

TSE Standards Manual Edition 2025-1

What is the purpose of the Clarification Document?

The Stroke Clarification Document was created to help provide further insight on what may be required/accepted for compliance of designation criteria. This document coincides with the current edition of the TSE Standards Manual and can be utilized by anyone (i.e. facility program managers, coordinators, TSE Surveyors, etc.).

Please note, not all criteria may be listed in this document. Do not hesitate to contact us with any questions or concerns. We would be happy to help in any way we can to assist you.

Whom do I contact?

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Center Level	Criteria Number	Criteria Element	Criteria Clarification
*A document can be an algorithm, a policy, a protocol, guidelines, a process map, etc.			
1. Personnel			
Stroke I Stroke II+ Stroke II Stroke III	Criteria 1.1	*Stroke Program Coordinator*	Provide a current job description and CV document.
Stroke I Stroke II+ Stroke II Stroke III	Criteria 1.2	*Stroke Medical Director*	**All levels:** Provide a current job description and CV document. **Stroke III:** "Sufficient knowledge of cerebrovascular disease" is defined by the center. Examples include board-certified or board-eligible in emergency or internal medicine. It may also be defined based on independent, internal training, competency, or education pathway.
Stroke I Stroke II+	Criteria 1.3	*Acute stroke team response time*	Provide data metric from the last 3 months (at minimum) for new applications; or, from the last 12 months for renewal applications. An acute stroke team is a designated team of trained physicians, APPs, nurses and/or staff that responds to the ED and/or inpatient setting to diagnose, manage, and treat individuals with symptoms of acute stroke. Acute stroke teams, team members, and roles are defined by the center. Each role must have a defined responsibility.
Stroke I Stroke II+ Stroke II Stroke III	Criteria 1.4 Criteria 1.4 Criteria 1.3 Criteria 1.3	*Coordinator & MD responsibility*	Stroke Program Coordinator and Medical Director are responsible for staff, community, and EMS education.
Stroke I Stroke II+	Criteria 1.5	*Neurologist response time*	Provide contract or other internal document(s) that define 24/7 availability and 15-minute response time.
Stroke I	Criteria 1.6	*Vascular Neurologist board-certified*	Provide supporting documentation confirming: • Board-certified or board-eligible of Vascular Neurologist; or • An ABPN-certified Neurologist who has completed 12-months of formal training in Vascular Neurology, or devotes 25% of practice time to Vascular Neurology which will be verified by a call schedule
Stroke I Stroke II+	Criteria 1.7 Criteria 1.6	*Vascular Surgeon response time*	Provide contract or other internal document(s) that define 24/7 availability and 30-minute response time.

Stroke I Stroke II+	Criteria 1.8 Criteria 1.7	*Neuro-Interventional response time*	Provide contract or other internal document(s) that define 24/7 availability and 30-minute response time.
Stroke I Stroke II+	Criteria 1.9 Criteria 1.8	*Critical Care or Neurocritical Care response time*	Provide contract or other internal document(s) that define 24/7 availability and 30-minute response time.
Stroke I	Criteria 1.10	*Center has Physical Medicine & Rehabilitation physicians*	Provide a schedule or other internal document(s) demonstrating availability of these specialties.
Stroke I Stroke II+	Criteria 1.11 Criteria 1.9	*Neurosurgeon response time*	**Stroke I:** Provide contract or other internal document(s) that define 24/7 availability within 30 minutes. **Stroke II+:** Provide contract or other internal document(s) that define 24/7 availability within 2hr response time.
Stroke I Stroke II+ Stroke II Stroke III	Criteria 1.12 Criteria 1.10 Criteria 1.4 Criteria 1.4	*Administrative support*	A letter of commitment signed by the CEO/President or Board Chair. Intent of the letter is to show support from administration, and stroke and emergency services. The Certification Statement will suffice as supporting documentation.
Stroke I Stroke II+ Stroke II	Criteria 1.13 Criteria 1.11 Criteria 1.5	*ED personnel trained in diagnose/treatment*	ED personnel can be defined as physicians, APPs, nurses, and/or other healthcare providers.
2. Training and Education			
Stroke I Stroke II+ Stroke II Stroke III	Criteria 2.1	*Stroke Program Medical Director's CME*	Provide CME certificates and/or other internal document(s) demonstrating required amount of annual stroke-related education for each year of designation (renewal designation) or within previous year (new designation).
Stroke I Stroke II+ Stroke II Stroke III	Criteria 2.2	*Stroke Program Coordinator's CE*	Provide CME certificates and/or other internal document(s) demonstrating required amount of annual stroke-related education for each year of designation (renewal designation) or within previous year (new designation).
Stroke I Stroke II+ Stroke II Stroke III	Criteria 2.3	*All center staff completes annual education on stroke*	Provide supporting documentation for the following: • Mechanism/venue to provide this education for all center staff • A copy of education material

Stroke I Stroke II+ Stroke II Stroke III	Criteria 2.4	*ED & Stroke Unit clinical staff annual training*	Stroke Units may be defined and implemented in a variety of ways. It does not have to be a specific unit exclusively utilized for the admission of stroke patients but must be the specified unit to which stroke patients are admitted, even if patients with non-stroke diagnoses are also admitted to the unit. Provide supporting documentation for the following: • Rosters or other internal document(s) reflecting staff compliance with initial and annual stroke training • Copy of education material
Stroke I Stroke II+ Stroke II Stroke III	Criteria 2.5	*Annual public stroke disease prevention education*	Provide list of events where stroke education was provided.
Stroke I Stroke II+ Stroke II Stroke III	Criteria 2.6	*Stroke patients & caregivers education*	Provide patient education materials and be prepared to demonstrate (via review of patient records at time of site survey) that education was given. Education should include signs/symptoms of stroke, 911 activation, risk factors, and discharge medications and plan.
Stroke I Stroke II+ Stroke II Stroke III	Criteria 2.7	*Annual employee stroke disease prevention education*	Provide supporting education materials.
3. Stroke Services			
Stroke II Stroke III	Criteria 3.1	*Neurologist response time*	Provide data metric from the last 3 months (at minimum) for new applications; or, from the last 12 months for renewal applications. “Experience in cerebrovascular care” is defined by the center. Examples include board-certified or board-eligible.
Stroke I Stroke II+	Criteria 3.1	*Neuro-Radiology services 24/7*	Provide a call schedule or other internal document(s) that shows availability of these services 24/7.
Stroke I Stroke II+	Criteria 3.2	*Diagnostic Radiology services 24/7*	Provide a call schedule or other internal document(s) that shows availability of these services 24/7.
Stroke I Stroke II+ Stroke II	Criteria 3.3 a-d Criteria 3.3 a-d Criteria 3.2 a-d	*Center-specific services 24/7*	Provide a call schedule or other internal document(s) that shows availability of these services 24/7.

Stroke I Stroke II+	Criteria 3.4	*Stroke nurses available 24/7*	Stroke nurses roles, responsibilities, and training are defined by the center. Be prepared to explain at time of site survey.
Stroke I Stroke II+ Stroke II Stroke III	Criteria 3.5 Criteria 3.5 Criteria 3.3 Criteria 3.2	*CT tech on-site or available 24/7*	**Stroke I, II+, & II:** Center must have a CT tech available on-site 24/7. **Stroke III:** Center may have a CT tech on call, with response time <30min.
Stroke I Stroke II+ Stroke II	Criteria 3.6 Criteria 3.6 Criteria 3.4	*CT or MRI initiated within 20 minutes of arrival at 80% achievement rate*	Provide data metric from the last 3 months (at minimum) for new applications; or, from the last 12 months for renewal applications. **80% achievement is for EMS activations only**. This excludes transfers from outside centers with appropriate imaging completed prior to arrival at Level I, II+, and II receiving centers.
Stroke I Stroke II+ Stroke II Stroke III	Criteria 3.7 Criteria 3.7 Criteria 3.5 Criteria 3.3	*CT or MRI interpreted*	Provide data metric from the last 3 months (at minimum) for new applications; or, from the last 12 months for renewal applications. **Stroke I, II+, & II:** This excludes transfers from outside centers with appropriate imaging completed prior to arrival at Level I, II+, and II receiving centers.
Stroke II	Criteria 3.6	*Intracranial & extracranial vascular imaging*	Provide a schedule or other internal document(s) that shows availability of these services.
Stroke I Stroke II+	Criteria 3.8	*Diffusion-weighted MRI available 24/7*	This will be verified at time of site survey.
Stroke I	Criteria 3.9	*MR angiography/ MR venography available 24/7*	
Stroke I Stroke II+	Criteria 3.10 Criteria 3.9	*CT angiography available 24/7*	
Stroke I Stroke II+	Criteria 3.11 Criteria 3.10	*Digital subtraction cerebral angiography available 24/7*	
Stroke I	Criteria 3.12	*Transcranial doppler available 24/7*	
Stroke I Stroke II+ Stroke II	Criteria 3.13 Criteria 3.11 Criteria 3.7	*Transesophageal & transthoracic echo*	

Stroke I Stroke II+ Stroke II	Criteria 3.14 Criteria 3.12 Criteria 3.8	*Carotid artery duplex ultrasound imaging*	This will be verified at time of site survey.
Stroke I Stroke II+ Stroke II Stroke III	Criteria 3.15 Criteria 3.13 Criteria 3.9 Criteria 3.4	*12-lead ECG & chest x-ray capability 24/7*	
Stroke I Stroke II+ Stroke II Stroke III	Criteria 3.16 a-c Criteria 3.14 a-c Criteria 3.10 a-c Criteria 3.5 a-c	*Laboratory or point-of-care testing 24/7*	This will be verified at time of site survey during the facility tour/chart review.
Stroke I Stroke II+ Stroke II Stroke III	Criteria 3.17 Criteria 3.15 Criteria 3.11 Criteria 3.6	*IV thrombolytic therapy available 24/7*	Provide evidence of thrombolytic of choice listed on hospital pharmacy formulary.
Stroke I Stroke II+	Criteria 3.18 a-g Criteria 3.16 a-g	*Review & collect data for mechanical thrombectomy metrics*	**Stroke I & II+:** Be prepared to present and discuss historical and current data at time of site survey during PI review. **Stroke I, Criteria 3.18f & Stroke II+, Criteria 3.16f:** Center must have a process of using internal and external benchmarking for purposes of driving PI. Examples include Idaho TSE Registry, GWTG-S Registry, AHA/ASA Target: Stroke, or other state/nationwide registry or initiatives.
Stroke II	Criteria 3.12	*Additional capabilities*	Provide supporting documenting reflecting services being offered beyond their level of designation.
Stroke II+	Criteria 3.17 Criteria 3.18	*If Neurosurgical services are provided…*	**Criteria 3.17:** Explain in text box. **Criteria 3.18:** Explain in text box. Qualified staff is defined by the center.
Stroke I	Criteria 3.19 – 3.25	*Stroke-related services 24/7*	Explain in text box. Services include Intra-Arterial (IA) recanalization, carotid endarterectomy, surgical treatment for intracranial cerebrovascular disease, placement of intracranial pressure transducer and ventriculostomy, and endovascular treatment of intracranial aneurysms/arterial venous malformations and vasospasm.
Stroke I	Criteria 3.26 & 3.27	*Stenting/angioplasty of extra/intercranial vessels*	Explain in text box.

Stroke I	Criteria 3.28	*OR coverage response time*	Provide data metric from the last 3 months (at minimum) for new applications; or, from the last 12 months for renewal applications.
Stroke I Stroke II+	Criteria 3.29 Criteria 3.19	*Interventional services response time*	Provide data metric from the last 3 months (at minimum) for new applications; or, from the last 12 months for renewal applications.
Stroke I Stroke II+ Stroke II	Criteria 3.30 Criteria 3.20 Criteria 3.13	*Post discharge stroke services*	Be prepared to explain at time of site survey. Examples of post discharge stroke services can be stroke support groups, cardiac event/Holter monitors, rehabilitation services, clinic services, etc.
Stroke I Stroke II+ Stroke II Stroke III	Criteria 3.31 a-g Criteria 3.21 a-g Criteria 3.14 a-g Criteria 3.7 a-e	*Protocols, order sets, & procedures for assessment & treatment of ischemic & hemorrhagic strokes*	Provide supporting documentation*. Be prepared to explain Stroke Program oversight at time of site survey. *Note: compliance data is not required, but will be reviewed during chart review on an individual patient basis.* **Stroke Level III, Criteria 3.7e v.:** Provide rosters or other initial document(s) reflecting staff compliance with initial and annual stroke training, and education materials.
Stroke I Stroke II+ Stroke II	Criteria 3.32 Criteria 3.22 Criteria 3.15	*Pharmacy adequately staffed*	Provide supporting documentation to show how medications are retrieved 24/7 (i.e. clinical schedule). Be prepared to explain at time of site survey pertaining to emergency services and internal definitions utilized to deem staff qualified.
Stroke I Stroke II+ Stroke II Stroke III	Criteria 3.33 Criteria 3.23 Criteria 3.16 Criteria 3.8	*Transfer protocol or guidelines*	Provide Diversion, Disaster Management, or EMTLA policies (Level I Centers); or consult processes to support appropriate triage of high-risk patients for Level II or Level III Centers. "Extreme circumstances" are non-process related, non-controllable variables that impact patient care such as natural or man-made disasters, equipment failure, severe staffing shortage, surges in patient volumes, mass casualty incidences, etc.
Stroke II Stroke III	Criteria 3.17 Criteria 3.9	*Transfer protocol with higher Stroke Center*	Be prepared to provide written agreements at time of site survey. Level III Centers can have an agreement with a Level I Center or a Level II Center, but do not necessarily have to have both.
Stroke I Stroke II+ Stroke II Stroke III	Criteria 3.34 Criteria 3.24 Criteria 3.18 Criteria 3.10	*EMS agencies training & education*	Provide a list of education opportunities showing facility involvement.
Stroke I Stroke II+ Stroke II Stroke III	Criteria 3.35 Criteria 3.25 Criteria 3.19 Criteria 3.11	*Collaboration with EMS agencies*	The center and EMS agencies should collaborate on the following pertaining to stroke care: transport policies and procedures, training, and quality improvement. Be prepared to explain at time of site survey.

Stroke I Stroke II+ Stroke II	Criteria 3.36 Criteria 3.26 Criteria 3.20	*Palliative care and/or comfort care initiation*	Provide supporting documentation*. Be prepared to explain at time of site survey.
4. Minimum Requirements			
Stroke II Stroke I, II+, & III	Criteria 4.1, *see note* No criteria, *see note*	*Program identifies clinical practice guidelines*	*Note: All designation levels must provide current version of guidelines.* Examples include AHA/ASA Guidelines for Care of Acute Ischemic Stroke & Hemorrhagic Stroke or Brain Attack Coalition Guidelines, ANVC, etc.
Stroke I Stroke II+ Stroke II Stroke III	Criteria 4.3 Criteria 4.2 Criteria 4.2 Criteria 4.1	*Designated stroke response team*	Provide supporting documentation*.
Stroke II	Criteria 4.3	*Collect data for door-in-door-out times*	Be prepared to present and discuss historical and current data at time of site survey during PI review. Door-in-door-out definition is available in the Idaho TSE Registry dictionary.
Stroke I Stroke II+ Stroke II Stroke III	Criteria 4.4 Criteria 4.3 Criteria 4.4 Criteria 4.2	*NIH Stroke Score neurologic assessment tool*	This will be verified at time of site survey during the facility tour/chart review.
5. Performance Measurement and Quality Improvement			
Stroke I Stroke II+ Stroke II Stroke III	Criteria 5.1	*Idaho TSE Registry submission*	Provide Idaho TSE Registry Letter. Contact the Idaho TSE Registry team at idahotse@teamiha.org.
Stroke I Stroke II+ Stroke II Stroke III	Criteria 5.2	*Door-to-needle benchmark metric*	Provide data metric from the last 3 months (at minimum) for new applications; or, from the last 12 months for renewal applications.
Stroke I Stroke II+ Stroke II Stroke III	Criteria 5.3	*Regional TSE Committee participation*	The Certification Statement will suffice as supporting documentation.

Stroke I Stroke II+ Stroke II Stroke III	Criteria 5.4 and below	*Center has a PI program*	Provide PI documentation for Criteria 5.4 and below. Be prepared to explain at time of site survey during PI review.
Stroke I Stroke II+ Stroke II Stroke III	Criteria 5.6	*Issues & decisions reviewed by PI program*	Examples of system and process issues can be documentation and communication.
Stroke I Stroke II+ Stroke II Stroke III	Criteria 5.7	*Benchmark goals*	Provide current version of guidelines. Examples include AHA/ASA Guidelines for Care of Acute Ischemic Stroke & Hemorrhagic Stroke or Brain Attack Coalition Guidelines.
Stroke I Stroke II+ Stroke II Stroke III	Criteria 5.12	*Feedback on all transferred patients*	Be prepared to explain at time of site survey.
Stroke I Stroke II+ Stroke II	Criteria 5.13	*PI program evaluates delays/availability of interventional suite or OR*	Be prepared to explain at time of site survey during PI review.
Stroke I Stroke II+ Stroke II Stroke III	Criteria 5.16 Criteria 5.16 Criteria 5.16 Criteria 5.13	*Stroke admissions & transfers*	There is a process to identify which stroke admissions and transfers require further review by PI program.
Stroke I Stroke II+ Stroke II Stroke III	Criteria 5.17 Criteria 5.17 Criteria 5.17 Criteria 5.14	*Diversion policy*	Provide supporting documentation*.
*A document can be an algorithm, a policy, a protocol, guidelines, a process map, etc.			