



# ACUTE STROKE READY HOSPITAL DESIGNATION APPLICATION

NORTH DAKOTA DEPARTMENT OF HEALTH  
 DIVISION OF EMERGENCY MEDICAL SYSTEMS  
 SFN (02/2022)

This form must be submitted in its entirety with all required documentation in order to be considered for designation.

Facility		
Street Address / PO Box		City
State	ZIP Code	Telephone Number

The above-named facility is requesting  Designation  Re-designation  Not eligible for designation as an Acute Stroke Ready Hospital (ASRH) in the state of North Dakota. If applicant is not eligible for designation, they are required to only complete page 1.

CEO/Administrator:	
Telephone Number:	Email:
Chief Medical Officer:	
Medical Director of Stroke Care:	
Director of Nursing/CNO	
Telephone Number:	Email:
Stroke Coordinator:	
Telephone Number:	Email:

This form may be completed and mailed to:  
 North Dakota Department of Health  
 Division of Emergency Medical Systems  
 1720 Burlington Dr – Suite A  
 Bismarck ND 58504-7736

You may also submit the completed form via e-mail to [dems@nd.gov](mailto:dems@nd.gov) or via fax at 701-328-0357.

Our website is: [www.health.nd.gov](http://www.health.nd.gov)

For questions, call our office at 701-328-2388 or e-mail us at [dems@nd.gov](mailto:dems@nd.gov).

For DEMS Office Use Only

Designation Number	
Date Issued	
Expiration Date	
Approved by	
Processed by	Process Date

Facility		
Does this facility have an emergency department?	Yes	No

List all physicians taking ED call and their specialty.

Name	Specialty
Name	Specialty
Name	Specialty
Name	Specialty
Name	Specialty
Name	Specialty

List all advanced practice providers (nurse practitioners and physician assistants) taking ED call and their specialty.

Name	Specialty
Name	Specialty
Name	Specialty
Name	Specialty
Name	Specialty
Name	Specialty

List EMS services transporting patients to the ED or transferring patients from this facility to a higher level of care (primary or comprehensive stroke center). Specify their level of care.

EMS Agency	Level of Care
EMS Agency	Level of Care
EMS Agency	Level of Care
EMS Agency	Level of Care
EMS Agency	Level of Care

Do local EMS personnel have training in Cincinnati Stroke Scale?	Yes	No
Is the facility stroke protocol reviewed and revised annually?	Yes	No
Does this facility participate in the North Dakota State Stroke Registry?	Yes	No

Facility		
Do members of the Acute Stroke Team and all emergency personnel receive a minimum of 2 hours of stroke education annually?	Yes	No
Are all members of the Acute Stroke Team NIHSS certified?	Yes	No
Does this facility have a stroke call log?	Yes	No
Does this facility have a written transfer agreement with primary or comprehensive stroke centers that have neurosurgical coverage on a 24/7 basis?	Yes	No
Does this facility have a stroke quality improvement program?	Yes	No
Does this facility use telemedicine services?	Yes	No
Door to Telemedicine Provider time?		
Describe your Stroke consult process? Which facility(ies) do you consult on Stroke care?		

### Lab Department

Does this facility have a lab department?	Yes	No
If yes, does this lab department have 24-hour coverage?	Yes	No
Hours staffed in-house		
Coverage when not in-house		
Response time		
Standard analysis of blood, urine, and other body fluids	Yes	No
Coagulation studies	Yes	No
Blood typing and cross matching	Yes	No
Comprehensive blood bank or access to blood bank	Yes	No
Fresh Frozen Plasma (FFP) available	Yes	No

Facility

**Pharmacy capabilities**

Vitamin K available	Yes	No
Prothrombin complex concentrate	Yes	No
Platelets available	Yes	No
tPA available	Yes	No

**Radiology Department**

Does this facility have a radiology department?	Yes	No
If yes, does this lab department have 24-hour coverage?	Yes	No
Hours staffed in-house		
Coverage When Not In-House		
Response time		
CT scanner	Yes	No
MRI machine	Yes	No

**Include the following documentation when submitting application:**

All stroke protocols used for treatment and triage of acute stroke patients in Emergency Department
Stroke activation protocol
Acute stroke log or verification of use of nationally recognized stroke data registry
Stroke process improvement program documentation with review of quality metrics
Call schedule for acute stroke team for the past month.
Stroke treatment guidelines
Stroke thrombolytic therapy protocol, order set
Copy of EMS triage and transport agreement
Transfer agreement with at least 1 primary stroke center or comprehensive stroke center