Hospital:

Address:

Name of Stroke Program Medical Director:

E-mail:Phone**:** Fax:

Name of Stroke Program Nurse Coordinator:

E-mail:Phone**:** Fax:

Hospitals shall meet the following requirements:

| **No.** | **Requirement** | **Does Hospital currently meet the Requirement?** |
| --- | --- | --- |
| **Yes** | **No** |
|  | The hospital shall have a written transfer agreement with at least one other Comprehensive Stroke Center that includes the following:1. Contact names
2. Contact phone numbers
3. Allows for timely transfer 24 hours a day, 7 days a week

**If yes, please attach a copy of the Agreement.** | [ ]  | [ ]  |
|  | The hospital shall publicly report outcomes related to interventional procedures, as determined by the hospital. | [ ]  | [ ]  |
|  | The hospital shall participate in the ReddiNet® and VMED28 communication systems. | [ ]  | [ ]  |
|  | The hospital shall have a dedicated telephone line to facilitate direct communication with EMS personnel, paramedic base hospitals and the Medical Alert Center. | [ ]  | [ ]  |
|  | The hospital shall have written transportation agreements with transport agency/private ambulance companies licensed in Los Angeles County. Written agreements shall include provisions to ensure type of transport vehicle (ambulance) and appropriate level of transport medical personnel (advanced life support: e.g., paramedic, nurse, physician) is available at the stroke referral facility within 60 minutes, 24 hours per day and 7 days per week. Utilization of the 9-1-1 system to conduct interfacility transports of stroke patients is not acceptable.**If yes, please attach a copy of the Agreement(s).** | [ ]  | [ ]  |
|  | The hospital shall have written transfer agreements with its Stroke Referral Facilities, including but not limited to Primary Stroke Centers. Written transfer agreements shall include, at a minimum, the following:1. List the specific responsibilities of the Comprehensive Stroke Center or Thrombectomy-Capable Stroke (TCS) Center and the Stroke Referral Facility;
2. Notification procedures including communication between facilities at the physician and nursing level;
3. Patient care procedures prior to the transfer of the patient;
4. Process to provide copies of all medical records and imaging to the receiving facility;
5. Notification of transport agency, unit and transport team.

**If yes, please attach a copy of the Agreement(s).** | [ ]  | [ ]  |
|  | **ONLY FOR TSC APPLICANTS. CSC APPLICANTS DO NOT NEED TO RESPOND THIS REQUIREMENT.**The hospital shall: 1) provide neurosurgical services **or** 2) have a written transfer agreement with another comprehensive stroke center that provides neurosurgical services. For hospitals that provide neurosurgical services, **a copy of the written plan** and the 3 most current months of neurosurgical call schedules **needs to be attached**. For hospitals that do not provide neurosurgical services, attach a copy of the **transfer agreement(s)**. | [ ]  | [ ]  |