



A Program of the American Osteopathic Association

Application / Reapplication for Primary Stroke Center Certification

Eligibility

To be eligible to apply for Primary Stroke Center Certification, healthcare facilities must be currently accredited.

All applications must be accompanied by the appropriate fees. Contact the HFAP office for specifics regarding your facility.

This application is a **sample only**. All facilities applying for re/accreditation must complete an application online at www.hfap.org. For questions regarding this process, please contact our offices at info@hfap.org or 312-202-8258.

REQUIRED MATERIALS

To initiate the HFAP Primary Stroke Center certification process, submit the following documents along with the biennial registration fee. These materials will be reviewed by the surveyor team in advance of the onsite survey to become familiar with your procedures.

Send to HFAP with Application for Level 1 and Level 2 Certification:

1. Application Form, completed
2. Terms of Agreement, signed
3. Business Associate Agreement, signed
4. Organizational Chart, depicting the Primary Stroke Center
5. Copy of the current state hospital license
6. Copy of the National Guidelines (or other pertinent references) used to develop the Written Patient Care Protocols (e.g. Brain Attack Coalition, American Stroke Association, American Heart Association, etc.)
 - a. Relative to the EMS and Emergency Department (hyperacute) phase of care
 - b. Relative to care of the patient following hospital admission
 - c. Relative to the Ischemic Stroke Drug Therapy
 - d. Relative to the Hemorrhagic Stroke Management
 - e. Relative to Physical Rehabilitation Evaluation and Initiation of Therapy
7. Documents
 - a. The neurological evaluation tool utilized throughout facility
 - b. The Acute Stroke Team Response Log (sample page)
8. Written Patient Care Protocols for
 - a. Emergency Medical Services (EMS)
 - b. Emergency Department
 - c. Administration of tPA Drug Therapy
 - d. Stroke Unit
9. Submit all items above and the following QAPI monthly outcome data for the past 12 months:
 - a. Acute Stroke Team arrives within 15 minutes of notification (Standard 01.00.09)
 - b. Laboratory policies/data that reflect turnaround time. (Standard 01.07.01)
 - c. Radiology policies/data that reflect timeline for completion and interpretation of CT/MRI brain scans. (Standard 01.06.01)
 - d. Neurosurgical services are available within two (2) hours of need, if applicable. (Standard 01.05.01)
 - e. Patients eligible for tPA received tPA within three (3) hours of symptom onset and if not, documentation to reflect reason and plan of correction. (Standard 01.01.02)

SECTION A: FACILITY INFORMATION

Facility Name (as it should appear on the Primary Stroke Center certificate):

Street Address

City/State/Zip

Main Facility Telephone Number

Web Site Address

Does your facility have Wi-Fi capabilities in all areas of the building?

Medicare Provider Number: _____

Medicaid Provider Number: _____

Is this facility part of, owned, operated, managed by, or affiliated with another organization such as a corporate health system or a multi-hospital group?

No Yes If yes, kindly provide the following information:

Corporate Name

Corporate Address

City, State, Zip

Corporate CEO

Phone

Email

SECTION B: QUALITY DATA / STATISTICAL INFORMATION

HFAP requires that all data / statistics reported are for the most recent twelve (12) month reporting period, unless otherwise stated.

- A. Has the Stroke Center treated a minimum of 30 patients using the Stroke Protocol? (Note: Patients eligible for the Stroke Protocol are those determined to have Ischemic stroke, Hemorrhagic stroke, or Transient Ischemic Attack.)

No Yes

- B. For the past 12 months, indicate the number of patients placed on the Stroke Protocol by your facility. (Note: Indicate only the number of Ischemic stroke, Hemorrhagic Stroke, and Trans-Ischemic Attack patients placed on the Stroke Protocol.)

Type of Stroke Protocol Patient	Number of Patients Placed on the Stroke Protocol in past 12 months
1. Ischemic Stroke:	
2. Hemorrhagic Stroke:	
3. Transient Ischemic Attack (TIA):	
4. Total number Stroke Protocol patients treated:	

SECTION C: COMPOSITION OF THE ACUTE STROKE TEAM

Indicate the number of Acute Stroke Team members for each category.

Title	Total	Title	Total
Medical Director		Radiologists	
Neurologists		Radiology Technologists	
Neurosurgeons		Nuclear Medicine Technologists	
Emergency Department Physician		Physical Therapists	
Nurse Practitioner		Occupational Therapists	
Physician Assistants		Speech Language Pathologists	
Registered Nurses		Other:	
Pharmacists		Other:	

SECTION D: DISEASE SPECIFIC CERTIFICATIONS

Indicate below, any addition certification(s) the Primary Stroke Center currently holds.
Check all that apply:

- American Heart Association
- JCAHO
- None
- Other _____

SECTION E: REQUEST FOR DISEASE SPECIFIC CERTIFICATION

Indicate below the level of certification requested.

- HFAP Primary Stroke Center – Level 1 Certification
 1. Eligibility:
 - The policies, protocols, processes, and personnel as listed in the *HFAP Certification Requirements for Stroke Centers* are in place, and
 - The facility has initiated the quality assessment / performance improvement measures as described in the *Certification Requirements for Stroke Centers*, and,
 - A minimum of 30 patients have been placed on the Stroke Center protocol in the past 12 months. Patients eligible for the Stroke Center protocol include those who following CT scan have a diagnosis of Ischemic Stroke, Hemorrhagic Stroke, or Transient Ischemic Attack (TIA.)
 2. An onsite, 1 day survey is required for facilities seeking HFAP Primary Stroke Center- Level 1 Certification status
 3. The HFAP Primary Stroke Center- Level 1 Certification is valid for two (2) years.
- HFAP Primary Stroke Center – Level 2 Certification
 1. Eligibility:
 - The policies, protocols, processes, and personnel as listed in the *HFAP Certification Requirements for Stroke Centers* are in place; and,
 - The facility has initiated the quality assessment / performance improvement measures as described in the *HFAP Certification Requirements for Stroke Centers*; however,
 - The facility has not achieved the requirement of 30 patients on the Stroke Protocol within the past 12 months.
 2. An onsite, 1 day survey is required for facilities seeking HFAP Primary Stroke Center – Level 2 Certification status
 3. The HFAP Primary Stroke Center – Level 2 Certification is valid for one (1) year.
 4. NOTE: If a facility has placed 30 patients on the Stroke Center protocol within the past 12 months, Level 2 Certification is not indicated. The facility may apply directly for HFAP Primary Stroke Center – Level 1 Certification.

SECTION F: CONTACT INFORMATION

Chief Executive Officer:

Name

Preferred Title

Telephone

Fax

Email

Medical Director – Stroke Center:

Name

Preferred Title

Telephone

Fax

Email

Medical Director – Emergency Department:

Name

Preferred Title

Telephone

Fax

Email

Director / Manager of Stroke Unit (if applicable):

Name

Preferred Title

Telephone

Fax

Email

Accreditation Coordinator / Contact Person:

Name

Preferred Title

Telephone

Fax

Email

APPLICATION FOR CERTIFICATION SURVEY AGREEMENT

Obtaining accreditation is one of several steps in the process of becoming eligible for reimbursement for care provided to Medicare and Medicaid patients. The process of accreditation is separate and distinct from the process of reimbursement. The Centers for Medicare and Medicaid Services retains sole and final authority on decisions of eligibility for Medicare and Medicaid reimbursement. Accordingly, any questions related to reimbursement issues and the process for becoming eligible for reimbursement should be referred to the facility's Regional Office (RO) of the Centers for Medicare and Medicaid Services.

The undersigned makes application to the Healthcare Facilities Accreditation Program (HFAP) for a Primary Stroke Center certification survey of this facility. As the administrative representative of this facility, I certify that the facility meets all eligibility requirements for Primary Stroke Center certification by the Healthcare Facilities Accreditation Program (HFAP) and grant permission to the state licensing agency or any other licensing/accreditation group to release facility records to HFAP for any review deemed necessary as part of the accreditation process.

The Healthcare Facilities Accreditation Program (HFAP) will ensure that all information received in the course of facility application, survey, and accreditation review will be maintained confidential and used for the sole purpose of reaching a certification decision except as otherwise required by law.

I certify that the information contained in this application for Primary Stroke Center certification is accurate and true. I understand that providing falsified documents of information may be grounds for denial or revocation of facility certification.

By signing this application for HFAP Primary Stroke Center certification, I understand that the facility is responsible for timely payment of all applicable certification fees including those costs associated with the biennial survey, any directed or mid-cycle surveys, and intra-cycle data processing fees. Non-payment is grounds for denial or revocation of certification.

In the event that this facility has any disagreement with HFAP regarding any aspect of the certification procedures or decisions, I understand that the facility has the right to appeal such decision in accordance with the HFAP appeal procedures in place at the time of appeal. Final decision rests with the Board of Trustees of the American Osteopathic Association (AOA). The facility shall not be entitled to compensatory damages of any type from HFAP or any of its representatives resulting from any controversy related to certification. HFAP's aggregate liability shall not exceed the sum of (a) the fees paid to HFAP pursuant to this Agreement.

Name of Organization *(Please PRINT)*

Chief Executive Officer *(Please PRINT)*

Chief Executive Officer (Signature)

Date