

**Stroke System of Care Act and Other Thrombolytic Care Options
PENNSYLVANIA DEPARTMENT OF HEALTH
APPLICATION**

FACILITY NAME:

FACILITY ADDRESS (Including City and Zip):

FACILITY COUNTY:

FACILITY DOH LICENSE NUMBER:

FACILITY CEO:

FACILITY PHONE:

FACILITY FAX:

ALTERNATE CONTACT IF DESIRED:

ALTERNATE PHONE:

ALTERNATE FAX:

EMAIL ADDRESS:

BACKGROUND: On June 12, 2017, Governor Wolf signed Act 4 of 2017. Act 4 created two additional designations for stroke care at acute care hospitals. Now, a hospital may be designated as a Comprehensive Stroke Center or an Acute Stroke-Ready Hospital, in addition to the existing designation of Primary Stroke Center. Under Act 4, the Department of Health (Department) will recognize a hospital as a Primary Stroke Center, a Comprehensive Stroke Center, or an Acute Stroke-Ready Hospital upon submission of an application demonstrating that the hospital is certified as such by the Joint Commission or another nationally recognized accreditation organization. The designation shall last as long as the hospital remains certified as such by the accreditation organization, unless the designation is suspended or revoked by the Department. Act 4 took effect on Aug. 11, 2017.

While Act 4 of 2017 specifically identified Primary Stroke Centers, Comprehensive Stroke Centers, and Acute-Stroke Ready Hospitals the Department recognizes the Joint Commission's implementation of Thrombectomy-Capable Stroke Centers (TSC). With the collective goal of optimizing public health through the reduction of healthcare disparities the Department has updated the application to include these Thrombectomy-Capable Stroke Centers. These facilities will be listed on a comparable list published on the Department's website.

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CERTIFICATION: I certify that I am the CEO of the above-named facility, and that the facility is in good standing with the Department and is certified by a nationally recognized accreditation organization as a Primary Stroke Center, Comprehensive Stroke Center, or Acute Stroke-Ready Hospital under Act 4. I am requesting this facility be recognized by the Department as one of the three types of designated stroke centers in order to establish a statewide stroke system of care through emergency medical services training and transport protocols. I also verify that the statements made in this form are true and correct to the best of my knowledge and are subject to the penalties of 18 Pa. C.S § 4904 (relating to unsworn falsification to authorities).

A copy of the facility's Stroke Care Certification by a nationally recognized accreditation organization must be submitted with this application. Any future change, including termination or re-accreditation of this designation, must be submitted to the Department via application. Failure to notify the Department of re-accreditation will result in the facility being removed from the approved list of stroke treatment facilities.

Please select the certification level you are asking the Department to recognize:

- Primary Stroke Center
- Comprehensive Stroke Center
- Acute Stroke-Ready Hospital
- Thrombectomy-Capable Stroke Center (TSC)

Printed name of CEO

Signature of CEO

Date

Application may be submitted to: Aaron M. Rhone, PhD - EMS Program Manager, Bureau of Emergency Medical Services, 1310 Elmerton Avenue, Harrisburg, PA 17110 or via email arhone@pa.gov