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MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
SECTION OF HEALTH STANDARDS AND LICENSURE

APPLICATION FOR STROKE CERTIFIED HOSPITAL DESIGNATION

SECTION A

In accordance with the requirements of the Chapter 190, RSMo, and the applicable regulations, this application is hereby submitted for designation as a stroke center. Please complete all information.

ORGANIZATION'S STROKE IDENTIFICATION NO.

CURRENT STROKE CERTIFICATION ORGANIZATION

☐ The Joint Commission ☐ DNV-GL Healthcare ☐ Healthcare Facilities Accreditation Program

CURRENT STROKE CERTIFICATION LEVEL

☐ Comprehensive Stroke Center ☐ Primary Stroke Center ☐ Acute Stroke-Ready Center

HOSPITAL INFORMATION

NAME OF HOSPITAL (NAME TO APPEAR ON DESIGNATION CERTIFICATE)	TELEPHONE NUMBER

ADDRESS (STREET AND NUMBER)	CITY	ZIP CODE

PROFESSIONAL INFORMATION

CHIEF EXECUTIVE OFFICER	CHAIRMAN/PRESIDENT OF BOARD OF TRUSTEES

STROKE MEDICAL DIRECTOR (NAME, EMAIL, AND CONTACT PHONE NUMBER)	STROKE PROGRAM MANAGER (NAME, EMAIL, AND CONTACT PHONE NUMBER)

SECTION B

The following should be submitted to the department as indicated:

☐ Proof of stroke certification with the Joint Commission, DNV-GL Healthcare or Healthcare Facilities Accreditation Program with the expiration date of the certification.

☐ Copy of the final stroke survey results from the Joint Commission, DNV-GL Healthcare or Healthcare Facilities Accreditation Program.

If applying for Acute Stroke-Ready/Level III Stroke Center designation, the following should be submitted to the Department:

☐ Formal agreement with Level I or Level II stroke center for physician consultative services for evaluation of stroke patients for thrombolytic therapy and the care of the patients post-thrombolytic therapy.

CERTIFICATION

We, the undersigned, hereby certify that:

A. We will annually and within thirty (30) days of any changes submit to the department proof of stroke certification with the Joint Commission, DNV-GL Healthcare or Healthcare Facilities Accreditation Program.
B. We will annually and within thirty (30) days of any changes submit to the department names and contact information of our medical director and the program manager of the stroke center.
C. We will submit to the department a copy of our final stroke certification survey results from the Joint Commission, DNV-GL Healthcare or Healthcare Facilities Accreditation Program within thirty (30) days of receiving such results.
D. We will participate in the emergency medical services regional system of stroke care in our respective emergency medical services region as defined in 19 CSR 30-40.302.
E. We will participate in local and regional emergency medical services systems by reviewing and sharing outcome data and providing training and clinical educational resources.
F. We will submit data to meet the data submission requirements outlined in 19 CSR 30-40.730(1)(Q).
G. We understand that our designation as a stroke center by the department shall continue only if our hospital remains certified as a stroke center by the Joint Commission, DNV-GL Healthcare or Healthcare Facilities Accreditation Program.

SIGNATURE OF CHAIRMAN/PRESIDENT OF BOARD OF TRUSTEES, OWNER, OR ONE PARTNER OF PARTNERSHIP	SIGNATURE OF HOSPITAL CHIEF EXECUTIVE OFFICER

SIGNATURE OF STROKE MEDICAL DIRECTOR	SIGNATURE OF DIRECTOR OF EMERGENCY MEDICINE