NC Stroke Systems of Care Survey

On behalf of the North Carolina Stroke Advisory Council and the Integrating and Accessing Care Work Group, we invite you to participate in the following brief survey to assist us in better understanding the state of the state for stroke care in North Carolina. This information will be used to determine next steps as we reevaluate the stroke plan for North Carolina in light of the recent advancements in stroke care and interventional stroke procedures. We look forward to working together with all of you to address our stroke systems of care and thank you in advance for your participation!

* 1. Hospital Information	1
Hospital	
City	
* 2. Contact Information	
First Name	
Last Name	
Title	
Phone	
Email	
3. Is your hospital a ce	ertified stroke center?
Yes, Comprehensive	Stroke Center
Yes, Primary Stroke C	Center and applying for Comprehensive Stroke Center in the next 6 months
Yes, Primary Stroke C	Center and applying for Comprehensive Stroke Center in the next year
Yes, Primary Stroke C	enter
Yes, Acute Stroke Rea	ady Hospital
○ No	
Comments:	

4. Does your hospital	offer interventional stroke services?	
No (Select and skip to	o Question 7)	
Yes, 24/7		
Yes, but not 24/7. Pl	ease describe when your services are provided, e.g. Mo	on-Fri 8-5, Mon-Fri 24/7, etc.
5. If yes, who is perfo	rming your interventions? (Select all that appl	ly.)
Neurosurgery		
Cardiology		
Neurology		
Interventional Radiolo	ogy	
Other (please specify	')	
6. If yes, how many in	nterventional cases did your hospital have in 2	2016?
7. What percentage o	f your stroke patients are transported to your	hospital from another hospital?
0	Percentage	100
	timate, what percentage of your stroke patien text boxes provided below):	its travel to your hospital from (note: for
< 25 miles		
25-50 miles		
50-75 miles		
75-100 miles		
> 100 miles		1

9. Does your hospital participate in telestroke services?
Yes, my facility is a hub (provides telestroke services)
Yes, my facility is a spoke (receives telestroke services)
○ No
Comments:
10. Does your hospital have protocols to address the following (select all that apply)?
Alteplase
Alteplase administration for outside 4.5 hour window
Transfer to primary stroke center
Transfer to interventional facility
Comments:
11. If your hospital has a policy for transfer to interventional facility, do you have a door-in-door out goal? If so, what is it?
My hospital is an interventional facility.
I am not sure if my hospital has a transfer to interventional facility policy in place,
My hospital is in the process of putting a transfer to interventional facility policy in place.
My hospital DOES NOT HAVE a transfer to interventional facility policy in place.
My hospital HAS a transfer to interventional facility policy in place, and our door-in-door-out goal is:
12. Do your primary EMS agencies utilize a stroke screening tool (Cincinnati, LA Pre-Hospital, etc)?
Yes
○ No
Unknown

13. If Yes, please indicate which stroke screening tool? (select all that apply)
Cincinnati Pre-Hospital Stroke Scale (CPSS)
Los Angeles Pre-Hospital Stroke Scale (LAPSS)
NIH Stroke Scale (NIHSS)
Miami Emergency Neurological Deficit (MEND)
Unknown
Other (please specify)
14. Do your primary EMS agencies utilize a stroke severity scale for assessment of a large vessel occlusion?
Yes
○ No
Unknown
15. If yes, which stroke severity scale? (select all that apply)
Cincinnati Stroke Triage Assessment Tool (CSTAT)
Field Assessment Stroke Triage for Emergency Destination (FAST-ED)
Los Angeles Motor Scale (LAMS)
Rapid Arterial Occlusion Evaluation Scale (RACE)
Vision, Aphasia Neglect Assessment (VAN)
Other (please specify)

7. Are you aware of the recently released AHA Mission: Lifeline Stroke algorithm? Yes, using it Yes, not using it Yes, reviewing it for possible adoption No Not sure	Is your region currently in the process of reasses lestination protocols for suspected large vessel occl	
Unknown omments (optional): 7. Are you aware of the recently released AHA Mission: Lifeline Stroke algorithm? Yes, using it Yes, not using it Yes, reviewing it for possible adoption No Not sure omments:	Yes	
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Yes, using it Yes, not using it Yes, reviewing it for possible adoption No Not sure omments:	comments (optional):	
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Yes, reviewing it for possible adoption No Not sure omments:		٠
Not sure comments:	Yes, not using it	
Not sure omments:	Yes, reviewing it for possible adoption	
omments:) No	
	Not sure	
8. What challenges does your hospital face related to your system of care or routing algorithms?	omments:	
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