



Designation Reference Guide: Acute Stroke Ready Hospital (ASRH) Designation

MINNESOTA STROKE PROGRAM 5.0

JANUARY 2026

For help navigating ASRH Designation, please contact:

Minnesota Department of Health- Stroke Program
health.stroke@state.mn.us

To obtain this information in a different format, email health.stroke@state.mn.us

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Welcome

We are pleased that your facility has decided to apply for initial designation or re-designation as an Acute Stroke Ready Hospital (ASRH)! This resource is your all-in-one guide to organizing everything you need for the designation application process. The designation application is comprised of two components: the electronic submission of documents for each criteria in the Minnesota Stroke Portal, and the one-day site visit facilitated by the Minnesota Department of Health (MDH) review team. Both components are combined to approve or deny designation.

This guide includes overview of the requirements, specifics about what to submit, an Appendix full of samples to reference, and what to expect at the site visit for validation of each criteria.

If you have questions or need clarification about any of the following criteria and supplemental documentation that you will be asked to submit as part of your ASRH designation application, please contact the Minnesota Stroke Program by email at health.stroke@state.mn.us.

Tips for Successful Submission

Please pay particular attention to the following documentation details asked of you for each submission requirement. This will benefit you and the Minnesota Department of Health (MDH) greatly by making the process much more efficient. Be mindful of the deadline for submission (April 1 or October 1).

Getting Started:

After you sign into the Portal, the Designation section is located at the top menu banner from the homepage. Click on New Application. Select your facility and designation level (**MDH Acute Stroke Ready Hospital**).

Reference previously submitted applications by your facility.

At any point in time if you need any clinical or technical support, please contact the MDH Stroke Program at health.stroke@state.mn.us

Application Sections & Submission

Contacts

Update Contacts section in your application.

If primary or secondary contacts need to be updated, please send contact updates to MDH Stroke Program at health.stroke@state.mn.us. Required information for primary/secondary contacts include Title/Position, First Name, Last Name, Phone, Email.

All fields marked with an asterisk* must be completed. To save click **Update**.

- CEO- The administrative leader at your facility. Titles may vary.

- Primary Contact- The on-site designated stroke coordinator. This person manages the workload of the stroke program. This role, in collaboration with the stroke medical director, comprises the Stroke Program Leadership Team.
- Secondary Contact- The designated program staff member that supports the stroke program and would be point of contact in the absence of the primary contact. (i.e., DON, quality department, ED nursing director)
- Stroke Medical Director- The on-site physician (or mid-level professional) that has experience in acute stroke care and is provides medical leadership for the stroke program.
- Registry/Data Entry- The staff member who submits data into the Minnesota Stroke Registry for your hospital.

Facility

Update Facility section by entering the name of the facility you are applying for.

Important! This is the name that will appear on the certificate we will send you once your application has been approved.

Documents:

All attachments must be in **PDF format**.

Once an attachment is successfully uploaded, it is saved into your application.

Name files with **short titles** that are pertinent to the document you are submitting.

Eliminate pages of unnecessary documentation by uploading only the documents, or sections of documents, that are necessary to illustrate the required criteria.

Ensure uploads are easy to read (i.e., not upside down, not vertical layout when should be horizontal, are legible, etc.)

Ensure all documentation (protocols, policies, order sets, agreements, letters, etc.) are up-to-date and are signed.

Follow the instructions on each page of the required section. Respond to the questions in the narrative box (if applicable to your level of designation) and click **Update** when finished to save narrative. Select **Choose File** to browse for the appropriate PDF and click on the file you would like to upload. Click **Attach** after each document.

Official Documents:

This section will be used for MDH staff to upload your facilities' official ASRH documentation which you can access for your own records.

ASRH site visit report

ASRH immediate action plan (if applicable)

ASRH certificate/letter

Submitting the Application:

Once all required documentation has been updated and uploaded, the red x will change into a green check mark next to the title of each section

1. In Progress 2. Pending Approval 3. Approved

Submit application Delete

Reviewers Contacts ✓ Facility ✓ Documents ✓ Official Documents

Reviewers

No reviewers assigned.

To submit your completed application, click on Submit Application.

An automated email from health.stroke@state.mn.us will be sent to you verifying application submission and next steps.

What to Expect after Submission:

- You will receive an automated MDH response that your application has been received.
- No news is good news! You will not typically receive application feedback from MDH.
- What you submit in the application is what your program will be evaluated upon.
- The designation report (sent post site visit) is the culmination of application review/findings and on-site review/findings
- Wait for MDH to follow up on next step – the site visit – which is a 6-month window after application submission
- Get a head start on site visit prep while you wait! Agenda, template powerpoint presentations, case review form, are available on the MDH Stroke Program website

Designation Criteria and Required Documentation

Criteria 1- STROKE CODE ACTIVATION LOG

Activation log is evidence of an Acute Stroke Team (AST) available 24 hours a day, 7 days a week.

Rationale: An Acute Stroke Ready Hospital (ASRH) must have a team in place that responds to stroke codes 24 hours a day, 7 days a week. A stroke code activation log is a process to track stroke code activations in real time and is evidence of an Acute Stroke Team (AST) response to stroke code 24 hours a day, 7 days a week. The activation log, and how it is utilized, is reviewed for effectiveness.

The AST may be staffed by a variety of healthcare personnel depending on the resources available at a particular facility. The AST includes all nurses and providers that respond to stroke, at a minimum, one nurse and one provider. Members of the AST should be available and/or on-call 24 hours a day, 7 days a week. Implementing a stroke code activation log to track response to stroke codes is required.

What do I need to submit?

Complete Narrative Section: Describe how the stroke code activation log and the stroke code activation process works at your facility. How do you track stroke code activations in real time? How does this document support your performance improvement process?

Please submit a **TEMPLATE of your stroke code activation log**. At a minimum this should include the following: date and time of activation, response time to bedside, final diagnosis, treatments, and discharge disposition.

What do I need for the site visit?

The site review team will ask to see your stroke code activation log/process and want to have an active discussion as to how it is utilized.

Criteria 2- WRITTEN STROKE PROTOCOLS, ALGORITHM, & SUPPORTING DOCUMENTS

Written stroke protocols, order sets and supporting documents for acute treatment in the Emergency Department.

Rationale: An Acute Stroke Ready Hospital should be able to deliver initial acute therapies that can improve outcomes for patients with a variety of strokes. This means having the appropriate policies, protocols, order sets and supporting documents in place for acute stroke treatment. Documents should be updated and reviewed at least annually by the Stroke Committee.

What do I need to submit?

Complete Narrative Section: Who are the key staff involved in the stroke code process? Describe what happens when you activate your code process. Describe what order sets are used and when.

A **written stroke protocol** for the Emergency Department, which should demonstrate diagnosis and acute treatment of ischemic stroke, transient ischemic attack (TIA), and hemorrhagic stroke patients. Your protocol should coincide with the most recent stroke guidelines. This document should include, at a minimum, the following components: activation criteria, roles and responsibilities of the Acute Stroke Team members, time goals, and patient monitoring.

A one-to-two-page **algorithm** that supports your written protocol and serves as a guide for stroke care in the code process.

Order sets that reflect the protocol. Include specific Emergency Department order sets that address: initial work up of stroke, thrombolytic treatment (dosing, administration and monitoring), hemorrhagic stroke management

Document that supports **inclusion/exclusion** criteria used for thrombolytic treatment decision-making.

If you regularly admit patients treated with thrombolytics please attach **admitting order sets** that are used for the care of these patients

What do I need for the site visit?

Written stroke protocols, order sets and supporting documents for acute stroke treatment in the Emergency Department. Documents are reviewed, staff are interviewed, and cases are audited, to ensure documents and processes are followed in practice, coincide with the most recent stroke guidelines and incorporate a process that allows for stroke code activation for patients presenting within 24 hours of last known well.

Resources:

Reference MDH Stroke Program Resources webpage for comprehensive stroke program and clinical resources health.state.mn.us/diseases/cardiovascular/stroke/resources.html

Criteria 3- EMS COLLABORATION

The EMS stroke protocols should detail how patients with suspected stroke will be triaged and routed to the most appropriate designated hospital.

Rationale: An Acute Stroke Ready Hospital depends on EMS personnel to identify potential stroke patients, provide pre-notification to the receiving facility, and stabilize and transport patients, all of which are essential for timely stroke care. EMS stroke protocols should clearly outline how suspected strokes are triaged, treated, and routed to the closest designated stroke hospital. EMS program involvement with the hospital in addition to EMS stroke protocols are reviewed.

What do I need to submit?

Complete Narrative Section: Which EMS agencies deliver stroke patients to you? How do you collaborate? Does EMS participate in your stroke committee? Do you provide education to EMS? Do you provide feedback to EMS on stroke cases?

EMS Stroke Protocol for each service that represents more than 30% of your stroke volume.

What do I need for the site visit?

EMS program involvement to be validated at time of site visit (e.g., included in stroke committee meetings, feedback process, education, PI). EMS staff members should be invited to attend the opening and closing session. During the facility tour the MDH review team will interview staff and would appreciate the opportunity to discuss EMS arrivals with an EMS representative. An interactive discussion regarding prehospital stroke protocols and EMS agency protocols that address transporting post-thrombolytic treatment.

Resources:

Reference MDH Stroke Program Resources webpage for comprehensive stroke program and clinical resources health.state.mn.us/diseases/cardiovascular/stroke/resources.html

Criteria 4- EDUCATION

Education on identification and treatment of acute stroke. To provide timely treatment to stroke patients a dedicated team of health care professionals needs to be organized and should have defined roles and responsibilities. The Acute Stroke Ready Hospital should identify members of the Acute Stroke Team. Each member of the AST (all nurses and providers that respond to stroke code in the ED) are required to receive stroke education at least two hours or two times per year. Note, the AST may also include laboratory, radiology, pharmacy, and other departments and may be incorporated into the educational plan.

Rationale: An Acute Stroke Ready Hospital requires an organized acute stroke team (AST). The ASRH should identify members of the AST and provide initial onboarding stroke education and at least two hours or two episodes of annual education. Education plans are to include identification and treatment of acute stroke. Each member of the AST (all nurses and providers (including locums) that respond to stroke code in the ED) are required to receive initial onboarding stroke education and at least two hours or two episodes of annual stroke education.

What do I need to submit?

Complete Narrative Section: How do you address staff education? Who is responsible for assigning and/or providing stroke education to staff? Who is responsible for tracking stroke education of staff?

A detailed table of the stroke education plan for the next three years with estimated date, staff targeted (AST) and expected educational hours. (Be sure to include providers.)

Onboarding education for new hires is required to be included in the education plan.

**For ASRHs that admit IV alteplase patients, it is strongly encouraged to include ICU nursing staff and admitting providers in the required stroke education.

What do I need for the site visit?

The MDH review team will request to view your educational tracking system/records. Be prepared to illustrate the educational offerings that have been provided over the last twelve months and be prepared to validate nurse and provider participation in education.

For locum providers or casual providers, it is acceptable to use an attestation letter completed by the provider detailing the date and stroke education completed externally.

Resources:

Reference MDH Stroke Program Resources webpage for comprehensive stroke program and clinical resources health.state.mn.us/diseases/cardiovascular/stroke/resources.html

[Example: Appendix A: Sample Stroke Education Plan](#)

[Example: Appendix A1: Sample Locum/Casual provider attestation letter](#)

Criteria 5- LAB TESTING CAPABILITY

The capacity to complete basic laboratory tests 24 hours a day, 7 days a week.

Rationale: An Acute Stroke Ready Hospital has the capacity to complete basic laboratory tests 24 hours a day, 7 days a week. Laboratory policy and Scope of Service documents should include hours of operation, on-call hours with staff response times, and process on turn-around times for STAT labs. The ability to perform and complete basic laboratory testing on patients with a stroke is essential for diagnosing metabolic and infectious disorders that can masquerade as a stroke syndrome, to ensure stroke patients can be treated with the proper medications, and to determine the possible etiology of some types of stroke.

What do I need to submit?

Complete Narrative Section: Is laboratory staff in-house 24/7 or do they have on-call hours? What is their response time when on call? What is the typical turn-around time for stat labs?

Scope of Service (SOS) or policy document should include:

- Lab hours of operation
- On-site and/or on-call hours and response times
- Process for STAT labs/expected turnaround times

What do I need for the site visit?

The MDH review team will ask to speak to lab staff to validate submitted documents.

Criteria 6- BRAIN IMAGING CAPABILITY

The capacity to perform and interpret brain imaging studies 24/7.

Rationale: An Acute Stroke Ready Hospital has the capacity to perform and interpret brain imaging studies 24 hours a day, 7 days a week. Radiology policy and Scope of Service documents are to demonstrate 24/7 capacity by delineating hours of operation including on-call hours and on-call CT staff response times. Interpretation services must be available 24/7. If your facility has CT-angiogram capabilities, work closely with Telestroke or Stroke Center partner to implement a process to evaluate patients for endovascular therapy (e.g., mechanical thrombectomy). Brain imaging confirms the absence of contraindications to thrombolytic therapy and help diagnose hemorrhagic strokes. This is an essential function of an ASRH.

What do I need to submit?

Complete Narrative Section: Are radiology technicians in-house 24/7 or do they have on-call hours? What is their response time when on call? Who completes radiology CT reads? What is the expected turnaround time for stat CT reads?

Scope of Service (SOS) or policy document should include:

- Radiology hours of operation
- On-site and/or on-call hours and response times
- Radiology services, coverage times, expected read back times for stroke

What do I need for the site visit?

The MDH review team will ask to speak to Radiology staff to validate submitted documents.

Criteria 7- DATA COLLECTION AND UTILIZATION

Demonstrate collection of data and utilization of data for performance improvement.

Rationale: An Acute Stroke Ready Hospital requires dedicated staff, establishment of key structural processes, consistent data abstraction, and commitment to continuous quality improvement. Data should be reviewed with the multidisciplinary stroke committee that meets regularly and opportunities for improvement should be identified.

What do I need to submit?

Ensure you are up to date on data submission in the Minnesota Stroke Registry

Complete Narrative Section: Explain how your program conducts performance improvement and quality improvement work. What is the process of case identification, case review and abstraction at your facility? What is the process of aggregating cases to help identify meaningful PI projects?

Evidence of stroke committee: Upload your stroke committee charter. A **stroke committee charter** serves as a foundational document that clearly defines the purpose, scope, responsibilities, and structure of a stroke committee. In hospitals or statewide systems of care, a charter creates alignment, transparency, and accountability for everyone involved.

Evidence of data collection: Ensure you are up to date on data submission in the Minnesota Stroke Registry

Evidence of utilization of data for performance improvement: Upload evidence of the leading performance improvement priority for your program (i.e. may utilize the MDH sample PDSA or any other PI tool that your program uses)

What do I need for the site visit?

The afternoon includes the data and performance improvement session. Utilize the PowerPoint template that is available for showcasing program PI process and projects.

Please include trends over time.

Include information about other PI efforts that may not coincide with door-to metric tracking (i.e., neuro check/bp monitoring/documentation). Make sure to include program specifics regarding how you do case review and follow-up.

Resources:

[Example: Appendix B: Stroke Committee Charter](#)

Reference MDH Stroke Program Resources webpage for comprehensive stroke program and clinical resources including the Stroke Performance Improvement Guide which offers more information about PI and tools:

health.state.mn.us/diseases/cardiovascular/stroke/resources.html

Criteria 8- TRANSFER PROTOCOLS

Transfer protocols and agreements for stroke patients.

Rationale: An Acute Stroke Ready Hospital may need to transport stroke patients to a higher level of care such as a Comprehensive Stroke Center, Thrombectomy-capable Stroke Center, or Primary Stroke Center. Written transfer protocols and agreements ensure that transportation arrangements are unambiguous, expectations for en-route care are clear, and appropriate documentation on the patient is provided to the receiving hospital.

What do I need to submit?

Complete Narrative Section: How do you initiate a transfer? Are patients typically transferred by ground or air service? Who is the primary transfer service utilized? Who is your primary receiving facility? Do you receive feedback on transferred patients?

A **stroke specific transfer protocol** from your own facility. This document should outline what you do to initiate and complete a transfer of a stroke patient. Include specifics such as phone numbers for receiving facility and for EMS options, considerations for mode of transport, medical management, and information transfer. This may be included in your overall stroke protocol.

A **stroke-specific transfer agreement or memorandum of agreement (MOA)** with at least one Thrombectomy-capable and/or Comprehensive Stroke Center. This document must include the 24/7 availability of neurosurgery and endovascular therapy (mechanical thrombectomy) capabilities. This may require a second agreement with a hospital that has endovascular therapy (mechanical thrombectomy) capabilities.

What do I need for the site visit?

MDH review team will facilitate an active discussion with acute stroke team response members regarding the process of transferring an acute stroke patient to higher level of care.

Criteria 9- STROKE PROGRAM ATTESTATION LETTER

A designated stroke program leadership team, including a stroke coordinator and medical director.

Rationale: An Acute Stroke Ready Hospital leadership team is to include a designated stroke coordinator and stroke medical director. In some settings, advanced practice nurses have been very successful in leading a stroke center. Whoever the leader is, they should demonstrate experience and expertise in the care of patients with cerebrovascular disease.

The manager/coordinator's position description must define their roles and responsibilities for the management and leadership of the stroke program and the stroke performance improvement process.

What do I need to submit?

Letter on hospital letterhead *co-signed* by the designated stroke medical director, designated stroke coordinator and hospital leadership attesting that each will serve in this capacity for the hospital and that the application submitted is accurate and current.

What do I need for the site visit?

Data and performance improvement session should include active discussion on roles and responsibilities of the stroke coordinator and how responsibilities for program components are divided among staff. Including but not limited to: FTE allotment, position description and roles such as: telestroke, EMS feedback, collaboration; protocols and maintenance; education; data abstraction; PI

Resources:

[Example: Appendix B: Stroke Program Attestation Letter](#)

Appendices

Appendix A: Sample Stroke Education Plan

Department	Hours needed	Content	Content hours
2026			
ED & ICU nursing	2 hours or 2x annually	IV thrombolytic competency NIHSS certification	0.5 hours 3 hours
All nursing staff	Annual	Stroke code process	0.5 hours
ED providers	2 hours or 2x annually	Annual Stroke education- provided by Telestroke partners NIHSS refresher	1 hours 1 hours
2027			
ED & ICU nursing	2 hours or 2x annually	IV thrombolytic competency Mock code	0.5 hours 1 hour
All nursing staff	Annual	Stroke code process	0.5 hours
ED providers	2 hours or 2x annually	Annual Stroke education- provided by Telestroke partners Mock code	1 hours 1 hours
2028			
ED & ICU nursing	2 hours or 2x annually	IV thrombolytic competency Dysphagia screening	0.5 hours 0.5 hours
All nursing staff	Annual	Stroke code process	0.5 hours
ED providers	2 hours or 2x annually	Annual Stroke education- provided by Telestroke partners Inclusion/exclusion criteria IV thrombolytics	1 hours 0.5 hours

Onboarding Education Plan	
ED & ICU nursing	IV thrombolytic competency Neuro checks & BP management Stroke code process Dysphagia screening
All nursing staff	Stroke code process Dysphagia screening Neuro checks & BP management
ED providers	Stroke code process NIHSS
All new employees	Stroke code process

Appendix A1: Sample Locum/Casual Provider Attestation Letter



<<Fill in date here>>

To whom it may concern,

Acute Stroke Ready Hospital Designation criteria 4- All AST (Acute Stroke Team) members (at a minimum all nurses and providers that respond to stroke) are required to receive stroke education at least two hours or two times per year.

I understand the education requirements of the designated Acute Stroke Ready Hospital that of which I am currently employed. I have completed at least two hours or two educational sessions specific to stroke in the last 12 months as outlined below.

By my signature below, I attest that the information provided above is true and correct to the best of my knowledge.

Sincerely,

Handwritten Signature

Date

Appendix B: ASRH Stroke Committee Charter

Name of Facility

Acute Stroke Ready Hospital Stroke Committee Charter (Last Updated December 1, 2025)

ABOUT OUR ORGANIZATION

Facility Name is a 15-bed Acute Stroke Ready Hospital (ASRH) located in Sky Blue County, Minnesota. It is part of the “We Take Care of You Healthcare System” of over 15 facilities located throughout Minnesota. With over 50 staff members, over 10 physicians and 25 volunteers, we are one of the county’s largest employers. We are designated by the Minnesota Department of Health (MDH) as an Acute Stroke Ready Hospital (ASRH) since 2014 and are committed to ensuring we continue to meet the established standards. Annually our patient volume is 50, with approximately 10% of those acute stroke patients admitted to our hospital. The majority are transferred to our receiving Comprehensive Stroke Center which is also our telestroke provider.

MISSION

The Mission of our hospital is to provide excellent care to our community through caring, quality, and innovation. We aim to provide our patients with the best, patient centered care utilizing the most up to date scientific guidelines.

SCOPE

The scope of our ASRH program is to ensure that patients presenting to our emergency department with signs and symptoms of stroke are quickly identified, evaluated, treated, and transferred when indicated. Our acute stroke team includes providers, nurses, radiology techs, lab techs, pharmacists, and support staff. Patients who are not candidates for acute intervention/transfer are admitted to our hospital for supportive stroke care with regular input/consultation from our telestroke provider.

STROKE COMMITTEE STRUCTURE

Our stroke program and stroke committee is led by our Stroke Coordinator and Stroke Medical Director. Other members include administrative and nursing leaders, providers, nurses, and leaders from laboratory, radiology, pharmacy, and quality.

OPTIONAL: Consider showcasing an organizational chart which demonstrates how the stroke program is integrated into the hospital structure.

STROKE COMMITTEE GOALS

The goals of this committee are to ensure that best practices are integrated into the care provided. We strive to meet all criteria for the Minnesota Department of Health's Acute Stroke Ready Hospitals by collecting, tracking, and evaluating data. In addition, we regularly seek input from leaders and frontline staff to identify opportunities for improvement, establish interventions to address them, track the impact of these interventions, and ensure accountabilities are clear.

The Committee will achieve their goals through regular meetings with established agenda items which include but are not limited to:

- Foster growth and communication among all disciplines as it pertains to the care of the acute stroke patient population.
- Assess the current state and improve the care of our acute stroke patients through our quality improvement process.
- Complete quarterly review of our current processes and opportunities to improve using our organization's quality data.
- Perform an annual review and ensure evidenced-based best practice guidelines are integrated into all acute stroke documents including but not limited to: policies, procedures, protocols, algorithms, order sets, pathways, admission and discharge tools, and patient education materials used by our facility.
- Establish strong community ties to ensure awareness of stroke signs and symptoms and urgency of care including importance of calling 9-1-1.
- Collaborate within community to address primary stroke prevention in the community we serve.

STROKE COMMITTEE TEAM ROSTER

Stroke Committee Team Members will help to facilitate and implement the standards of MDH's Acute Stroke Ready Hospital Designation Program. All team members will attend quarterly meetings to develop performance improvement plans which enhance the Acute Stroke Ready Hospital Program.

Name	Title/Role	Specific Responsibility
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ASRH DESIGNATION REFERENCE GUIDE

Nadia Nightingale	Stroke Coordinator	The face of the program; the glue that holds it together; ensures all leaders are informed of program status and work in a coordinated fashion to maintain standards
Emelia Emergency	Stroke Medical Director	Co-leads the team with the Stroke Coordinator. Ensures providers are aware of expectations during stroke activations and receive feedback on performance
Ethan Excellence	Quality Director	Ensure data abstractor has necessary resources/time to complete chart abstraction, enter data into registry and prepare reports for quarterly team meetings
Anita Abstractor	Data Abstractor/Stroke Registry	Collect, document, and report quarterly stroke data at team meetings
Linda Lytic	Director of Pharmacy	Ensure pharmacy staff are aware of expectations during stroke activations and receive feedback on performance
Rosanne Roentgen	Director of Radiology	Ensure radiology staff are aware of expectations during stroke activations and receive feedback on performance
Georgia Glucose	Director of Laboratory	Ensure lab staff are aware of expectations during stroke activations and receive feedback on performance
Ann Administrator	Hospital Director	Ensures program leadership team is on track and has the resources to do the job
Nora Nursing	Director of Nursing	Ensure nursing staff throughout the hospital are aware of expectations during stroke activations and receive feedback on performance
Andrew Ambulance	EMS Director	Ensure EMS staff execute on scene/during transport and meet expectations for identification and treatment of potential stroke patients
Vivian Videomonitor	CSC Telestroke Coordinator	Ensure telestroke services are provided in a timely fashion during stroke activations and that this team receives feedback on performance

Appendix C: Stroke Program Attestation

<<Fill in hospital address here>>

<<Fill in date here>>

Minnesota Stroke Program
Minnesota Department of Health
P.O. Box 64882, St. Paul, MN 55164-0882

Dear Minnesota Stroke Program:

This letter serves as formal attestation that [HOSPITAL NAME] has designated:

[Name, Credentials] as the Stroke Coordinator for our facility. [Insert summary of experience, qualifications, and relevant background]. In this role at [HOSPITAL NAME] the Stroke Coordinator is responsible for:

- [Insert roles/responsibilities here]

[Name, Credentials] as the on-site Stroke Medical Director. [Insert summary of experience, qualifications, and relevant background]. In this role at [HOSPITAL NAME] the Stroke Medical Director is responsible for:

- [Insert roles/responsibilities here]

[Name, Credentials] attests that the stroke hospital designation application submitted by our facility is current, accurate, and complete to the best of our knowledge.

Sincerely,

Signatures:

Hospital Leadership:

Stroke Medical Director:

Stroke Coordinator: