

## **100159.02 Thrombectomy-Capable Stroke Centers**

### **(a)**

Hospitals designated as a thrombectomy-capable stroke center by the local EMS agency shall meet the following minimum criteria: (1) Satisfy all the requirements of a primary stroke center as provided in this chapter. (2) The ability to perform mechanical thrombectomy for the treatment of ischemic stroke twenty-four (24) hours a day, seven (7) days a week, three hundred and sixty-five (365) days per year. (3) Dedicated neuro-intensive care unit beds to care for acute ischemic stroke patients twenty-four (24) hours a day, seven (7) days a week, three hundred and sixty-five (365) days per year. (4) Satisfy all the following staff qualifications: (A) A qualified physician, board certified by the American Board of Radiology, American osteopathic Board of Radiology, American Board of Psychiatry and Neurology, or the American osteopathic Board of Neurology and Psychiatry, with neuro-interventional angiographic training and skills on staff as deemed by the hospital's credentialing committee. (B) A qualified neuro-radiologist, board-certified by the American Board of Radiology or the American Osteopathic Board of Radiology. (C) A qualified vascular neurologist, board-certified by the American Board of Psychiatry and Neurology or the American Osteopathic Board of Neurology and Psychiatry, or with appropriate education and experience as defined by the hospital credentials committee. (D) If teleradiology is used in image interpretation, all staffing and staff qualification

requirements contained in this section shall remain in effect and shall be documented by the hospital. (5) The ability to perform advanced imaging twenty-four (24) hours a day, seven (7) days a week, three hundred and sixty-five (365) days per year, which shall include, but not be limited to, the following: (A) Computed tomography angiography (CTA). (B) Diffusion-weighted MRI or CT Perfusion. (C) Catheter angiography. (D) Magnetic resonance angiography (MRA). (E) And the following modalities available when clinically necessary: (i) Carotid duplex ultrasound. (ii) Transesophageal echocardiography (TEE). (iii) Transthoracic Echocardiography (TTE). (6) A process to collect and review data regarding adverse patient outcomes following mechanical thrombectomy. (7) Written transfer agreement with at least one comprehensive stroke center.

**(1)**

Satisfy all the requirements of a primary stroke center as provided in this chapter.

**(2)**

The ability to perform mechanical thrombectomy for the treatment of ischemic stroke twenty-four (24) hours a day, seven (7) days a week, three hundred and sixty-five (365) days per year.

**(3)**

Dedicated neuro-intensive care unit beds to care for acute ischemic stroke patients twenty-four (24) hours a day, seven (7) days a week, three hundred and sixty-five (365) days per year.

**(4)**

Satisfy all the following staff qualifications: (A) A qualified physician, board certified by the American Board of Radiology, American osteopathic Board of Radiology, American Board of Psychiatry and Neurology, or the American osteopathic Board of Neurology and Psychiatry, with neuro-interventional angiographic training and skills on staff as

deemed by the hospital's credentialing committee. (B) A qualified neuro-radiologist, board-certified by the American Board of Radiology or the American Osteopathic Board of Radiology. (C) A qualified vascular neurologist, board-certified by the American Board of Psychiatry and Neurology or the American Osteopathic Board of Neurology and Psychiatry, or with appropriate education and experience as defined by the hospital credentials committee. (D) If teleradiology is used in image interpretation, all staffing and staff qualification requirements contained in this section shall remain in effect and shall be documented by the hospital.

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A qualified physician, board certified by the American Board of Radiology, American osteopathic Board of Radiology, American Board of Psychiatry and Neurology, or the American osteopathic Board of Neurology and Psychiatry, with neuro-interventional angiographic training and skills on staff as deemed by the hospital's credentialing committee.

**(B)**

A qualified neuro-radiologist, board-certified by the American Board of Radiology or the American Osteopathic Board of Radiology.

**(C)**

A qualified vascular neurologist, board-certified by the American Board of Psychiatry and Neurology or the American Osteopathic Board of Neurology and Psychiatry, or with appropriate education and experience as defined by the hospital credentials committee.

**(D)**

If teleradiology is used in image interpretation, all staffing and staff qualification requirements contained in this section shall remain in effect and shall be documented by the hospital.

**(5)**

The ability to perform advanced imaging twenty-four (24) hours a day, seven (7) days a

week, three hundred and sixty-five (365) days per year, which shall include, but not be limited to, the following: (A) Computed tomography angiography (CTA). (B) Diffusion-weighted MRI or CT Perfusion. (C) Catheter angiography. (D) Magnetic resonance angiography (MRA). (E) And the following modalities available when clinically necessary: (i) Carotid duplex ultrasound. (ii) Transesophageal echocardiography (TEE). (iii) Transthoracic Echocardiography (TTE).

**(A)**

Computed tomography angiography (CTA).

**(B)**

Diffusion-weighted MRI or CT Perfusion.

**(C)**

Catheter angiography.

**(D)**

Magnetic resonance angiography (MRA).

**(E)**

And the following modalities available when clinically necessary: (i) Carotid duplex ultrasound. (ii) Transesophageal echocardiography (TEE). (iii) Transthoracic Echocardiography (TTE).

**(i)**

Carotid duplex ultrasound.

**(ii)**

Transesophageal echocardiography (TEE).

**(iii)**

Transthoracic Echocardiography (TTE).

**(6)**

A process to collect and review data regarding adverse patient outcomes following

mechanical thrombectomy.

**(7)**

Written transfer agreement with at least one comprehensive stroke center.

**(b)**

Additional requirements may be stipulated by the local EMS agency medical director.