

144.493 CRITERIA.

Subdivision 1. **Comprehensive stroke center.** A hospital meets the criteria for a comprehensive stroke center if the hospital has been certified as a comprehensive stroke center by the joint commission or another nationally recognized accreditation entity and the hospital participates in the Minnesota stroke registry program.

Subd. 2. **Primary stroke center.** A hospital meets the criteria for a primary stroke center if the hospital has been certified as a primary stroke center by the joint commission or another nationally recognized accreditation entity and the hospital participates in the Minnesota stroke registry program.

Subd. 2a. **Thrombectomy-capable stroke center.** A hospital meets the criteria for a thrombectomy-capable stroke center if the hospital has been certified as a thrombectomy-capable stroke center by the joint commission or another nationally recognized accreditation entity, or is a primary stroke center that is not certified as a thrombectomy-based capable stroke center but the hospital has attained a level of stroke care distinction by offering mechanical endovascular therapies and has been certified by a department approved certifying body that is a nationally recognized guidelines-based organization.

Subd. 3. **Acute stroke ready hospital.** A hospital meets the criteria for an acute stroke ready hospital if the hospital has the following elements of an acute stroke ready hospital:

- (1) an acute stroke team available or on call 24 hours a day, seven days a week;
- (2) written stroke protocols, including triage, stabilization of vital functions, initial diagnostic tests, and use of medications;
- (3) a written plan and letter of cooperation with emergency medical services regarding triage and communication that are consistent with regional patient care procedures;
- (4) emergency department personnel who are trained in diagnosing and treating acute stroke;
- (5) the capacity to complete basic laboratory tests, electrocardiograms, and chest x-rays 24 hours a day, seven days a week;
- (6) the capacity to perform and interpret brain injury imaging studies 24 hours a day, seven days a week;
- (7) written protocols that detail available emergent therapies and reflect current treatment guidelines, which include performance measures and are revised at least annually;
- (8) a neurosurgery coverage plan, call schedule, and a triage and transportation plan;
- (9) transfer protocols and agreements for stroke patients; and
- (10) a designated medical director with experience and expertise in acute stroke care.

History: 2013 c 108 art 12 s 31; 2014 c 291 art 6 s 8,9; 2024 c 127 art 59 s 27