

Virginia Hospitals

Comprehensive Stroke Centers (Level 1)

- 6- Bon Secours St. Mary's Hospital*
- 1A- CJW MC - Chippenham*
- 1B- CJW MC - Johnston-Willis*
- 2- Inova Fairfax Hospital*
- 4- Sentara Norfolk General Hosp*
- 5- University of Virginia MC*
- 3- VCU Medical Center*
- 9- Winchester Medical Center*

Survey-Reported Stroke Center (Level 2)

- 11- Augusta Medical Center*
- 34- Bon Secours Memorial Regional MC*
- 17- Carilion Roanoke Memorial Hospital
- 19- Centra Lynchburg General Hospital*
- 26B- HCA Henrico Drs' Hospital - Forest*
- 26A- HCA Henrico Drs' Hospital - Parham*
- 7- Inova Alexandria Hospital*
- 30- Inova Loudoun Hospital*
- 64- Martha Jefferson Hospital
- 31- MediCorp Mary Washington Hospital*
- 39- Riverside Regional Med Ctr*
- 44- Sentara CarePlex Hospital
- 45- Sentara Leigh Hospital*
- 8- Sentara Virginia Beach General Hosp*
- 49- Virginia Hospital Center*

Basic Stroke Service (Level 3)

- 10- Alleghany Regional Hospital
- 32- Bon Secours Maryview Medical Center
- 55- Bon Secours Richmond Community Hosp*
- 56- Bon Secours St. Francis MC
- 13- Buchanan General Hospital
- 15- Carilion Franklin Memorial Hospital
- 16- Carilion Giles Memorial Hospital
- 18- Carilion New River Valley Medical Ctr
- 20- Chesapeake Regional Medical Center
- 21- Community Memorial Health Center
- 22- Culpeper Regional Hospital
- 23- Danville Regional Medical Center
- 24- Fauquier Hospital
- 25- Halifax Regional Hospital
- 59- HCA Reston Hospital Center
- 61- Inova Fair Oaks Hospital
- 62- Inova Mount Vernon Hospital
- 28- Johnston Memorial Hospital
- 29- Lewis-Gale Medical Center

- 36- Norton Community Hospital
- 70- Prince William Hospital
- 71- Pulaski Community Hospital
- 72- Rappahannock General Hospital
- 74- Rockingham Memorial Hospital
- 43- Sentara Bayside Hospital
- 37- Sentara Obici Hospital
- 52- Sentara Williamsburg Regional MC
- 46- Shore Memorial Hospital
- 76- Smyth County Community Hospital
- 47- Southern Virginia Regional MC
- 79- Southside Regional Med Ctr
- 63- Wellmont Lee Regional Medical Center
- 51- Wellmont Lonesome Pine Hospital
- 35- Wellmont Mountain View Regional MC
- 53- Wythe County Community Hospital

Initial Entry Access (Level 4)

- 54- Bath County Community Hospital
- 14- Bedford Memorial Hospital
- 12- Bon Secours DePaul Medical Center
- 65- Bon Secours Mary Immaculate Hospital
- 80- Carilion Stonewall Jackson Hospital
- 81- Carilion Tazewell Community Hospital
- 78- Centra Southside Community Hospital
- 57- Children's Hosp of the King's Daughters
- 58- Clinch Valley Medical Center
- 60- Dickenson Community Hospital
- 26C- HCA Henrico Drs' Hospital - Retreat*
- 27- John Randolph Medical Center
- 33- Memorial Hosp of Martinsville & Henry Cty
- 66- Montgomery Regional Hospital
- 68- Page Memorial Hospital
- 38- Potomac Hospital
- 69- R.J. Reynolds Patrick County Mem Hosp
- 40- Riverside Tappahannock Hospital
- 41- Riverside Walter Reed Hospital
- 42- Russell County Medical Center
- 75- Shenandoah Memorial Hospital
- 77- Southampton Memorial Hospital
- 48- Twin County Regional Hospital
- 50- Warren Memorial Hospital

Acute Stroke Care Hospital Roles

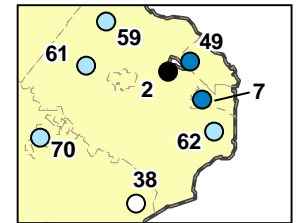
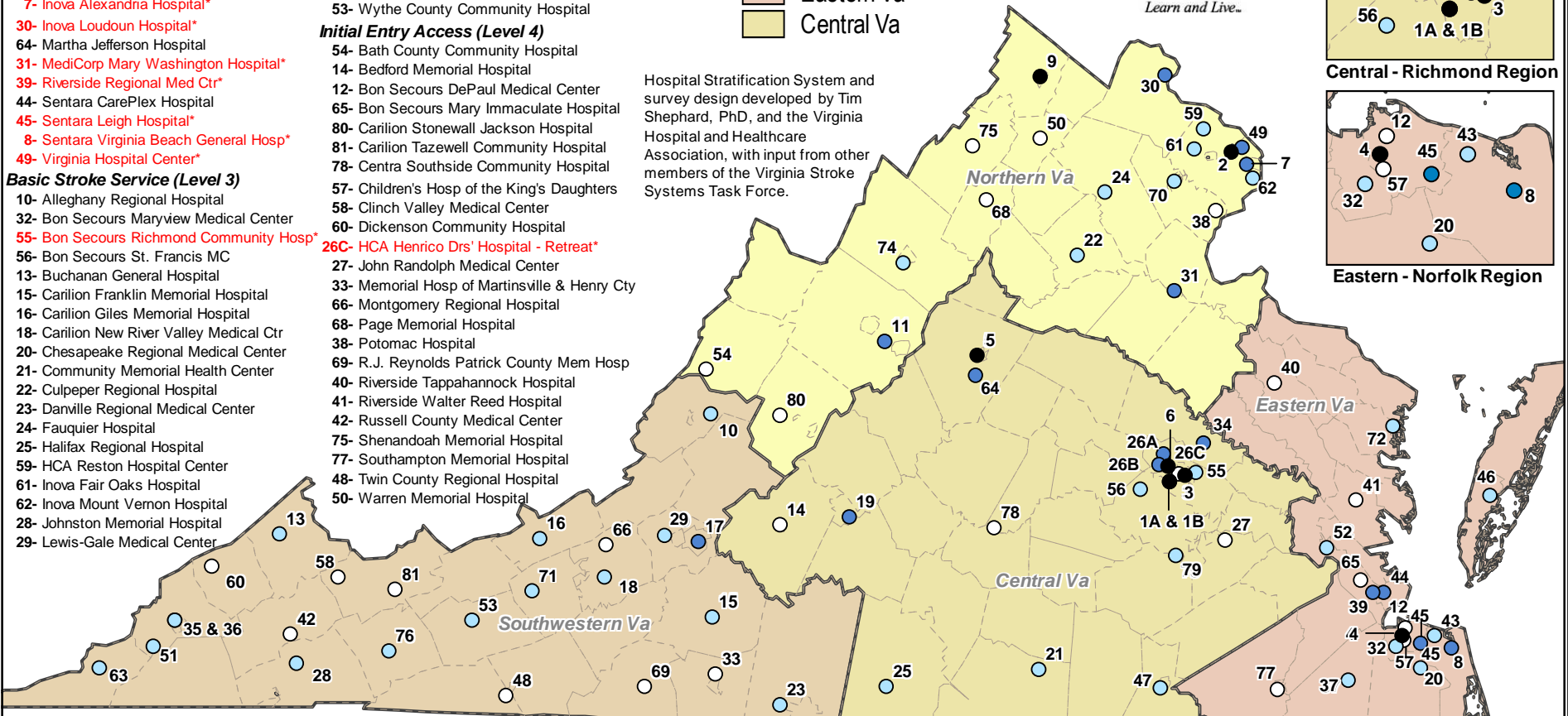
- Level 1 – Comprehensive Stroke Ctr.
- Level 2 – Survey-Reported Stroke Ctr.
- Level 3 – Basic Stroke Service
- Level 4 – Initial Entry Access



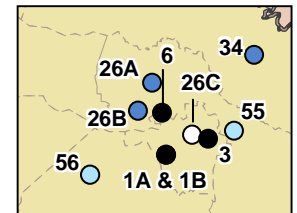
Stroke System of Care Regions

- Southwestern Va
- Northern Va
- Eastern Va
- Central Va

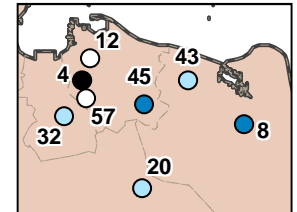
Hospital Stratification System and survey design developed by Tim Shephard, PhD, and the Virginia Hospital and Healthcare Association, with input from other members of the Virginia Stroke Systems Task Force.



Northern - Fairfax Region



Central - Richmond Region



Eastern - Norfolk Region

Scale Legend



The American Stroke Association Policy Statement "Recommendations for the Establishment of Stroke Systems of Care" advises identifying the roles of hospitals that treat acute stroke. All stratifications presented on this map were derived from information reported by the hospitals during a statewide survey process. The stratifications do not in any way reflect the quality of care provided at each facility, and are not approved for hospital use in marketing or public relations. An opportunity will be provided periodically for hospitals to update this information. *Note: Joint Commission-certified Primary Stroke Centers are indicated in red. See page 2 for definitions of stratifications based on survey-reported information.

Map Prepared by:
UVA Planning & Market Research
Rev: 12/11/09
ESRI Business Map 4.5

Stroke Hospital Stratification Definitions

Level 1

Comprehensive Stroke Center (CSC): As defined by the Brain Attack Coalition (BAC) criteria and survey. A CSC can provide care for all levels of acute, sub-acute and chronic stroke and stroke related conditions (diabetes, hypertension, rehabilitation, investigational therapies, etc.). A CSC can also provide care for the most complex stroke patients including but not limited to those requiring expertise in neurosurgical, neuroimaging, neurointerventional, and neuroclinical care. There is not a current certification program for CSCs but the BAC recommendations for CSCs can be found on their web site.

Level 2

Survey-Reported Stroke Center (S-RSC): Information reported by the hospitals through the survey process stratified these institutions at the level defined by The Joint Commission certification criteria (developed in collaboration with the American Stroke Association and based on the Brain Attack Coalition's "*Recommendations for the Establishment of Primary Stroke Centers*"). This level of institution should be encouraged to validate their hospital roles stratification through Joint Commission certification as a Primary Stroke Center. For further information see The Joint Commission web site.

Level 3

Basic Stroke Service (BSS): This is typically a larger institution that may not have the stroke volume, market competition or strategic initiative to become a certified PSC but has many of the components of a PSC as noted in national survey results (5, 6). By definition this type of institution can fulfill many of the functions of a PSC, although the strategic administrative, clinical, fiscal and/or market impetus is not present to create the internal support for implementing the remaining infrastructure components. This type of institution may or may not plan to seek PSC certification.

Level 4

Initial Entry Access (IEA): Although this type of institution may have a fully functional Emergency Department, they may not have the stroke volume to provide the impetus to invest in the full infrastructure of a PSC or seek certification. This is typically a smaller institution, those with a very limited stroke population and/or PSC capability only during weekday working hours. They may treat and transport or elect to transfer hyper-acute strokes. Implementation of telemedicine/teleradiology, transfer agreements and pre-planned transfer routes/service will be most useful in integrating this type of institution within a regional stroke system.

PSC certification by The Joint Commission: <http://www.jointcommission.org/CertificationPrograms/PrimaryStrokeCenters>

BAC recommendations: <http://stroke.ahajournals.org/cgi/content/full/36/7/1597>

Virginia Stroke Systems: <http://www.virginiastrokesystems.org>