

PURPOSE:

The purpose of this policy is to establish requirements for ~~receiving hospital~~ designation as a Primary Stroke Center (PSC) in San Joaquin County.

AUTHORITY:

Health and Safety Code, Division 2.5, Section 1797.67, ~~1797.88, 1797.220, -1798, 1798.101, 1798.105~~ and 1798.170; California Code of Regulations, Title 22, Division 9, Chapter 7.~~24~~.

DEFINITIONS:

- ~~A. "Primary Stroke Center" or "PSC" means a hospital that treats acute stroke patients and identifies patients who may benefit from transfer to a higher level of care when clinically warranted and that meets the requirements for designation as set forth by the San Joaquin County EMS Agency.~~
- ~~A. "Clinical Stroke Team" means a team of healthcare professionals who provide care for the stroke patient and may include, but is not limited to, neurologists, neuro-interventionalists, neurosurgeons, anesthesiologists, emergency medicine physicians, registered nurses, advanced practice nurses, physician assistants, pharmacists, radiologic technologists.~~
- ~~B. "Primary Stroke Center" or ("PSC") means a receiving hospital that treats acute stroke patients and identifies patients who may benefit from transfer to a higher level of care when clinically warranted, has met the standards of the Center for Medicaid and Medicare Services (CMS), is accredited as a Primary Stroke Center by The Joint Commission, and that meets the requirements for designation as set forth by the San Joaquin County EMS Agency. has been designated as a PSC by the SJCEMSA.~~
- ~~C. "Receiving Hospital" means a licensed acute care hospital, with a comprehensive or basic emergency permit, that is approved by the SJCEMSA to participate in the EMS system.~~
- ~~D.C. "SJCEMSA" means the San Joaquin County Emergency Medical Services (EMS) Agency.~~
- ~~E.D. "Stroke" means a condition of impaired blood flow to a patient's brain resulting in brain dysfunction, most commonly through vascular occlusion or hemorrhage.~~
- ~~F. "Stroke Call Roster" means a schedule of licensed health professionals available twenty-four (24) hours a day, seven (7) days a week for the care of stroke patients.~~
- ~~G. "Stroke Program" means an organizational component of the hospital~~

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- specializing in the care of stroke patients.
- ~~H. "Stroke Program Manager" means a registered nurse or qualified individual designated by the hospital with the responsibility for monitoring and evaluating the care of stroke patients and the coordination of performance improvement and patient safety programs for the stroke center in conjunction with the stroke medical director.~~
- ~~I.E. "Suspected Stroke Patient" means a potential acute stroke patient diagnosis based off an assessment from a prehospital personnel or member of a clinical stroke team.~~
- ~~F. "Telehealth" means the mode of delivering health care services and public health via information and communication technologies to facilitate the diagnosis, consultation, treatment, education, care management, and self-management of a patient's health care while the patient is at the originating site and the health care provider is at a distant site.~~
- ~~G. "Door-to-CT" means the time interval as measured from the time the patient arrives at the hospital emergency department until initiation of Computer Tomography (CT) scanning or equivalent neuro-imaging.~~
- ~~H. "Door-to-needle" means the time interval as measured from the time the patient arrives at the hospital emergency department until initiation of thrombolytic therapy.~~
- ~~J.~~

POLICY:

It is the policy of SJCEMSA to require specific criteria for designation of Primary Stroke Centers in San Joaquin County.

PROCEDURE:

- ~~I. Designation as a PSC is open to all receiving hospitals in San Joaquin that can meet criteria for designation. Interested receiving hospitals may apply for PSC designation by submitting a complete PSC application packet to the SJCEMSA. PSC application packets are available upon request.~~
- ~~II. A receiving hospital requesting designation as a PSC shall apply to the SJCEMSA and follow the application process.~~
- ~~I. Designation Criteria:~~
- ~~III.~~
- ~~A. Hospital Services:~~

~~A.1. Hold a special permit from the California Department of Public~~

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- Health (CDPH) ~~as an acute care facility providing for~~ Basic or Comprehensive Emergency Medical Services.
- ~~B. Enter into a written agreement with SJCEMSA identifying the roles and responsibilities of a PSC.~~
2. Maintain services available for diagnosis and treatment of suspected stroke patients -24 hours per day, 7 days per week, 365 days per year.
- ~~C.3. Have in place policies and procedures for the automatic acceptance of any to Agree to accept all pre-hospital suspected stroke patients meeting acute stroke triage criteria and the automatic acceptance of all any acute suspected stroke patients being transferred from other a non-PSC designated hospitals in San Joaquin County.~~
- ~~D.1. Provide a plan for triage and treatment of multiple simultaneously presenting acute stroke patients.~~
- ~~E. Meet PSC Designation Requirements as defined in the SJCEMSA PSC Designation Criteria Application and Evaluation Matrix. This criteria includes:~~
- ~~1. Hospital Services including:~~
- ~~a.4. Maintain a valid and current accreditation certification as a PSC by The Joint Commission as a PSC.~~
- ~~b. Written policies to assure reliable notification of prehospital personnel of CT inoperability consistent with SJCEMSA destination policy.~~
- ~~c. Contingency plans in the event of disruption to CT services.~~
- ~~d. Stroke diagnosis and treatment capacity twenty four (24) hours a day, seven (7) days a week, three hundred and sixty five days per year including neuro-imaging services, and laboratory services.~~
- ~~e.5. Acute care rehabilitation services.~~
- ~~f. A permit from CDPH to provide neurosurgical, neurointerventional radiology services or accreditation as a Comprehensive Stroke Center from The Joint Commission:~~
- ~~i. If the PSC has no neurosurgical / neurointerventional radiology capability, the PSC must have policies in place that ensure emergency transport of the patient to a facility capable of providing neurosurgical / neurointerventional radiologist services within two (2) hours of decision to transfer to a higher level of care.~~
- ~~ii. If the PSC has no neurosurgical / neurointerventional~~

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~~radiology capability, the PSC must have a written transfer agreement with one or more hospitals with a permit from CDPH to provide neurosurgical/ neurointerventional radiology services or accreditation as a Comprehensive Stroke Center from The Joint Commission.~~

B. Required Hospital Personnel including:

2.1. PSC Medical Director

- a. ~~A The hospital shall designate a Stroke M~~medical Ddirector who is a board-certified neurologist, neurosurgeon, interventional neuro-radiologist, or emergency physician who is board certified or board eligible in neurology, neurosurgery, endovascular neurosurgical radiology, or other board-certified physician with sufficient experience and expertise in managing patients with acute cerebral vascular disease as determined by the hospital credentials committee.

2. PSC Program Manager:

- b. ~~A fulltime stroke program manager who is a registered nurse with qualifications including evidence of educational preparation and clinical experience in the care of Stroke patients and the administrative ability. The PSC program manager shall be designated by the hospital with the responsibility for monitoring and evaluating the care of stroke patients and the coordination of performance improvement and patient safety programs for the stroke center in conjunction with the stroke medical director. PSC Registered Nurse (RN) Program Manager with the following responsibilities:~~

- i. ~~Supports Stroke Medical Director Functions.~~
ii. ~~Acts as the EMS Stroke Program Liaison.~~
iii. ~~Assures EMS Facility Stroke data sharing.~~
iv. ~~Manages EMS Facility Stroke QI activities.~~
v. ~~Authority and accountability for Stroke QI.~~
vi.a. ~~Facilitates timely feedback to the EMS providers.~~

- e.3. ~~A clinical stroke team, available to see in person or via telehealth, a patient identified as a potential acute stroke patient for assessment and treatment of a patient identified as a potential acute stroke~~

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~~patient within 15 minutes following the patient's arrival at the hospital's emergency department or within 15 minutes following a diagnosis of a patient's potential acute stroke~~Clinical Stroke Team:

~~d.a.~~ A clinical stroke team available to see in person or via telehealth a patient identified as a potential acute stroke patient~~At a minimum the clinical stroke team and~~ shall consist of:

- i. A neurologist, neurosurgeon, interventional neuro-radiologist who is board certified or board eligible in neurology, neurosurgery, endovascular neurosurgical radiology with sufficient experience and expertise in managing patients with acute cerebral vascular disease as determined by the hospital credentials committee. When telehealth is being used the clinical stroke team shall include an attending physician assigned to the patient capable of managing care.
- ii. A registered nurse, physician assistant or nurse practitioner capable of caring for acute stroke patients.

b. A designated PSC shall have an on-call policy and monthly published call schedule of board certified neurologists, neurosurgeons, or interventional neuro-radiologists serving on the clinical stroke team.

~~e.~~

C. ~~Clinical Performance Capabilities~~Required Clinical Capabilities:

~~3.~~

~~a.~~ Adequate staff, equipment and training to perform rapid evaluation, triage and treatment in the Emergency Department (ED) of acute stroke patients, including timely evaluation of brain imaging.

~~b.~~ Standardized stroke care pathway.

~~c.a.~~ ~~Quality assurance system supporting patient safety.~~

~~4.~~ Clinical Performance Standards:

1. A clinical stroke team, available to see in person or via telehealth, a patient identified as a potential acute stroke patient within 15 minutes following the patient's arrival at the hospital's emergency department or within 15 minutes following a diagnosis of a patient's potential acute stroke.

~~a.~~ A clinical stroke team, available to see in person or via telehealth, a suspected stroke patient within 15 minutes.

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- ~~b.2.~~ CT scanning or equivalent neuro-imaging shall be initiated within twenty-five (25) minutes for suspected stroke patients.
- ~~e.3.~~ Neuro-imaging studies shall be reviewed within forty five (45) minutes for suspected stroke patients by a physician with appropriate expertise.
 - ~~d.a.~~ Other imaging shall be available within a clinically appropriate timeframe and shall at a minimum, include:
 - i. Magnetic Resonance Imaging (MRI).
 - ii. CTA and/or Magnetic resonance angiography (MRA)
 - iii. Trans Esophageal Endoscopy or Trans Tracheal Endoscopy.
- ~~e.4.~~ If teleradiology is used in image interpretation, all staffing and staff qualification shall remain in effect and be documented by the hospital.
- ~~5.~~ Laboratory services capability that is available twenty-four (24) hours a day, seven (7) days a week, three hundred and sixty-five (365) days per year, such that services may be performed ~~must be capable of being performed~~ within forty-five (45) minutes following the patient's arrival at the hospital's emergency department or within forty-five (45) minutes following a diagnosis of a patient's potential acute stroke ~~of suspected acute stroke patients at the emergency department.~~

D. Required Hospital Policies:

- 1. Process in place for the treatment of simultaneously arriving potential stroke patients. ~~Provide a plan for triage and treatment of multiple simultaneously presenting acute stroke patients.~~
- 2. Written policies to assure reliable notification of prehospital personnel of CT inoperability consistent with SJCEMSA destination policy.
- 3. Contingency plans in the event of disruption to CT services.
- 4. If the PSC has no neurosurgical / neurointerventional radiology capability, the PSC must have policies in place that ensure emergency transport of the patient to a facility capable of providing neurosurgical / neurointerventional radiologist services within two (2) hours of decision to transfer to a higher level of care.
- 5. If the PSC has no neurosurgical / neurointerventional radiology capability, the PSC must have a written transfer agreement with one or more hospitals with an ~~permit from CDPH to provide~~

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neurosurgical / neurointerventional radiology services or accreditation as a Comprehensive Stroke Center from The Joint Commission.

6. -Standardized stroke care pathway.

f.

E. Quality Improvement Program Performance Improvement:

1. Written internal quality improvement plan/program that minimally reviews and collects 100 percent of outcome data for stroke patients receiving tissue plasminogen activator (tPA) or tenecteplase (TNK) that includes:
 - a. Sentinel event, system organization issue review and resolution processes.
 - b. In-hospital mortality for patients receiving tPA or TNK.
 - c. Patient deaths related to administration of tPA or TNK.
 - d. Patient complications related to administration of tPA or TNK.
2. Participation in prehospital stroke related educational activities.
3. Participation in community stroke prevention activities and educational outreach.
4. The PSC shall participate in SJCEMSA's quality improvement processes related to the Stroke System of Care.
5. Establish a stroke quality improvement committee that reviews stroke processes, outcomes, individual cases, and quality assurance supporting patient safety on an ongoing basis with at least quarterly meetings. An SJCEMSA representative shall be assigned to attend all aspects of such meetings.

II. PSC Program Evaluation:

A. The SJCEMSA shall evaluate ongoing PSC program(s) based upon the following minimum standards:

1. Clinical Process Performance Standards.
 - a. Door-to-CT time of less than 25 minutes.
 - b. Door-to-Needle time of ninety (90) minutes of arrival at hospital emergency department.
 - c. Outcome measures and process will be assessed initially in

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- the survey process and monitored on an ongoing basis.
- a. ~~Systematic Prehospital Review Program~~
 - i. ~~Written QI plan or program description for EMS transported stroke patients supporting:~~
 - ~~Timely prehospital feedback.~~
 - ~~Prehospital provider education~~
 - ~~Cooperative Stroke System QI data management.~~
 - ii. ~~Participation in prehospital stroke education.~~
- ~~Participation in community stroke prevention activities and educational outreach.~~
- Quality assurance system supporting patient safety.
- iii.
- ~~6.2. Data Collection, Submission, and Reporting:~~
- a. ~~Submission of data to SJCEMSA as specified in EMS Policy No. 6382, in a manner and form approved by SJCEMSA, by no later than sixty (60) days from the end of each month.~~
 - a.b. ~~Enrollment and participation in the California Stroke Registry / California Coverdell Program (CSR/CCP).~~
 - b. ~~Participation in SJCEMSA Stroke Data Collection to include:~~
 - i. ~~Monthly submission of Stroke System QI Committee Data Reports.~~
 - ii. ~~Individual patient outcome data upon request.~~
 - iii. ~~Health Information Exchange (HIE).~~
- ~~7. Communications:~~
- a. ~~Have and agree to utilize and maintain two-way telecommunications equipment, as specified by the San Joaquin County EMS Agency, capable of direct two-way voice communications with prehospital emergency medical care personnel in the San Joaquin County EMS system.~~
 - b.3. ~~Have and agree to utilize and maintain a dedicated telephone line in the emergency department for communications with prehospital emergency medical care personnel.~~
- ~~4. Have and agree to utilize EMResource™ on a dedicated computer in the emergency department for reporting facility status and participating in receiving patients from multi-casualty incidents (MCIs).~~
- ~~5. The hospital's ability to consistently avoid ambulance patient offload delays and transfer of care in the emergency department for all ambulance patients in accordance with SJCEMSA requirements.~~
- ~~e.6. The hospital's compliance with the terms of the PSC agreement and SJCEMSA policies, procedures and protocols.~~

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- d. ~~Agree to digitally record and provide the SJCEMSA with remote access to all radio and telephone medical control communications, maintain such recordings for a time period specified by the SJCEMSA, and use such recordings exclusively for EMS CQI activities.~~

IV.III. Designation Process:

- A. ~~Designation as a PSC is open to all acute hospitals in San Joaquin that can meet criteria for designation. Interested receiving acute care hospitals shall may submit a complete application packet and application fee to the SJCEMSA. The hospital shall submit as part of its application copies of all hospital policies and procedures related to the provisions of stroke services.~~ apply for PSC designation by submitting a complete PSC application packet to the EMS Agency. PSC application packets will be made available upon request to the EMS Agency.
- B. The SJCEMSA shall review the PSC application and arrange a site survey to evaluate the applicant's PSC program.
- C. The SJCEMSA shall notify applicants of compliance with SRC designation criteria no later 60 days following the site survey. -SJCEMSA will offer applicants meeting criteria an opportunity to enter into a written agreement designating their acute care hospital as a PSC for a period up to 3 years. SJCEMSA will provide applicants not meeting criteria with a written summary of deficiencies.
- D. Designation is contingent upon payment of the annual PSC designation and monitoring fee established by San Joaquin County. -Failure to pay the designation and monitoring fee shall result in the automatic suspension of PSC designation.
- E. ~~SJCEMSA may deny, suspend, or revoke the designation of a PSC for failure to maintain compliance with designation criteria or the failure of the receiving hospital~~ acute care hospital to comply with any of the SJCEMSA policies, procedures, or protocols.

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