SAN JOAQUIN COUNTY EMERGENCY MEDICAL SERVICES AGENCY



TITLE: PRIMARY STROKE CENTER DATA REQUIREMENTS

EMS Policy No. 6382

PURPOSE:

The purpose of this policy is to establish the minimum data and report requirements for designated Primary Stroke Centers (PSC).

AUTHORITY:

Health and Safety Code, Division 2.5, Sections 1797.67, 1797.88, 1797.220, 1798, and 1798.170; California Code of Regulations, Title 22, Division 9, Chapter 7.2

DEFINITIONS:

- "SJCEMSA" means the San Joaquin County Emergency Medical Services (EMS) Α. Agency.
- B. "Primary Stroke Center" (PSC) means a receiving hospital that 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 has been designated as a PCS by SJCEMSA.
- "Stroke" means a condition of impaired blood flow to a patient's brain resulting in C. brain dysfunction, most commonly through vascular occlusion or hemorrhage.
- D. "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.

POLICY:

- Ι. <u>Data Collection and Submission Requirements</u>.
 - For each patient transported to the PSC and discharged with an end Α. diagnosis of stroke by ambulance, walk-ins, inter-facility transfers, and inpatients. PSCs shall collect the following data elements on a form prescribed by SJCEMSA:
 - Hospital Arrival Date. 1.
 - EMS ePCR Number, 2.
 - Patient Date of Birth. 3.
 - Patient Age. 4.
 - 5. Patient Gender.
 - Principal Diagnosis. 6.
 - Final Diagnosis Related to Stroke (Y/N). 7.
 - Hospital Arrival Date and Time. 8.

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Medical Director **EMS** Administrator



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- 9. Time Transfer of Care at Hospital.
- 10. If Patient Transferred to Another Hospital, Hospital Name.
- 11. Reason If Patient Transferred to Another Hospital.
- 12. Discharge Date.
- 13. Discharge Time.
- 14. Discharge Disposition.
- 15. Method of arrival (EMS; Private Transport; Interfacility Transfer).
- 16. Time EMS personnel arrives at patient's side.
- 17. Time ambulance enroute to PSC.
- 18. EMS Prehospital Provider Name.
- 19. Last Known Well Time (per EMS).
- 20. LKWT by EMS Unknowable (Y/N).
- 21. First Known Sick Time (time of discovery of stroke symptoms).
- 22. Blood Glucose Level.
- 23. Blood Glucose Level Not Determined (Y/N).
- 24. Blood Glucose Value.
- 25. Blood Pressure Systolic.
- 26. Blood Pressure Diastolic.
- 27. Time stroke alert called to PSC.
- 28. Suspected Stroke by EMS (Y/N).
- 29. Stroke Screen Tool Used by EMS.
- 30. Outcome of Stroke Screen by EMS.
- 31. Stroke Severity Scale Used by EMS (Y/N).
- 32. Stroke Severity Scale Score.
- 33. Stroke Severity Score Not Determined (Y/N).
- 34. Time stroke alert called at PSC (Stroke Team Activation).
- 35. Time Brain Imaging Ordered.
- 36. Brain Imaging Initiated (Time patient at Computed Tomography (CT) or equivalent neuro-imaging.
- 37. CT report interpretation time (Time CT Read).
- 38. Time of neurology consult.
- 39. NIH stroke scale score on initial examination.
- 40. Patient Positive for LVO (Y/N).
- 41. Last known well time per hospital.
- 42. IV-t-PA Initiated (TPA Administered).
- 43. Time of thrombolytic administration.
- II. Additional reports may be requested by SJCEMSA in collaboration with the Stroke Quality Improvement Committee (Stroke QIC).

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