

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, 1798, 1798.101, 1798.105 and 1798.170

DEFINITIONS:

- A. "SJCEMSA" means the San Joaquin County Emergency Medical Services (EMS) Agency.
- B. "Neurointerventional Radiologist" means a specialist physician who perform surgery on the head, neck and spine without making a surgical incision, also known as endovascular treatments. These are experts in minimally-invasive treatments and use imaging equipment to see into the body and guide their procedures.
- C. "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 the SJCEMSA.
- D. "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.
- E. "Stroke" means a condition of impaired blood flow to a patient's brain resulting in brain dysfunction.

POLICY:

- 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 PCS designation by submitting a complete PSC application packet to the SJCEMSA. PCS 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.
- III. Designation Criteria:
 - A. Hold a special permit from the California Department of Public Health (CDPH) as an acute care facility providing Basic Emergency Medical Services.

Effective: July 1, 2017
Supersedes: N/A

Page 1 of 4

Approved: Signature on file
Medical Director

Signature on file
EMS Administrator

- B. Enter into a written agreement with SJCEMSA identifying the roles and responsibilities of a PSC.
- C. Agree to accept all pre-hospital patients meeting acute stroke triage criteria and all acute stroke patients transferred from other non-PSC designated hospitals.
- D. 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. Valid and current accreditation as a PSC by The Joint Commission.
 - 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. A permit from CDPH to provide neurosurgical / neurointerventional radiology services or accreditation as a Comprehensive Stroke Center from The Joint Commission.
 - i. If 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 3 hours of decision to transfer to a higher level of care.
 - 2. Hospital Personnel including:
 - a. PSC Medical Director with qualifications identified and supported by The Joint Commission PSC responsibilities for PSC Medical Director.
 - b. PSC Registered Nurse (RN) Program Manager with the following responsibilities:
 - i. Supports PSC 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. Facilitates timely feedback to the EMS providers.
 - c. On-Call Physician specialists / consultants:
 - i. Neurologists with privileges and evidence of training / experience; or

Effective: July 1, 2017
Supersedes: N/A

Page 2 of 4

Approved: Signature on file
Medical Director

Signature on file
EMS Administrator

- ii. Neurologist consultants via telemedicine.
 - iii. Provide an on-call policy and published call schedule of board certified neurologists.
 3. Clinical Performance Capabilities:
 - a. Adequate staff, equipment and training to perform rapid evaluation and treatment in the Emergency Department (ED) of acute stroke patients, including timely evaluation of brain imaging.
 - b. Standardized stroke care pathway.
 - c. Quality assurance system supporting patient safety.
 4. Performance Improvement:
 - 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.
 - iii. Participation in community stroke prevention activities and educational outreach.
 5. Data Collection, Submission and Reporting:
 - a. 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).
 6. 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. Have and agree to utilize and maintain a dedicated telephone line in the emergency department for communications with prehospital emergency medical care personnel.
 - c. Have and agree to utilize EMResource™ on a dedicated computer in the emergency department for reporting facility

Effective: July 1, 2017
Supersedes: N/A

Page 3 of 4

Approved: Signature on file
Medical Director

Signature on file
EMS Administrator

status and participating in receiving patients from multi-casualty incidents (MCIs).

- 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. Designation Process:

- A. Interested receiving hospital shall submit a complete application packet and application fee to the SJCEMSA.
- 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 hospital as 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. 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 to comply with any of the SJCEMSA policies, procedures, or protocols.

Effective: July 1, 2017
Supersedes: N/A

Page 4 of 4

Approved: Signature on file
Medical Director

Signature on file
EMS Administrator