

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, Chapter 7.2

DEFINITIONS:

- A. "Advanced Life Support (ALS)" means special services designed to provide definitive prehospital emergency medical care as described in H.S.C. Division 2.5 Section 1797.52.
- B. "Primary Stroke Center" (PSC) is a receiving hospital that has met the standards of a Center for Medicaid and Medicare Services (CMS) approved accreditation body as a Primary Stroke Center and has been designated as a PCS by the SJCEMSA.
- C. "Door to Needle" means the time interval as measured from the time the patient arrives at the hospital emergency department until initiation of fibrinolytic therapy.

POLICY:

- I. Monthly Data Submission Requirements.
 - A. For each patient transported to the PSC by ambulance who have a stroke documented on the prehospital patient assessment, collect data on a form provided by the EMS Agency that at a minimum includes:
 - 1. Incident Date
 - 2. Prehospital Incident Number
 - 3. Hospital Record Number
 - 4. Patient age
 - 5. Patient gender
 - 6. Method of arrival
 - 7. Call Origin
 - 8. Incident address
 - 9. Time call received
 - 10. Time call dispatched
 - 11. Time EMS on scene
 - 12. Time EMS at patient's side
 - 13. Time field neurological exam performed (RACE)
 - 14. Prehospital documentation of last known well time
 - 15. Time stroke alert called to PSC
 - 16. PSC notified of stroke patient by EMS

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Page 1 of 2

Supersedes: NA

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17. Field primary impression of stroke
18. Time enroute to PSC
19. Time of arrival at PSC per EMS
20. Time of arrival at PSC per hospital
21. Time stroke alert called at PSC
22. Time stroke team at bedside
23. Time patient transported to Computed Tomography (CT)
24. CT report interpretation time
25. Time of neurology consult
26. NIH stroke scale score on initial examination
27. Last known well time per hospital
28. Time of thrombolytic administration
29. Status at discharge
30. Discharged to (location)

II. Quarterly Aggregate Report Submission Requirements

A. Hospital-Based Reports:

1. Total time and number of episodes per year that computed tomography (CT) was not available.
2. Number of stroke alerts called
 - a. Door to needle time for patients meeting criteria for fibrinolytic therapy.
 - b. Patient deaths related to any interventions for stroke treatment.
 - c. Patient complications related to any interventions for stroke treatment.
3. Get With the Guidelines (GWTG) stroke quarterly report to include:
 - a. Coverdell measures
 - b. STK measures
 - c. Standard GWTG measures

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Page 2 of 2

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