# Stanislaus County
## Emergency Medical Services Agency

**Policy Number: 522.00** **REVIEW DATE: 04/01/2026**
**Title: STROKE CENTER DESIGNATION** **EFFECTIVE DATE:04/01/2024**

# STROKE CENTER DESIGNATION

I. AUTHORITY

Division 2.5, California Health and Safety Code, Sections 1797.67, 1798, 1798.101, 1798.105, and 1798.170

II DEFINITIONS

A. **Base Hospital** - means a hospital approved and designated by the Agency to provide immediate medical direction and supervision of an EMT, Advanced EMT, and Paramedic personnel in accordance with policies and procedures established by the Agency.

B. **Comprehensive Stroke Center (CSC)** means a hospital with specific abilities to receive, diagnose and treat all stroke cases and provide the highest level of care for stroke. A Stanislaus County EMS Agency designated CSC will always maintain Joint Commission Comprehensive Stroke Center certification.

C. **Computed Tomography (CT)** - means a CT radiography in which a three-dimensional image of a body structure is constructed by computer from a series of plane cross-sectional images made along an axis.

D. **Emergency Medical Services (EMS)** - means the services utilized in responding to a medical emergency.

E. **Electronic Patient Care Record (ePCR)** – means the approved electronic platform utilized by Emergency Medical Service providers to document patient care treatment.

F. **Get With The Guidelines** – means the American Stroke Association data registry program, utilized for data analysis.

G. **Magnetic Resonance Imaging (MRI)** - means a noninvasive diagnostic technique that produces computerized images of internal body tissues and is based on nuclear magnetic resonance of atoms within the body induced by the application of radio waves.

H. **Primary Stroke Center (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. A Stanislaus County EMS Agency designated PSC will always maintain Joint Commission Primary Stroke Center certification.

I. **Quality Improvement (QI)** - means methods of evaluation that are composed of a structure, process, and outcome evaluations which focus on improvement efforts to identify causes of problems, intervene to reduce or eliminate these causes, and take steps to correct the process and recognize excellence in performance or delivery of care.

J. **SCEMSA** – means the Stanislaus County Emergency Medical Services Agency.

K. **Stroke** - means a condition of impaired blood flow to a patient's brain resulting in brain dysfunction, most commonly through vascular occlusion or hemorrhage.

L. **Stroke Receiving Center (SRC)** means a hospital meeting the Stanislaus County EMS Agency requirements of either a Primary Stroke, Thrombectomy Capable or Comprehensive Stroke Center, and has submitted an application and has received designation by Stanislaus County EMS Agency.

M. **Stroke Screen Tool** – means the Cincinnati Prehospital Stroke Scale (CPSS) utilized by EMS personnel to identify patients suffering from a stroke.

N. **Stroke Severity Scale** – means the Vision Aphasia Neglect (V.A.N.) scale utilized by EMS personnel to identify Large Vessel Occlusion (LVO).

O. **The Joint Commission** – is an independent, not-for-profit group in the United States that administersaccreditation and certification programs for hospitals and other healthcare-related organizations. The Joint Commission develops performance standards that address crucial elements of operation, such as patient care, medication safety, infection control and consumer rights.

P. **Thrombectomy-Capable Stroke Center (TSC)** means a primary stroke center with the ability toperform mechanical thrombectomy for the ischemic stroke patient when clinically warranted. A Stanislaus County EMS Agency designated TSC will maintain at all times Joint Commission Thrombectomy-Capable Stroke Center certification.

## III PURPOSE

To define requirements for designation as an SRC within the Stanislaus County EMS Agency (SCEMSA) region for patients transported by ambulance via the 911 system that meet the criteria for transport to a PSC.

## IV. POLICY

A. Hospital requesting designation as an SRC shall apply to the Stanislaus County EMS Agency and follow the application process described in this policy.

B. To be designated as an SRC the hospital(s) must meet the following requirements:

1. Possess current California licensure as an acute care facility providing Basic Emergency Medical Services.

2. Enter into a written agreement with SCEMSA identifying SRC roles and responsibilities.

3. Agree to accept all EMS patients meeting SRC patient triage criteria and all "Stroke Alert" patients transferred from other hospitals within the SCEMSA Region and provide a plan for the triage and treatment of simultaneously presenting Stroke patients regardless of Intensive Care Unit (ICU)/Critical Care Unit (CCU) or Emergency Department (ED) saturation status.

4. Meet SRC Designation Requirements as defined in the SCEMSA SRC Designation Criteria Application and Evaluation Matrix. The criteria include:

   a. Valid and current certification as a PSC, TSC or CSC by The Joint Commission appropriate for the level of designation requested.

   b. Maintain all services and personnel necessary to comply with the standards set forth in the CCR, Title 22, Division 9, Chapter 7.2, Stroke Critical Care System as appropriate for level of designation.

c. Internal protocols/policies to assure reliable notification of prehospital personnel of CT inoperability consistent with SCEMSA destination policy.

d. CT/MRI contingency plan(s) in the event of disruption to CT/MRI services.

e. State of California Department of Public Health permits to provide Neurosurgical Intervention.

f. If no Neurosurgical capability (PSC only), hospital must have:

   i. Plans for emergency transport to a facility capable of providing neurosurgical services within two (2) hours.

   ii. Written guidelines for rapid transfer of stroke neurosurgical patients.

g. Hospital Personnel Including:

   i. SRC Program Medical Director with qualifications identified and supported by The Joint Commission PSC, TSC or CSC responsibilities for Stroke Medical Director.

   ii. PSC/TSC/CSC Registered Nurse (RN) Program Manager with the following responsibilities:

      a) Supports Stroke Medical Director Functions.

      b) Acts as EMS Stroke Program Liaison.

      c) Assures EMS Facility Stroke data sharing.

      d) Manages EMS Facility Stroke QI activities.

      e) Authority and accountability for Stroke QI.

      f) Facilitates timely feedback to the EMS providers.

   iii. On-call Physician specialists/consultants:

      a) Neurologists with privileges and evidence of training/experience; or

      b) Neurologist consultation using telemedicine.

      c) Provide an on-call policy and a 3 month “on-call” schedule/roster of the following, as requested by SCEMSA for continuous monitoring purposes:

         1) Board-certified neurologist(s). (PSC only)

         2) Board-certified neurologist(s) and neuro interventionalists (CSC only).

h. Clinical Performance Capabilities consistent with the appropriate Joint Commission certification for designation requested:

   i. Standardized stroke care pathway.

   ii. 24/7 stroke diagnosis and treatment capacity.

   iii. Quality assurance system supporting patient safety

i. Community Stroke Reduction Plan

i. Plan to reduce stroke through community outreach education to reduce risks of stroke and heart disease in all patient populations.

j. Performance Improvement

i. Systematic Prehospital Review Program

a) Written quality improvement plan or program description for EMS transported stroke alert patients supporting:

1) Timely prehospital feedback.

2) Prehospital provider education.

5. A SCEMSA designated PSC in good standing may request designation in writing as a TSC upon Joint Commission Thrombectomy-Capable Stroke Center certification.

6. A SCEMSA designated PSC in good standing may request designation in writing as a CSC upon Joint Commission Comprehensive Stroke Center certification.

C. Cooperative Stroke System QI data management.

1. Prehospital Stroke related educational activities:

a. Participation in Stroke Prehospital Education.

b. Data Collection, Submission and Analysis:

i. Enrollment and participation in the California Stroke Registry/California Coverdell Program- (CSR/CCP).

ii. Ability to participate with SCEMSA Data Collection.

iii. Submit Stroke System QI Committee Data Reports.

iv. All data elements shall be collected for each patient presenting to the PSC/CSC with a primary discharge diagnosis of stroke with arrival by ambulance, walk-ins, or inter-facility transfers. PSC/CSCs shall collect and input data elements into the GWTG Stroke Patient Management Tool (PMT), including the Prehospital Care Tab and save the record as complete. In addition to saving the patient record as complete within the PMT, the following applicable data elements shall be collected and input into GWTG.

1) If Patient Transferred to Another Hospital, Hospital Name.
2) Reason If Patient Transferred to Another Hospital.
3) EMS Prehospital Provider Name (EMS Agency)
4) EMS Run/Sequence Number
5) Stroke Severity Scale Used by EMS (VAN Assessment), and if used, the result of the Stroke Severity Scale Score (Positive/Negative).

v. Designated SRC's shall ensure that the appropriate data elements (listed in Section IV., C., 1., b. iv.,) are entered into GWTG according to the schedule in Exhibit A of this document.

vi. Collect and provide additional reports as requested by SCEMSA in collaboration with the Stroke Critical Care Advisory Committee.

Exhibit A

| Quarter (Discharge Date) | GWTG Data deadline |
|---|---|
| **Quarter 1** – January 1st through March 31st | June 30th |
| **Quarter 2** – April 1st through June 30th | September 30th |
| **Quarter 3** – July 1st through September 30th | December 31st |
| **Quarter 4** – October 1st through December 31st | March 31st |