

**ASSIGNMENT OF AGREEMENT CONCERNING
DESIGNATION AS A PRIMARY STROKE RECEIVING CENTER**

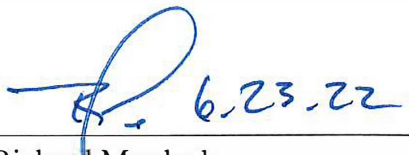
For value received, the Mountain Valley Emergency Medical Services Agency (“Assignor”) assigns, transfers, and conveys to the County of Stanislaus (“Assignee”), all of Assignor's right, title, and interest in, and the responsibility to perform all Assignor’s duties and obligations of, that certain contract between Assignor and Sutter Valley Hospitals, dba Memorial Medical Center (“Contractor”), effective January 1, 2021 (the “Contract”). A copy of the Contract is attached as **Exhibit A** and incorporated by reference. The effective date and time of this assignment is July 1, 2022, at 12:00 a.m.


Assignor warrants that the Contract is in full force and effect and that no party is in breach of the Contract. Assignor further warrants that Assignor is in full compliance with all the terms and conditions of the Contract, that Assignor has the right to assign the Contract, and that Assignor has not assigned or encumbered all or any part of Assignor's rights under the Contract.

Assignee agrees to indemnify, defend, and hold Assignor harmless from any and all liabilities, claims, causes of action, or expenses with respect to the Contract to the extent relating to or caused by acts, events, omissions, or conditions arising after the date of this assignment. Assignor agrees to indemnify, defend, and hold assignee harmless from any and all liabilities, claims, causes of action, or expenses with respect to the Contract to the extent relating to or caused by acts, events, omissions, or conditions occurring on or prior to the date of this assignment.

COUNTY OF STANISLAUS


MOUNTAIN VALLEY EMERGENCY
MEDICAL SERVICES AGENCY


By:  6.23.22
Richard Murdock
Chief of Emergency Services

By:  6/28/22
Cindy Murdaugh
Executive Director

APPROVED AS TO FORM:

APPROVED AS TO FORM:

By:  6-23-22
Lori K. Sicard
Deputy County Counsel

By: 
Derek P. Cole
General Counsel

ACKNOWLEDGEMENT

I, _____, acknowledge and consent to the assignment of the Contract from Assignor to Assignee on behalf of the Contractor.

By: _____

Title: _____

Exhibit A

46 from each PSC, including Hospital, and other professionals designated
47 by the Agency, which audits the Stroke Care System making
48 recommendations for system improvements, and functioning in an
49 advisory capacity on other Stroke Care System issues. Committee
50 members designated by the Agency may include, but are not limited
51 to, PSC medical directors and program managers, representatives
52 from other local non-PSC hospitals, Neurologists, emergency medicine
53 sub-specialists, and representatives from ALS First Response, ground
54 ambulance providers and flight emergency service providers.

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56 d. "Primary Stroke Center" (PSC) means a hospital that treats acute
57 stroke patients, and identifies patients who may benefit from transfer
58 to a higher level of care when clinically warranted.
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60 **2. Term**

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62 This Agreement shall begin January 1, 2021 and continue until December 31,
63 2023, unless earlier terminated pursuant to this Agreement. If the Agency
64 determines that Hospital has satisfactorily performed all obligations herein
65 and satisfied the PSC designation standards, Agency shall have the option to
66 extend the term of this Agreement for an additional term of three (3) years,
67 upon notice to and agreement of Hospital, under the terms and conditions
68 provided
69 herein.

70 **3. Designation**

- 71
72 a. Agency hereby designates, subject to conditions set forth in Exhibit A,
73 Hospital as a Stroke Receiving Center.
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75 b. Designation will continue and be contingent on the following:
76
77 i. Continued ability to meet PSC standards as required and
78 verified by the American Heart Association ("AHA"), The Joint
79 Commission or other certification mutually agreed upon by the
80 parties.
81

82 **4. Designation and Monitoring Fee**

- 83
84 a. Agency has established a fee of Five Thousand Dollars and Zero Cents
85 (\$5,000.00) per application for hospitals desiring to be designated as a
86 Stroke Receiving Facility 86
87
88 b. Hospital shall pay Agency an annual monitoring fee of Twenty-Five
89 Thousand Dollars and Zero Cents (\$25,000.00). The fee will be used to
90 pay Agency's costs of administering and evaluating the Stroke System of
91 Care. Payments can be made in full by January 31st of each year on a

one-time annual payment basis or on a quarterly basis in four (4) installments of Six Thousand Two Hundred Fifty Dollars and Zero Cents (\$6,250.00) due by the fifteenth (15th) of each of the following months; January, April, July, and October. In the event of the termination of this Agreement by either party without cause, Agency shall return to Hospital a prorated amount of the annual fee paid by Hospital for that year. The fee is not otherwise refundable in whole or part.

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5. Agency Responsibilities

- a. Provide medical direction to and review of components of the prehospital Specialty Care System for Stroke,
- b. Evaluate protocols, policies, and procedures for the EMS system, in compliance with the California Code of Regulations (CCR), Title 22, Division 9, and make appropriate changes as necessary. Agency shall notify Hospital Stroke Program Manager when Agency desires to adopt, change or modify the protocols, policies and procedures which make up the prehospital Specialty Care System for Stroke. Prior to adopting any protocol, policy, and/or procedure or amendment to same, Agency shall meet and confer with Hospital about its effect on Hospital. Should Hospital wish to terminate the Agreement based upon any policy, procedure, or protocol that is adopted or amended by Agency, Hospital shall have the right to deliver to Agency, within thirty (30) days after adoption, written notice of termination of this Agreement, which termination shall be effective thirty (30) days after such delivery to Agency, unless a later date is specified in the notice.
- c. Maintain an advisory committee to monitor, evaluate and report on the quality of Stroke System of Care services.
- d. Provide leadership for continuous quality improvement focusing on optimizing the overall effectiveness of the Stroke System of Care and its individual components through the development of performance measurements and for the system function as a whole (both process and outcomes measures) and by employing continuous quality improvement strategies and collaboration with stakeholders.

6. Hospital Responsibilities

- a. Maintain all services and personnel necessary to comply with the standards set forth in the CCR, Title 22, Division 9, including Chapter 7.2, Stroke Critical Care System.
- b. Maintain all services and personnel necessary to comply with the standards set forth in this Agreement and Exhibit A, and as subsequently amended or revised.

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- c. Hospital shall accept all Stroke patients regardless of patient's ability to pay for medical care or hospitalization. This requirement shall include, but is not limited to, unsponsored or medically indigent patients; patients who are insured under Medicare or Medi-Cal; other third-party insurers; Covered California; or self-insurers.
 - d. Hospital shall assure no Stroke patient is transferred to another hospital based in whole or in part on the financial status of a patient or their ability to pay for care and services except as provided below:
 - i. Patients who are members of health maintenance organizations or managed care payers will be promptly transferred to a hospital of that organization when such transfer is deemed prudent and medically indicated by the physician in charge of the patient's medical care in consultation with a physician representing the health maintenance organization.
 - e. Hospital shall monitor compliance with PSC Standards (Exhibit A) on a regular and ongoing basis. Documentation of such efforts shall be made available to the Agency upon request.
 - f. Hospital shall notify the Agency, in writing, within twenty-four (24) hours of becoming aware of any failure to meet the PSC Standards in Exhibit A, and take corrective action within a reasonable period of time determined by the Agency to correct the failure.
 - g. Hospital shall notify Agency immediately of any circumstance(s) that will prevent Hospital from providing PSC services.
 - h. Hospital shall comply with any Agency plan of correction, regarding any identified breach of the PSC Standards in Exhibit A, within a reasonable timeline established by the Agency.
 - i. Hospital shall maintain a designated telephone number to facilitate rapid access to an on-site physician for consultation with community physicians and other providers regarding care and transfer of Stroke patients.
 - j. Hospital shall actively and cooperatively participate as a member of the Agency Stroke Advisory Committee, and such other related committees that may, from time to time, reasonably be named and organized by the Agency in cooperation with, and subject to mutual agreement of, Hospital and other PSCs.
 - k. Hospital shall participate in web-based patient outcome reporting in the Coverdell/Stroke Registry and Get With The Guidelines "GWTG").

- 187 l. Hospital shall maintain a current Joint Commission PSC Certification.
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189 m. Hospital shall have a current Paramedic Base Hospital agreement with
190 Agency.
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192 n. Abide by all pertinent Agency EMS Policies and Procedures and to
193 participate in the process by which those policies are created and
194 amended.
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- o. Hospital will provide a de-identified data set for use by Agency, to ensure the removal of all protected health information ("PHI") and personally identifiable information ("PII") identifiers prior to disclosure:
- a. PHI and PII identifiers include:
- Name
 - Address
 - Dates (birth, admission, discharge)
 - Phone or fax number
 - Driver's license
 - Email address
 - Social security number
 - Medical record number
 - Health plan beneficiary number
 - Account number
 - Certificate or license number
 - Vehicle or device serial number
 - Web address
 - Internet protocol address
 - Finger or voice prints
 - Photos
 - Any other unique identifying numbers
 - Age greater than eighty-nine (89)

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7. Financial Responsibility

Except as provided in Section 16 (Indemnification), Agency shall not be liable for any costs or expenses incurred by Hospital to satisfy Hospital's responsibilities under this Agreement, including any costs or expenses incurred by Hospital for services provided to Stroke patients lacking the ability to pay for services.

8. Audits and Inspections

With the provision of at least thirty (30) calendar days written notice and to the extent permitted by law, duly authorized representatives of Agency shall have right of access during normal business hours to Hospital's non-privileged files and records relating to the services performed hereunder.

210 Agency agrees to treat such files and records as confidential information
211 subject to Section 21 (Confidentiality) of this Agreement, and shall not make
212 copies or remove such files or records from Hospital's premises.
213

214 **9. Entire Agreement; Changes and Amendments**

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216 This Agreement and the exhibits and references contained herein fully
217 express all understandings of the parties concerning the matters covered
218 herein. No addition to or alteration of the terms and conditions of this
219 Agreement, and no verbal understanding of the parties, or their officers,
220 agents or employees, shall be valid unless made in the form of a written
221 amendment to this Agreement that is signed by all parties.
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223 **10. Termination for Cause**

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225 **a. By Agency.** Agency may terminate this Agreement upon written
226 notice to Hospital, subject to Hospital's opportunity to cure as set forth
227 below, upon the occurrence of any one or more of the following
228 events:
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- 230 i. Any material breach of this Agreement by Hospital;
- 231 ii. Any violation by Hospital of any applicable laws, regulations,
232 or local ordinances;
- 233 iii. Any failure to provide timely neurosurgical interventional
234 physician coverage for Stroke patients, causing unnecessary
235 risk of mortality and/or morbidity for the Stroke patient;
- 236 iv. Any failure to make available sufficient personnel and Hospital
237 resources needed to provide the specialty care services
238 required by Exhibit A;
- 239 v. Gross misrepresentation or fraud;
- 240 vi. Loss or suspension of licensure as an acute care hospital, loss
241 or suspension of any existing or future special permits
242 required to perform Hospital's obligations hereunder;
- 243 vii. Repeated failure to submit specified reports, Stroke related
244 data, or other information required under this Agreement;
245 provided that such submission of data is clearly permitted by
246 law.

247
248 **b. By Hospital.** Hospital may terminate this Agreement upon written
249 notice to Agency, subject to opportunity to cure as set forth below,
250 upon the occurrence of any one or more of the following events:

- 251
252 i. Any material breach of this Agreement by Agency

253 **11. Termination without Cause**

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256 The Agency may terminate this Agreement without cause upon ninety (90)
257 days written notice to Hospital. Hospital may terminate this Agreement

258 without cause upon one hundred eighty (180) days written notice to the
259 Agency.

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261 **12. Bypass or Diversion**

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263 a. The Agency enforces a “No diversion or bypass” policy for all hospitals
264 within Stanislaus County except for the following unforeseen
265 circumstances:

- 266
267 i. Internal Disaster
268 ii. Inoperable CTscan
269 iii. Inoperative Cardiac Cath Lab or other Hospital unit that houses
270 appropriate equipment for stroke patients.

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272 b. In the event Hospital meets one of the three criteria above, the Agency
273 Duty Officer must be contacted immediately and an Unusual
274 Occurrence Report (“UOR”) must be filed with the Agency within 24
275 hours of event.

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277 **13. Opportunity to Cure**

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279 Prior to the exercise of the Agency’s right to terminate for cause, the
280 terminating party shall give the other party at least thirty (30) days written
281 notice (“correction period of the defined term”) specifying in reasonable
282 detail the grounds for termination and all deficiencies requiring correction,
283 and shall allow the other party the opportunity to cure. The Agency may
284 shorten the Correction Period to immediate suspension if the Agency
285 determines that Hospital’s action or inaction has seriously threatened, or will
286 seriously threaten, public health and safety. If Hospital has not remedied
287 each deficiency prior to the end of the Correction Period to the satisfaction of
288 the Agency, or the Agency has not approved a plan of correction within the
289 Correction Period, the Agency may terminate this Agreement upon written
290 notice to Hospital, specifying the effective date of termination. No
291 opportunity to cure is required prior to the Agency’s termination of this
292 Agreement for failure by Hospital to complete any plan of correction imposed
293 by the Agency.

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295 **14. Maintenance of Records**

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297 Hospital shall maintain patient care records as required by law. Such records
298 shall be maintained in such a fashion as to be able to separately identify
299 Stroke patients from all other patients.

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301 **15. Reports, Evaluations and Research Studies**

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303 Hospital shall, as may be reasonably requested by the Agency, participate in
304 evaluations and/or research designed to show the effectiveness of the Stroke
Care System; and shall submit reports and materials on Stroke services as

305 reasonably requested by the Agency. These reports, evaluations and studies
306 shall be used by the Agency to analyze and generate aggregate statistical
307 reports on the Stroke Care system performance.
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309 **16. Indemnification**

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311 Each party (the "Indemnifying Party") agrees to defend, indemnify, and hold
312 harmless the other party (the "Indemnified Party") and its directors, trustees,
313 members, shareholders, partners, officers, employees and agents from and
314 against any and all liability, loss, expense (including reasonable attorneys'
315 fees) or claims for injury or damages arising out of the performance of this
316 Agreement, but only in proportion to and to the extent such liability, loss,
317 expense or claim for injury or damages is caused by or results from the
318 negligent or intentional acts or omissions of the Indemnifying Party or its
319 directors, trustees, members, shareholders, partners, officers, employees or
320 agents.
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322 **17. Insurance**

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- 324 a. Hospital and Agency shall provide and maintain the following
325 programs of insurance, as specified in this Agreement. Such insurance
326 may include alternative risk management programs, including self-
327 insurance or a combination of insurance and self-insurance, provided
328 that such alternative risk management programs provide protection
329 equivalent to that specified under this Agreement.
330
- 331 b. During the term of this Agreement, Hospital and Agency shall each at
332 all times maintain, each at its sole cost and expense, commercial
333 general liability insurance with per occurrence limits of not less than
334 Two Million Dollars (\$2,000,000.00) and annual aggregate limits not
335 less than Four Million Dollars (\$4,000,000.00). Hospital and Agency
336 shall each also arrange, each at its sole cost and expense, professional
337 liability insurance, which includes coverage for each of their
338 respective employees having limits of not less than Five Million
339 Dollars (\$5,000,000.00) on claims made basis and an annual
340 aggregate limit of not less than Fifteen Million Dollars
341 (\$15,000,000.00). The parties acknowledge and agree that physicians
342 and other clinicians are not employees or agents of Hospital by virtue
343 of being on Hospital's medical staff, and therefore such practitioners
344 are not covered by Hospital's professional liability insurance.
345
- 346 c. Any policy of insurance that Agency or Hospital is required to
347 maintain pursuant to this section shall be reasonably acceptable to
348 the other party provided that any such policy obtained from a
349 company duly licensed to do business in the State of California and
350 with an A.M. Best rating of A- VII or better.
351 Agency and Hospital shall each provide to the
352 other evidence of coverage required by this section within thirty (30)

353 days after execution of this Agreement and at least annually thereafter
354 or more frequently upon request.

357 d. Each Party shall maintain in full force and effect appropriate workers'
358 compensation protection and unemployment insurance as required
359 by law.

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361 **18. Conflicts of Interest**

362 Neither Hospital nor the Agency shall exert any direct or indirect influence
363 that would cause or contribute to the transport of Stroke patients to a facility
364 other than the closest Stroke Receiving Facility, except as specifically
365 authorized by Agency policies or procedures. Hospital and Agency shall
366 comply with all applicable federal, state, and local conflict of interest laws
367 and regulations.
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370 **19. Compliance**

371 The parties shall comply with applicable federal, state, and local laws, rules
372 and regulations, and Agency policies and procedures in effect at the inception
of this Agreement or that become effective during the term of this Agreement,
pursuant to the provisions of this Agreement including, but not limited to,
facility and professional licensing, and/or certifications laws and regulations,
the Health Insurance Portability and Accountability Act (HIPAA) of 1996 (42
U.S.C. section 1320d et seq.), and the Emergency Medical Treatment and
Active Labor Act (EMTALA)(42 U.S.C. section 1395dd).

373
374 **20. Exclusion Lists Screening**

375 Agency certifies that neither it, nor any of its employees, nor any
subcontractor providing Services, is currently named as an excluded entity or
individual on the "List of Excluded Individuals/Entities" of the Department of
Health and Human Services Office of the Inspector General ("OIG List"), the
"Excluded Parties List System" of the System for Award Management
("EPLS"), the "Specially Designated Nationals List" ("SDN List") or the
"Foreign Sanctions Evaders List" ("FSE List") of the Office of Foreign Assets
Control, or any State debarment or exclusion list, including, but not limited to,
the California Department of Health Care Services Medi-Cal Program
Suspended and Ineligible Provider List or any other sanctions list that would
make Agency, or any of its employees or subcontractors ineligible to
participate in any federal or state funded programs (collectively, "Lists").
Agency shall immediately notify Hospital if at any point during the Term
Agency, or any of its employees, or any subcontractor providing Services
under this Agreement is named as an excluded entity or individual on any of
the Lists.

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21. Nondiscrimination

The parties shall comply with all applicable federal, state, and local non-discrimination laws including Agency equal opportunity requirements. Such laws include but are not limited to the following: Title VII of the Civil Rights Act of 1964 as amended; Americans with Disabilities Act of 1990; The Rehabilitation Act of 1973 (Sections 503 and 504); California Fair Employment and Housing Act (Government Code sections 12900 et seq.); California Labor Code sections 1101 and 1102. The parties will not discriminate against any subcontractor, employee, or applicant for employment because of age, race, color, national origin, ancestry, religion, sex/gender, sexual orientation, mental disability, physical disability, medical condition, political beliefs, organizational affiliations, or marital status in the recruitment, selection for training including apprenticeship, hiring, employment, utilization, promotion, layoff, rates of pay other forms of compensation. Nor will the parties discriminate in the provision of services provided under this Agreement because of age, race, color, national origin, ancestry, religion, sex/gender, sexual orientation, mental disability, physical disability, medical condition, political beliefs, organizational affiliations, or marital status.

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22. Confidentiality

The parties agree to maintain the confidentiality of all patient information and records obtained in the course of providing services under this Agreement, in accordance with all applicable federal and state statutes and regulations and local ordinances. Such information shall be divulged only as provided by law. The Agency represents that it is a "Health Oversight Agency" under HIPAA and, therefore, a Business Associate Agreement is not necessary. Nothing in this agreement shall require Hospital to provide or disclose to Agency, or anyone else, the following: (1) documents generated solely in anticipation of litigation, (2) privileged documents, and (3) documents by, or for the use of, any medical staff committee having the responsibility of evaluation and improvement of the quality of care rendered in the hospital. Disclosure of any medical staff document to Agency shall not constitute a waiver by Hospital of the protections afforded by California Evidence Code Section 1157 or any other protections. If any disclosure of information contained in a medical staff committee document is sought from the Agency by a third party, the Agency shall notify Hospital and shall raise all applicable objections or defenses to the demand for disclosure.

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23. Mutual Cooperation

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It is agreed that mutual non-competition among the designated Stroke Receiving Facilities, as well as their associated helicopter services, is vital to providing optimal medical care under the Stroke Care System. In furtherance of such cooperation, Hospital agrees to provide access to the helipad, if any, located at Hospital to all helicopter services, to the extent necessary to triage

467 and/or transport Stroke patients to Hospital. Hospital will not charge
468 helicopter services for such landing privileges.

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24. Notices

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Any notice or notices required or permitted to be given pursuant to this Agreement may be personally served on the other party by giving the party such notice, or may be served by certified mail, postage prepaid, return receipt requested, or by national overnight delivery service to the following representatives at the addresses cited below:

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To Hospital: Eugene A. Patrizio, CEO Memorial Medical Center, 1700
Coffee Rd, Modesto, CA 95355-2869

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Copy: Benjamin Kirk, Deputy General Counsel,
Valley Area, Sutter Health Office of the General
Counsel, 2200 River Plaza Drive, Sacramento, CA 95833

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To Agency: Lance Doyle, Executive Director, Mountain-Valley EMS
Agency, 1101 Standiford Ave, Suite D-4, Modesto CA
95350

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25. Governing Law

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This Agreement has been executed and delivered in, and will be construed and enforced in accordance with, the laws of the State of California.

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26. Conformance with Rules and Regulations

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Hospital shall comply with Stroke regulations issued by California State
Emergency Medical Services Authority when and as applicable.

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27. Ownership, Publication, Reproduction and Use of Material

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Subject to the confidentiality provision of Section 21 herein, Agency and Hospital shall have unrestricted authority to publish, disclose, distribute and otherwise use, copyright or patent, in whole or in part, any such reports, studies, data, statistics, forms or other materials or properties produced under this Agreement. Hospital shall have the right to review and approve,

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505 comment on, or reject (i.e. identify as confidential and not subject to
506 disclosure per Section 21 (Confidentiality) of this Agreement) any hospital
507 specific data prior to public dissemination of the data, unless the data is
508 otherwise deemed public information. Agency shall acknowledge Hospital's
509 contribution and Hospital shall acknowledge Agency's contribution in any
510 materials published or issued as a result of this Agreement unless either
511 Agency or Hospital request not to be so acknowledged or identified.
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513 **28. Assignment**

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515 Hospital shall not delegate its duties and responsibilities or assign its rights
516 hereunder, or both, either in whole or in part, without the prior written
517 consent of the Agency. This provision shall not be applicable to service
518 agreements or contracts or similar arrangements usually and customarily
519 entered into by medical facilities to obtain or arrange for professional
520 medical services, administrative support, equipment, supplies or technical
521 support.
522

523 **29. No Third-Party Beneficiaries**

524
525 The parties do not intend to confer and this Agreement shall not be
526 construed to confer any rights to any person, group, corporation, or entity
527 other than the parties.
528

529 **30. Severability**

530
531 If any provision of this Agreement is found by a court of competent
532 jurisdiction to be void, invalid or unenforceable, the same will either be
533 reformed to comply with applicable law or stricken if not so conformable, so
534 as not to affect the validity or enforceability of this Agreement.
535

536 **31. Waiver**

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538 No delay or failure to require performance of any provision of this
539 Agreement shall constitute a waiver of that provision as to that or any other
540 instance. Any waiver granted by a party must be in writing, and shall apply
541 to the specific instance expressly stated.
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543 **32. Surviving Obligations**

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545 All obligations under this Agreement which are continuing in nature shall
546 survive the termination or conclusion of this Agreement, including but not
547 limited to, the provisions concerning indemnification and confidentiality.
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Sutter Valley Hospitals dba Memorial Medical Center

By: 

Name: Eugene A. Patrizio

Title: Chief Executive Officer

Date: 11/25/20

Mountain-Valley EMS Agency

By: 

Name: Lance Doyle

Title: Executive Director

Date: 12-4-2020

Exhibit A
Primary Stroke Center (PSC) Standards

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Hospital Services

575 Hospital shall keep in effect the following:

- 576 1. Licensure under California Health and Safety Code Section 1250 et seq.
577 2. Permit for Basic or Comprehensive Emergency Medical Services pursuant to
578 the provisions of Title 22, Division 5, of the California Code of Regulations.
579 3. Maintain all services and personnel necessary to comply with the standards
580 set forth in the CCR, Title 22, Division 9, including Chapter 7.2, Stroke Critical
581 Care System (enclosure 1).
582 4. Current certification as a Primary Stroke Center by The Joint Commission.
583 5. A written agreement with Mountain-Valley EMS Agency for designation as a
584 PSC.

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586 **Medical Personnel**

587 Hospital shall provide program oversight staff and shall have available all staff
588 necessary to perform optimal care for patients with Stroke.

- 589 1. Medical Director
590 a. The hospital will designate a Stroke Medical Director as required for
591 PSC by The Joint Commission and California Code of Regulations.
592 b. Responsibilities of the Medical Director include: attendance at
593 Mountain-Valley EMS Agency Stroke Advisory Committee meetings
594 and participation in quality improvement activities.
595 2. Stroke Program Manager
596 a. The hospital will designate a Stroke Program Manager as required
597 for PSC by The Joint Commission and California Code of Regulations.
598 b. Responsibilities of the Stroke Program Manager include:
599 attendance at Mountain-Valley EMS Agency Stroke Advisory
600 Committee meetings and participation in quality improvement
601 activities.
602 3. On-Call Physician Specialists/Consultants
603 a. The hospital will maintain additional Physician Specialists or
604 Consultants as required for PSC certification by The Joint Commission
605 and California Code of Regulations.

606

607 **Hospital Policies/Agreements**

- 608 1. Hospital agrees to accept all patients meeting Stroke triage criteria arriving
609 via the 9-1-1 system. Hospital Diversion will only be allowed if Hospital
meets one of the following:
610 • Inoperable CT scanner
611 • Internal Disaster
612 • Inoperative Cardiac Catheterization Lab
613 2. The PSC will have formal written policies as required for Primary Stroke
614 Center Certification by the Joint Commission and CCR.

615 3. A stroke-neurology education and outreach program shall be coordinated
616 with Agency to encourage participation by and outreach to pre-hospital
617 personnel.
618

619 **Data Collection and Quality Improvement**

- 620 1. Submission and use of Stroke data will be as follows:
- 621 a. The American Heart Association (AHA) “Get with the Guidelines
 - 622 Achievement Measures” will be submitted to Agency annually.
 - 623 b. Monthly submission of Stroke data to the Coverdell/Stroke Registry.
 - 624 Coverdell/Stroke Registry will report de-identified data to the
 - 625 California Department of Public Health (CDPH) and the Center for
 - 626 Disease Control (CDC) as outlined in California Assembly Bill (AB) 503
 - 627 - Health and Safety Code 1797.122 and AB 1223 - Health and Safety
 - 628 Code(s) 1797.120 and 1797.225.
- 629 2. Agency Quality Improvement program will utilize performance measures or
- 630 indicators specific to the prehospital Stroke System.
- 631 3. Each designated PSC will provide representation at the Stroke Advisory
- 632 Committee Meetings.
- 633 4. Hospital PSC performance/quality improvement programs may suggest
- 634 measures and indicators to the Stroke Advisory Committee.
- 635 5. Hospital PSC performance/quality improvement programs will engage in
- 636 active participation in creating and revising pre-hospital quality measures
- 637 and policies.
- 638 6. As appropriate, specific outcomes will be used to compare with national and
- 639 local performance standards to determine stroke system performance.
- 640