POLICY: 522.00
TITLE: Stroke Center Designation

EFFECTIVE: 8/12/20
REVIEW: 8/2025
SUPERCEDES:

APPROVAL SIGNATURES ON FILE IN EMS OFFICE

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. An MVEMSA designated CSC will maintain at all times 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. **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.

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

G. **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. An MVEMSA designated PSC will maintain at all times Joint Commission Primary Stroke Center certification.

H. **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.

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

J. **Stroke Receiving Center (SRC)** means a hospital meeting the MVEMSA requirements of either a Primary Stroke Center or Comprehensive Stroke Center, has submitted an application and has received designation by MVEMSA.

K. **Thrombectomy-Capable Stroke Center (TSC)** means a primary stroke center with the ability to perform mechanical thrombectomy for the ischemic stroke patient when clinically warranted. An MVEMSA designated TSC will maintain at all times Joint Commission Thrombectomy-Capable Stroke Center certification.

III PURPOSE

To define requirements for designation as a SRC within the Mountain-Valley EMS Agency (MVEMSA) 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 a SRC shall apply to the MVEMSA and follow the application process described in this policy.

B. To be designated as a 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. Hold current status as a Base Hospital with MVEMSA.

3. Enter into a written agreement with MVEMSA identifying SRC roles and responsibilities.

4. Agree to accept all EMS patients meeting SRC patient triage criteria and all "Stroke Alert" patients transferred from other hospitals within the MVEMSA 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.

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

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

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

a. Hospital Services Including:

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

2) 2) 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 (enclosure 1) as appropriate for level of designation.

3) Internal protocols/policies to assure reliable notification of prehospital personnel of CT inoperability consistent with MVEMSA destination policy.

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

5) State of California Department of Public Health permit to provide Neurosurgical Intervention.

6) If no Neurosurgical capability (PSC only), hospital must have a:

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

b) Written guidelines for rapid transfer of stroke neurosurgical patients.

b. Hospital Personnel Including:

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

2) 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.

3) 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 board certified neurologist(s).

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

1) Adequate staff, equipment and training to perform ED rapid evaluation and treatment including timely evaluation of brain imaging.

2) Standardized stroke care pathway.

3) 24/7 stroke diagnosis and treatment capacity.

4) Quality assurance system supporting patient safety.

d. Community Stroke Reduction Plan

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

e. Performance Improvement

1) Systematic Prehospital Review Program

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

i. Timely prehospital feedback.

ii. Prehospital provider education.

iii. Cooperative Stroke System QI data management.

f. Prehospital Stroke related educational activities

1) Participation in Stroke Prehospital Education.

g. Data Collection, Submission and Analysis:

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

2) Ability to participate with MVEMSA Data Collection.

3) Submit Stroke System QI Committee Data Reports.

4) Facilitate implementation of data elements for future Stroke System performance improvement.