

SUBJECT: STROKE ADVISORY COMMITTEE (SAC)

Date: 07/01/2014

- I. **Authority:** Health and Safety Code, Division 2.5, Section 1798; and Evidence Code, Sections 1157.7.
- II. **Purpose:** To designate an advisory committee to provide consultation, medical protocol review, and recommendations on issues concerning prehospital treatment protocols and emergency medical care delivery for patients with acute stroke syndromes to the Medical Director of the County of San Diego Emergency Medical Services (EMS).
- III. **Policy:** The County of San Diego EMS Medical Director may consult with the Stroke Advisory Committee on issues concerning prehospital treatment protocols and emergency medical care delivery for patients with acute stroke syndromes in San Diego County.
- A. **The Scope: may include but not limited to:**
1. Provision of input to County of San Diego EMS in the development, implementation and evaluation of medical audit criteria.
 2. Designing and monitoring corrective action plans on stroke care.
 3. Provision of medical care consultation at the request of the County of San Diego EMS.
 4. Recommendation of performance improvement strategies related to care of patients with acute stroke syndromes.
- B. **Membership** : County of San Diego EMS Medical Director's Stroke Advisory Committee will have the following members:
1. One Stroke Program Medical Director or designee from each designated Stroke Receiving Center.

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Administration


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2. One Stroke Receiving Center Program Manager or designee from each designated Stroke Receiving Center.
3. San Diego County EMS Stroke Program Coordinator (QA Specialist).
4. One Neurointerventionalist or designee from each designated Stroke Receiving Center
5. One neurology representative, from a non-certified center, from the San Diego County Medical Society or as appointed by EMS.
6. One emergency physician representing the County of San Diego's Base Station Physician's Committee (BSPC).
7. One emergency physician representing the San Diego County Medical Society EMS Oversight Committee (EMOC) from a non-designated Stroke Receiving Center.
8. San Diego County EMS Medical Director.

C. Ad Hoc Member participation:

1. One representative from County Paramedic Agencies Committee (CPAC).
2. One RN representing the Base Hospital Nurse Coordinator's Committee.
3. Paramedic Training agency representative.
4. County EMS Administrator/appropriate EMS staff.
5. Other providers with a neurological focus (NP, PA, fellow, intensivist, pediatric, and drug/device representatives) as invited by the SAC.

D. Responsibilities

1. To meet as an advisory committee on a quarterly basis.

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2. To develop an agenda in conjunction with the County of San Diego EMS Medical Director or designee.
3. To consult on prehospital and hospital acute stroke syndrome issues.
4. To convene small task forces/subcommittees of advisory committee members and others to work with the County of San Diego EMS Medical Director or designee on specific medical management issues.
5. To consult with other medical specialties, or other advisory bodies in the County, as necessary.

E. Attendance

1. Participation by the appointed Stroke Receiving Center Medical Director and Program Manager in the County of San Diego Stroke Advisory Committee (SAC) performance improvement process is mandatory. Attendance at 75% of quarterly meetings is encouraged.
2. Invitees may participate in the medical review of specified cases where their expertise is requested. All requests for invitees must be approved by County of San Diego EMS Stroke Program Coordinator, QA Specialist, in advance of the scheduled meeting.
3. County of San Diego EMS and all Stroke Receiving Center Medical Directors present must approve the invitees observing case reviews in which the invitees are not participating.

F. Quorum (Voting Process)

1. The SAC will elect a chairperson who must be a Stroke Receiving Center Medical Director or Stroke Receiving Center Program Manager annually.

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2. Due to the advisory nature of the committee, many issues require a consensus rather than a vote process. Vote process issues will be identified as such by the chairperson. Issues that the advisory committee wishes to bring forward to the EMS Medical Director, or designee, for action requires a consensus approval. Consensus approval requires a simple majority of the Stroke Receiving Centers in attendance.
3. Members may not participate in advisory issues when a conflict of interest exists.
4. There will be one vote from each SRC that may be registered by either the SRC Medical Director or the SRC Program Manager/designee.

G. Confidentiality

All proceedings, documents and discussions of the Stroke Advisory Committee are confidential and are covered under Section 1157.7 of the Evidence Code of the State of California. The prohibition relating to discovery of testimony provided to the Committee shall be applicable to all proceedings and records of this Committee, which is one established by a local government agency to monitor, evaluate and report on the necessity, quality and level of specialty health services, including, but not limited to, stroke services. Issues, which require prehospital medical/system input, may be sent to the confidential Prehospital Audit Committee.

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Administration


EMS Medical Director