

SUBJECT: DESTINATION OF ACUTE STROKE PATIENT

Date: 4/01/2011

I. **Authority:** Health and Safety Code, Sections 1798. and 1798.170.

II. **Purpose:**

To identify hospitals that may receive 9-1-1 patients with symptoms of acute stroke.

III. **Policy:**

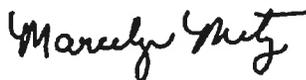
A. Patients with a documented onset of acute stroke symptoms within the previous 4 hours shall be taken to a hospital with a basic emergency facility that has the following qualifications:

1. Identification of an individual to coordinate stroke care activities, with appropriate neurology input.
2. A team to respond to acute stroke patients. A protocol for the use of intravenous thrombolytic medication, including a demonstrated ability to administer.
3. Ability to obtain and read a CT scan of the head promptly (goal within 45 minutes of order).
4. Written care protocols for evaluation and care of the acute stroke patient.
5. Care pathways for stroke patients including, e.g., cardiac rhythm monitoring and blood pressure monitoring and treatment.
6. In-house rehabilitation services or transfer plan for rehabilitation.
7. A registry or other method for tracking acute stroke patients as defined above.
8. Performance measures for stroke care, and a quality improvement system for stroke care.

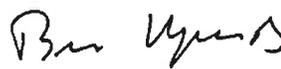
B. Identified hospitals shall note on the prehospital Quality Assurance Network Collector

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Medical Director

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System (QCS) computer resource screen if they are unable to receive acute stroke patients (e.g. CT scanner down, resource lack).

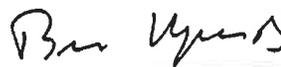
- C. The County of San Diego Emergency Medical Services Branch may confirm availability of the services and may conduct on site visits to ensure compliance with established criteria. Certification as a Primary Stroke Center by the Joint Commission on the Accreditation of Healthcare Organizations is evidence of compliance.

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