

Chapter: COUNTY OF SAN DIEGO EMERGENCY MEDICAL SERVICES
Key Words: Policy/Procedure/Protocol

**SUBJECT: Stroke Critical Care System
Designation**

POLICY NO: S-028
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DATE: July 1, 2019

AUTHORITY: Health and Safety Code, Division 2.5, Sections 1798 and 1798.170;
California Code of Regulations Title 22, Division 9, Chapter 7.2, Stroke Critical
Care System

I. PURPOSE

To establish standards for the designation of an acute care hospital as a Stroke Receiving Center.

II. STROKE RECEIVING CENTER DESIGNATION LEVELS

EMS Receiving Hospital (Non-designated for Stroke Critical Care Services)

An Emergency Medical Services (EMS) receiving hospital that is not designated for stroke critical care services shall participate in the County of San Diego (CoSD) quality improvement system. Participation includes data submission as determined by CoSD EMS and maintenance of interfacility transfer agreements to ensure timely access to a stroke critical care system for patients with suspected or confirmed strokes.

Acute Stroke Ready Hospital (ASR)

A hospital able to provide a minimum level of critical care services for stroke patients in the emergency department that is paired with one or more hospitals with a higher level of care for stroke services.

Primary Stroke Center (PSC)

A hospital that treats acute stroke patients and identifies patients who may benefit from transfer to a higher level of care when clinically warranted.

Thrombectomy-capable Stroke Center (TSC)

A stroke center with the ability to perform mechanical thrombectomy for the ischemic stroke patient when clinically warranted.

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Comprehensive Stroke Center (CSC)

A hospital with specific abilities to receive, diagnose, and treat all stroke cases and provide the highest level of care for stroke patients.

III. POLICY

Hospital requirements for CoSD Stroke Receiving Center designation:

- A.** Currently licensed as a general acute care hospital currently approved as an EMS receiving hospital
- B.** Comply with all requirements listed in Title 22, Division 9, Chapter 7.2, Stroke Critical Care System, for the requested level of designation
- C.** Maintain accreditation as an Acute Stroke Ready Hospital, Primary Stroke Center, Thrombectomy-capable Stroke Center, or Comprehensive Stroke Center from one of three CMS-approved accreditation organizations (The Joint Commission, Det Norske Veritas or Healthcare Facilities Accreditation Program)
- D.** Maintain written policies and procedures for stroke services which shall include written protocols and standardized orders for the emergency care of stroke patients
- E.** Immediately update CoSD Local Emergency Medical Services Information System (LEMSIS) when there is a change in status regarding ability to accept acute stroke patients

IV. Staffing Requirements

- A.** Stroke Receiving Centers shall have the following designated positions filled:
 - 1. Medical Director-** A qualified, board-certified physician in neurology or neurosurgery or another board with sufficient experience and expertise managing cerebral vascular disease as determined by the hospital credentialing committee that is responsible for the stroke service, performance improvement, and patient safety programs related to a stroke critical care system
 - 2. Stroke Program Manager-** A qualified licensed individual designated by the hospital for monitoring and evaluating the care of stroke patients and coordinating

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performance improvement and patient safety programs in conjunction with the Stroke Medical Director

B. Clinical Stroke Team- The personnel, support personnel, and administrative staff that function together as part of the hospital's stroke program to provide care for the stroke patient

V. Data Management

Designated Stroke Receiving Centers shall:

- A.** Participate in the stroke data collection process by submitting required data to CoSD EMS via the LEMSIS Stroke Patient Data Registry
- B.** Collect additional data as required by CoSD EMS and Stroke Advisory Committee (SAC)

VI. Continuous Quality Improvement

- A.** Stroke Receiving Centers shall develop an ongoing quality improvement program which monitors all aspects of treatment and management of stroke patients to identify areas of improvement. The program at a minimum must:
 - 1. Review all stroke-related deaths, major complications, and transfers
 - 2. Actively participate in SAC quarterly meetings
 - 3. Participate in the CoSD EMS quality improvement process
 - 4. Provide in-house rehabilitation services, or a transfer plan for rehabilitation
- B.** CoSD EMS may confirm availability of the services and conduct on-site visits to ensure compliance with established criteria.