Sierra – Sacramento Valley EMS Agency Program Policy			
Stroke Receiving Center Designation Criteria, Requirements & Responsibilities			
	Effective: 06/01/2023	Next Review: 05/2026	**507**
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PURPOSE:

To describe the S-SV EMS stroke critical care system and define stroke receiving center designation criteria, requirements, and responsibilities.

AUTHORITY:

A. HSC, Division 2.5, Chapter 2 § 1797.67 & 1797.88, Chapter 6 § 1798.102, 1798.150, 1798.170 and 1798.172.

B. CCR, Title 13, § 1105 (c).

C. CCR, Title 22, Division 9, Chapter 7.2.

DEFINITIONS:

A. **Acute Stroke Patient** – An EMS patient who meets assessment criteria for a suspected stroke in accordance with S-SV EMS Suspected Stroke Protocol (N-3).

B. **Comprehensive Stroke Center** – An acute care hospital with specific abilities to receive, diagnose and treat all stroke cases and provide the highest level of care for stroke patients.

C. **EMS Receiving Hospital** – An acute care hospital authorized by S-SV EMS to receive ambulance transported patients, which is not designated for stroke critical care services but is able to provide a minimum level of care for stroke patients in the emergency department.

D. **Primary Stroke Center** – An acute care hospital that treats acute stroke patients and identifies patients who may benefit from transfer to a higher level of care when clinically warranted.

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

F. **Stroke Critical Care System** – A subspecialty care component of the EMS system developed by a local EMS agency (LEMSA). This critical care system links prehospital and hospital care to deliver optimal treatment to the population of stroke patients.

G. **Stroke Receiving Center** – An acute care hospital which meets all requirements contained in California Code of Regulations (Title 22, Division 9, Chapter 7.2) for the applicable level of stroke receiving center designation, obtains/maintains Joint Commission Accreditation as a 'Primary Stroke Center', 'Thrombectomy Capable Stroke Center', or 'Comprehensive Stroke Center' (unless waived by S-SV EMS for valid reasons), and enters into a written agreement with S-SV EMS designating them as a stroke receiving center.

H. **Thrombectomy-Capable Stroke Center** – A primary stroke center with the ability to perform mechanical thrombectomy for the ischemic stroke patient when clinically warranted.

POLICY:

A. Criteria for assessment, identification, treatment, and transport of EMS suspected acute stroke patients shall be based on S-SV EMS Suspected Stroke Protocol (N-3).

B. No health care facility located in the S-SV EMS jurisdictional region shall advertise in any manner or otherwise hold itself out to be affiliated with a stroke critical care system or a stroke center unless they have been designated as such by S-SV EMS in accordance with this policy and California Code of Regulations, Title 22, Division 9, Chapter 7.2.

C. The following shall be met for a hospital to be designated as a stroke receiving center by S-SV EMS:

1. Be licensed by the California Department of Public Health Services as a general acute care hospital.

2. Have a special permit for basic or comprehensive emergency medical service pursuant to the provisions of California Code of Regulations Title 22, Division 5.

3. Be accredited by a Centers for Medicare and Medicaid Services approved deeming authority.

4. Meet all requirements contained in California Code of Regulations (Title 22, Division 9, Chapter 7.2) for the applicable level of stroke receiving center designation.

5. Be available for treatment of acute stroke patients twenty-four (24) hours per day, seven (7) days per week, three hundred and sixty-five (365) days per year.

6. Have a communication system for notification of an EMS suspected stroke patient.

7. Have established protocols for triage and diagnosis following notification of an EMS suspected acute stroke patient.

8. Agree to accept all EMS suspected acute stroke patients according to applicable S-SV EMS policies/protocols.

9. Agree to accept the transfer of all acute stroke patients whose clinical condition requires a higher level of care than can be provided at the sending facility, unless the stroke receiving center is on diversion or internal disaster.

10. Submit all required stroke patient data to the S-SV EMS selected stroke registry.

    - The hospital stroke patient care elements shall be consistent with the U.S. Centers for Disease Control and Prevention, Paul Coverdell National Acute Stroke Program Resource Guide, dated October 24, 2016: https://emsa.ca.gov/wp-content/uploads/sites/71/2019/02/USCDCP-Paul-Coverdell-Nation-Acute-Stroke-Prog-Resource-Guide-10-24-16.pdf

11. Actively participate in the S-SV EMS regional stroke critical care system quality improvement (QI) process which shall include, at a minimum:

    - Evaluation of program structure, process, and outcome.
    - Review of stroke-related deaths, major complications, and transfers.
    - A multidisciplinary Stroke Quality Improvement Committee, including both prehospital and hospital members.
    - Participation in the QI process by all designated stroke centers and prehospital providers involved in the stroke critical care system.
    - Evaluation of regional integration of stroke patient movement.
    - Participation in the stroke data management system.
    - Compliance with the California Evidence Code, Section 1157.7 to ensure confidentiality, and a disclosure-protected review of selected stroke cases.

12. Provide CE opportunities, minimum of four (4) hours per year, for EMS personnel in areas of assessment and management of acute stroke patients.

13. Provide public education about stroke warning signs and the importance of early utilization of the 9-1-1 system.

14. Pay the initial/annual S-SV EMS stroke receiving center designation fees.

D. Diversion of EMS suspected acute stroke patients shall only occur during times of an incapacitating internal disaster or when the CT scanner is otherwise unavailable.

1. Notification shall be made to the following entities at least 24 hours prior to any planned event resulting in the CT scanner being unavailable:

   - Stroke receiving center emergency department – to include a status posting on EMResource indicating that the CT scanner is unavailable.
   - Appropriate adjacent stroke receiving center(s).
   - Appropriate prehospital provider agencies.

2. All entities listed in this section shall also be notified as soon as possible in the case of an unplanned event causing the CT scanner to be unavailable as well as when the CT scanner is subsequently available.

3. An S-SV EMS ambulance patient diversion form describing such events shall be submitted to S-SV EMS by the end of the next business day.

PROCEDURE:

A. The stroke receiving center applicant shall be designated after satisfactory review conducted by S-SV EMS representatives or designees and completion of a written agreement between the hospital and S-SV EMS.

B. Designated stroke receiving centers shall have verification reviews by S-SV EMS representatives or designees conducted every three (3) years.

C. Failure to comply with the criteria and performance standards outlined in this policy and/or individual stroke receiving center written agreements may result in probation, suspension or rescission of stroke receiving center designation. Compliance will be solely determined by S-SV EMS.