RIVERSIDE COUNTY EMS AGENCY	Administrative Policy	5701
	Effective: January 23, 2019	Expires: March 31, 2019
Policy: **Stroke Center Standards**	Approval: Medical Director **Reza Vaezazizi, MD**	Signed
Applies To: **Stroke System, EMS System**	Approval: REMSA Director **Bruce Barton**	Signed

Purpose

To reduce the morbidity and mortality related to stroke by organizing a system of stroke centers to serve our residents and visitors through preventative education, emergency care, hospitalization, rehabilitation, and research. This critical care system links prehospital and hospital care to deliver optimal treatment to the population of stroke patients.

STROKE RECEIVING CENTER DESIGNATION LEVELS

Acute Stroke Ready Hospital (ASR)

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

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.

DESIGNATION BY REMSA AS A STROKE CENTER

Initial REMSA Designation as a Stroke Center in the EMS System requires an application, satisfactory site survey and verification of the following:

1. Currently serving in the EMS system as a Prehospital Receiving Center (PRC) or a Base Hospital (BH).
2. Compliance with all requirements listed in Title 22, Division 9, Chapter 7.2- Stroke Critical Care System, for the requested level of designation.
3. Current certification 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).
   a. Certification must match the level of stroke center designation.
   b. If certification is in process, the applying hospital shall provide REMSA with a copy of the certification within 30 days of receipt.
   c. Continued designation shall depend on re-certification as specified by the certifying organization, and a copy of the renewal certificate shall be provided to REMSA not less than 30 days prior to expiration of current certification.

4. Enrollment and participation in the stroke data management system and commitment to provide additional data as required by REMSA and/or the Stroke System Committee.
5. Current written agreement with REMSA for designation as a Stroke Center to provide services in Riverside County.

STROKE CENTER STANDARDS FOR ALL HOSPITALS DESIGNATED BY REMSA AS A STROKE RECEIVING CENTER

Staffing Requirements

1. Stroke Centers shall staff the following positions:
   a. Stroke Medical Director:
      i. A board-certified physician in neurology or neurosurgery or another board with sufficient experience and expertise dealing with cerebrovascular 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.
   b. Stroke Program Manager
      i. A registered nurse or qualified individual designated by the hospital with the responsibility for monitoring and evaluating the care of stroke patients and the coordination of performance improvement and patient safety programs for the stroke center in conjunction with the stroke medical director.
   c. Clinical Stroke Team
      i. A team of healthcare professionals who provide care for the stroke patient and may include, but is not limited to, neurologists, neuro-interventionists, neurosurgeons, anesthesiologists, emergency medicine physicians, registered nurses, advanced practice nurses, physician assistants, pharmacists, and technologists.
   d. Registrar
      i. One full-time equivalent registrar dedicated to the registry must be available to process the data capturing the California Stroke Registry/Coverdell, GWTG, and REMSA data sets for each 500–750 patients in the registry. This staffing need increases if additional data elements are collected.

Data Collection and Submission

1. Stroke Centers shall:
   a. Participate in the stroke data management system.
   b. Submit quarterly data to REMSA via the REMSA approved data collection method and on the schedule agreed upon by the Stroke System Committee.
   c. Collect additional data as required by REMSA and/or the REMSA Stroke System Committee.

Performance Standards

1. Written EMS policies and procedures shall be revised within thirty (30) days as Continuous Quality Improvement (CQI) determines that changes need to be made to individual policies and shall be reviewed as a whole at a minimum of every two (2) years.
2. Stroke Centers must maintain the uninterrupted ability to perform advanced imaging, laboratory services, and treatment capabilities commensurate with the requirements for their level of designation. Imaging, laboratory, and treatment modalities shall be on site and available at all times, except for periods of approved internal disaster.
   a. To ensure uninterrupted services, the following equipment is required:
      i. Primary, Thrombectomy-capable, and Comprehensive stroke centers must have a minimum of two CT scanners and one MRI scanner.
      ii. Thrombectomy-capable and Comprehensive centers must have a minimum of two interventional suites capable of performing mechanical thrombectomy and/or neuro-endovascular procedures.

3. Additional performance measures as determined by REMSA and/or the Stroke Critical Care System Committee.

Education

1. Provide stroke related continuing education to EMS personnel, the clinical stroke team, and related hospital staff; annually report these activities to REMSA. A minimum of 2 hours annually is required.
2. Provide stroke education to the public; and annually report these activities to REMSA.

Stroke System Participation

1. Stroke Center representatives shall actively participate as members of the Stroke Critical Care System Committee.
2. Stroke Centers shall maintain CMS-approved accreditation equivalent with their level of designation.
3. Compliance with the California Evidence Code, Section 1157.7 to ensure confidentiality, and a disclosure- protected review of selected stroke cases.