

CENTRAL CALIFORNIA
EMERGENCY MEDICAL SERVICES
A Division of the Fresno County Department of Public Health

Manual	Emergency Medical Services Administrative Policies and Procedures	Policy Number 360
Subject	Stroke Critical Care System Overview	Page 1 of 3
References	California Code of Regulations Title 22. Social Security Division 9. Prehospital Emergency Medical Services Chapter 7.2 Stroke Critical Care System	Effective 12/01/2023

I. POLICY

The Central California Emergency Medical Services Stroke System shall operate in accordance with Health and Safety Code Division 2.5, the California Code of Regulations Title 22, Division 9, Chapter 7.2, and the Central California EMS Agency's Policies and Procedures. The Stroke System shall be implemented, monitored, and evaluated by the EMS Agency.

The Stroke Critical Care System written plan and EMS Agency policies and procedures are required by the California Code of Regulations. The intent of the EMS Plan and EMS Agency policies and procedures is to provide a clear understanding of the structure of the stroke system in a manner that effectively utilizes the systems resources.

The following is a list of the policies required by the Code of Regulations and includes a brief description of the policy and a reference where further policy information can be located.

A. System Organization and Management

The Central California EMS Agency is responsible for monitoring the ongoing operation of the regional stroke critical care system. This is accomplished through the development of EMS policies and procedures and by participating in the various EMS committees. The EMS Agency staff supervises the collection and analysis of stroke data, including ongoing development of the stroke patient registry.

B. Stroke Care Coordination Within the Stroke System

The prehospital care and treatment of stroke patients shall be in accordance with EMS policy and procedures to ensure consistent application of stroke services through-out the EMS region. These policies include EMS Policy #363 – Stroke Critical Care System Monitoring/Data Management, EMS Policy #510 – Basic Life Support Protocols, EMS Policy #530 – Paramedic Treatment Protocols, EMS Policy #547 – Patient Destination, and other EMS Agency policies and procedures.

Approved By	Revision
EMS Director Daniel J. Lynch (Signature on File at EMS Agency)	
EMS Medical Director Jim Andrews, M.D. (Signature on File at EMS Agency)	

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C. Collection and Management of Data

The designated stroke centers will be responsible for submitting all required or requested data to the EMS Agency on a quarterly basis or as determined by the EMS Agency. The minimum data set as defined in the California Code of Regulations Title 22, Division 9, Chapter 7.2, Section 100270.228 is required by all participating stroke hospitals. Collection and management of data for the Central California Emergency Medical Services Stroke System is outlined in EMS Policy #363 0 Stroke Critical Care System Monitoring/Data Management. The stroke coordinators/managers provide stroke registry data, which is used by the Stroke Review Committee and the EMS Agency. Stroke centers are required to submit data to the California Stroke Registry when available.

D. Stroke Center Fees for Designation/Redesignation/Evaluation

There are currently no fees for stroke center designation, re-designation, or stroke center evaluation in the Central California Emergency Medical Services region.

E. Designation and Re-designation of a Stroke Center/including Agreements

The EMS Agency designates Stroke Centers within the EMS Region. Stroke center designation is outlined in EMS Policy #362 – Stroke Center Designation.

F. Triage to the Appropriate Facility

The prehospital triage and transport decision process used is the G-FAST Stroke Assessment Tool. Patients meeting the prehospital triage criteria for stroke will be transported to the nearest designated stroke center. EMS Policy #547 – Patient Destination outlines the required patient destination procedure.

G. Inter-facility Transfer of the Stroke Patient

The EMS Agency policies and procedures addresses the coordination and management of inter-facility transfers of the patients and are addressed in EMS Policy #341 – Patient Transfers Between Acute Care Hospitals, EMS Policy #342 – Transfer Agreements Between Acute Care Hospitals, and EMS Policy #553 – ALS Interfacility Transfers.

H. Criteria for Activation of the Stroke Team

Stroke Centers are required by EMS Policy #361 – Stroke Center Standards, to have internal hospital policies and procedures outlining the specific criteria for stroke team activation.

I. Quality Improvement and System Evaluation/ include Multidisciplinary Peer Review Committee

Quality Improvement is a combined effort of hospitals, providers, and the EMS Agency. EMS Policies #703 – Continuous Quality Improvement, and #704 – Quality Improvement Reporting address the access to the continuous quality improvement process. The Stroke Critical Care System is monitored through the continuous quality improvement process and a peer review committee as outlined in EMS policy #363 - Stroke Critical Care System Monitoring.

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J. Provider Marketing and Advertising

No healthcare facility shall advertise in any manner or otherwise promote themselves to be a Comprehensive Stroke Center, Thrombectomy-Capable Stroke Center, Primary Stroke Center, or Acute Stroke Ready Hospital, unless they have been designated by the EMS Agency.