

**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 363
Subject	Stroke Critical Care System Monitoring/Data Management	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 care administered to patients of the local Stroke Critical Care System will be reviewed for stroke care and patient outcome. This review will be conducted through the use of the Regional Stroke Critical Care System Committee and Regional Medical Control Committee.

**II. PROCEDURE**

**A. STROKE REGISTRY**

1. The Stroke Registry is a confidential database to collect and compile information related to stroke patient care of patient care within the Central California EMS Agency's region.
2. All stroke centers will participate and provide data to the California Stroke Registry (CSR) when available.
3. The EMS Agency shall implement a standardized data collection and reporting process for the Stroke Critical Care System to include the minimum data requirements listed in Chapter 7.2 of the State Regulations.
4. All hospitals that receive stroke patients shall participate in the EMS Agency's data collection process in accordance with EMS Policy #363 Stroke Critical Care System Monitoring/Data Management.

**B. INTERNAL HOSPITAL REVIEW**

All stroke hospitals shall have an internal quality improvement process to include structure, process, and outcome evaluation to focus on tracking efforts to identify root causes of problems, intervene to reduce or eliminate these causes to take steps in correcting the process.

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

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NOTE: All proceedings are confidential and protected under Section 1157.7 of Evidence Code: “The prohibition relating to discovery or testimony provided in Section 1157 shall be applicable to proceedings and records of any committee established by a local governmental agency to monitor, evaluate, and report on the necessity, quality, and level of specialty health services including, but not limited to trauma care services, provided by a general acute care hospital which has been designated or organized by that governmental agency as qualified to render specialty health care services.”

## C. REGIONAL STROKE CRITICAL CARE SYSTEM COMMITTEE

### 1. Membership

The Regional Stroke Critical Care Committee is an advisory committee to the EMS Agency on issues related to stroke care. The membership shall be broad based and shall represent the participants in the Stroke Critical Care System and the local medical community. The Stroke Critical Care System Committee membership shall minimally include:

- a. Stroke Program Medical Director from each stroke center
- b. Stroke Program Manager/Coordinator from each stroke center
- c. Clinical Stroke Educator from each stroke center
- d. Emergency Department Physician from each stroke center
- e. Interventional Radiologists
- f. Neurologist / neurosurgeons
- g. EMS Agency Medical Director
- h. EMS Agency Director
- i. EMS Specialty Services Coordinator
- j. Representatives from non-stroke centers

Each of the agencies listed above shall notify the EMS Agency, in writing, of the name of the person designated to represent the agency and exercise committee voting privileges. There will be one vote per facility.

### 2. Chairperson/Vice Chairperson

The Committee shall elect a Chairman who shall serve a term of two years with new elections each January. The committee may elect to choose a co-chairperson. The EMS Medical Director will serve as Vice Chairman in the event of absence of the chairperson (and co-chairperson). Meeting Minutes will be recorded on topics not related to specific confidential patient care issues.

### 3. Committee Responsibilities

The Regional Stroke Critical Care System Committee is responsible for reviewing all aspects of the Stroke Critical Care System and developing recommendations on system operation for the EMS Agency. This will include system operation, planning, data analysis, stroke policy development, identifying trends related to stroke care, performance improvement recommendations, current trends and research and best practices for optimal stroke care.

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The Committee's agenda shall include a review and approval of minutes, discussion topics, case presentations and specific educational case reviews (e.g. neurologic case review, review of EMS procedures related to the Stroke Critical Care System). Agenda items may occur on a regular schedule (e.g. case presentations) or at the request of the committee members. Items not included in the Committee's written agenda may be added at the beginning of the meeting at the discretion of the Chairman.

The Stroke Centers will discuss case presentations at each meeting. Criteria for case presentation to the Regional Stroke Review Committee are included in Attachment A. Specific educational case reviews may be presented to illustrate new techniques, patient problems, or system operational issues related to a medical specialty. The Committee may provide feedback on system operation or quality improvement issues directly to the EMS Agency, health care facility or provider, and other EMS advisory groups.

D. EMS AGENCY

The EMS Agency is responsible for monitoring the operation of the Stroke Critical Care System. The EMS Agency may request an onsite review of any designated stroke hospital with repetitive problems to ensure issues are being resolved. Additional agency involvement (e.g. The Joint Commission, HFAP, or CMS accrediting body) may be requested as appropriate.