

	COUNTY OF SACRAMENTO EMERGENCY MEDICAL SERVICES AGENCY	Document #	6002.04
	PROGRAM DOCUMENT: Stroke Critical Care System: General Provisions	Initial Date:	01/03/19
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Signature on File

Signature on File

EMS Medical Director

EMS Administrator

Purpose:

- A. To establish standards and guidelines for the Sacramento County Stroke Critical Care System.
- B. To provide Stroke patients with accessibility to an organized, multi-disciplinary, and inclusive system of Stroke care.
- C. To ensure that Stroke patients are taken to the time-closest and most appropriate medical facility.

Authority:

- A. California Health and Safety Code, Division 2.5
- B. California Code of Regulations, Title 22, Division 9

Policy:

- A. Multi-disciplinary nature of the Stroke Critical Care System:
 The Sacramento County Emergency Medical Services Agency (SCEMSA) recognizes the multi-disciplinary nature of the systemized approach to stroke care. SCEMSA has adopted policies, guidelines, and triage criteria that provide for the coordination of all resources and ensure the accessibility to the time-closest and most appropriate medical facility for all patients who may be suffering from a stroke.
- B. Public information and education about the Stroke Critical Care System:
 - 1. SCEMSA is committed to the establishment of stroke system support and the promotion of neurovascular education.
 - 2. SCEMSA facilitates speakers to address public groups and serves as a resource for stroke information/education.
 - 3. SCEMSA assists community and professional groups in the development and dissemination of education to the public on such topics as stroke identification, heart health programs, and access to the Stroke Critical Care System.
 - 4. Each designated facility must participate in the development of public awareness and education campaigns for its service area.
- C. Marketing and advertising:
 - 1. In accordance with the California Code of Regulations, Title 22, Division 9, Chapter 7.2, Article 2 (h):
“No health care facility 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 by the local EMS agency in accordance with this chapter.”

2. All marketing and promotional plans, with respect to stroke center designation, shall be submitted to SCEMSA for review and approval prior to implementation. SCEMSA will review such plans based on the following guidelines:
 - a. Shall provide accurate information;
 - b. Shall not include false claims;
 - c. Shall not be critical of other providers;
 - d. Shall not include financial inducements to any providers or third parties.
 3. Sacramento County has consumer protection ordinances related to advertising and marketing, which shall also be applicable.
- D. Service area for hospitals:
1. Service areas for stroke centers are determined by the SCEMSA policy of transporting patients to the time-closest and most appropriate facility.
- E. Emergency Medical Services (EMS) dispatching:
1. Each of the cities and fire districts in Sacramento County has approved dispatch policies and procedures for their respective jurisdictions. The dispatch of Basic Life Support and Advanced Life Support units for stroke patients will continue, as per the operational procedures of SCEMSA and the cities and fire districts.
- F. Communication System:
1. All of the cities and fire districts in Sacramento County utilize an enhanced 9-1-1 universal emergency number.
 2. All SCEMSA-designated advanced life support provider transporting units shall be equipped with SCEMSA-approved radio/ communications system(s) to communicate with all local hospitals.
 3. SCEMSA has developed policies, procedures, and protocols that address the requirements for field personnel to:
 - a. Identify, treat, and transport patients of suspected stroke to a stroke center.
 - b. Utilize a SCEMSA-approved stroke scale during patient assessment.
 - c. Determine "Last Time Known Normal/Well."
 - d. Give a "stroke alert" in the EMS notification report to the receiving hospital.
 - e. Include stroke scale findings in the EMS notification report.
 - f. Perform procedures and skills on standing orders as outlined in the protocol.
 - g. Make every effort to obtain the contact information of family/friends and report contact information to hospital representatives.
- G. Transportation, including inter-facility transfers to stroke centers:
1. All hospitals have a role in providing emergency care to patients with suspected stroke.
 2. Designated stroke centers are required to establish and maintain a transfer agreement with other stroke center(s) of higher designation for the transfer of patients that require a higher level of care.
 3. The higher-level facilities will be required to work with and establish transfer guidelines for the lower-level facilities.
 4. Transferring facilities, in conjunction with the higher-level facility, shall be responsible for obtaining the appropriate level of transportation when transferring stroke patients
- H. Training:
1. Designated facilities will provide training to hospital staff on stroke system policies and procedures.
- I. EMS / Stroke Care Coordination / and Mutual Aid between neighboring jurisdictions
1. SCEMSA has established reciprocity agreements with neighboring EMS jurisdictions that provide for the coordination of mutual aid within those jurisdictions.
 2. SCEMSA works cooperatively and executes agreements, as necessary, in order to ensure that patients are transported to the time-closest and most appropriate facility.

3. SCEMSA works cooperatively with other EMS agencies in data collection and evaluation efforts when patients from another EMS jurisdiction are served by the SCEMSA Stroke Critical Care System.
 4. SCEMSA maintains contact with neighboring EMS agencies in order to monitor the status of stroke care systems in surrounding jurisdictions.
- J. Coordinating and integration of stroke care with non-medical emergency services
1. SCEMSA ensures that all non-medical emergency service providers are apprised of stroke system activities as they relate to their agency/organization.
 2. Non-medical emergency service providers are included in the SCEMSA committee memberships, as appropriate.
 3. SCEMSA disseminates information to non-medical emergency service agencies through written communication, as necessary.
- K. Fees, including those of application designation, monitoring, and evaluation
1. SCEMSA has developed a fee structure that covers the direct cost of the designation process and to effectively monitor and evaluate the Stroke Critical Care System. Fees are based on the direct SCEMSA cost of administering the Stroke Critical Care System.
- L. Medical control and accountability, including triage and treatment protocols
1. Medical Control shall be accessed by:
 - a. When the receiving stroke center is also an approved Sacramento County Base Hospital, field personnel may utilize the receiving stroke center for medical control.
 - b. When the receiving stroke center is not an approved Sacramento County Base Hospital, field personnel should contact an approved Sacramento County Base Hospital for medical control, explaining that the patient is currently en route to a different stroke receiving facility.
 - Field personnel are still responsible for making a notification report to the stroke-receiving facility prior to their arrival. Any medical control orders that were received from medical control at the base hospital should be relayed at this time.
 2. Each designated stroke center shall:
 - a. Participate in the SCEMSA data collection system.
 - b. Participate in the SCEMSA continuous quality improvement program.

Cross Reference: PD# 2027 – Stroke Care Committee
 PD# 2528 – Stroke System Data Elements
 PD# 2529 – Stroke Receiving Center Designation
 PD# 5050 – Destination
 PD# 5102 – Inter-facility Transfers
 PD# 7600 – Quality Improvement Plan
 PD# 8060 – Stroke