

Application/Interest Form Contra Costa County EMS Stroke Receiving Center

(to complete this form electronically tab through the fields and then save it)

Objective: To assess the interest of Contra Costa County and neighboring hospital centers for designation as Primary Stroke Receiving Centers in preparation for the launch of the Contra Costa Stroke System in January 2012.

Definition: A stroke-receiving center is a hospital that receives prehospital Cincinnati stroke screened EMS patients from Contra Costa County **and** has been certified as a Primary Stroke Center by JCAHO. Patients meeting stroke alert criteria will be appropriately triaged to the appropriate stroke-receiving center. In the future Contra Costa EMS may further designate Primary Stroke Centers to include "enhanced" capabilities for treatment of stroke patients. These interventions include but are not restricted to intra-arterial fibrinolytics and invasive arterial or surgical procedures (e.g., MERCI).

Facility Name: _____ Phone: () - ext:

Address: _____
street city zip

Name of the person completing the form: _____ Title:

email: _____ Phone: () - ext:

Is your facility currently a JCAHO certified Primary Stroke Center? Yes no

If **yes**, what was the date of certification? _____

If **no**, are you in the process of applying or planning to apply for certification? Yes No

If **yes**, when do you anticipate certification completion? _____

If **no**, please keep EMS informed if you change your mind in the future. You do not need to complete the remainder of this form – thank you.

Contra Costa EMS Stroke Receiving Center Designation Criteria will require the following: Informational EMS site visit, written contract, \$ 5,000 annual fee to support of stroke system continuous quality improvement (CQI) , monitoring and tracking of CT function/diversion, participation in stroke system CQI, prehospital training, outcome reporting and community stroke education.

Who is or will be your stroke center medical director? Name: _____

email: _____ Phone: () - ext:

Who is or will be the stroke center nursing director/coordinator? Name: _____

email: _____ Phone: () - ext:

Who is or will be the administrative liaison for the stroke center? Name: _____

email: _____ Phone: () - ext:

Who is or will be the CQI liaison for outcome reporting and data in your Stroke Receiving Center to EMS? Name: _____

email: _____ Phone: () - ext:

Please complete this form and, save it and email as an attachment, or print and mail or fax to:

Patricia Frost RN, MS, PNP
Assistant EMS Director
Contra Costa EMS

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Thank you very much!