



Contra Costa Emergency Medical Services
Stroke Receiving Center Designation Criteria
Application and Evaluation Tool

Effective 3/2010

STROKE Designation Contract Standard	Objective Measurement	Meets Standard	Comments
HOSPITAL SERVICES			
A. Joint Commission Primary Stroke Center Certification	Copy of certification letter or certificate	Y N	Required for designation
B. Internal protocols to assure reliable notification of prehospital personnel of CT diversion consistent with EMS Agency hospital diversion policy.	Copy of written policy, protocol or process	Y N	Required for designation.
C. CT/MRI contingency plans a. Personnel b. CT/MRI facility & equipment	Description of controls in place to minimize disruptions. Pertinent policy & procedures	Y N	Required for designation.
D. Neurosurgical Services California permit for Neurosurgical Intervention	CA permit number and effective and expiration dates	Y N	For informational purposes only NOT required for designation.
E. If no neurosurgical capability, must have: a. Plan for emergency transport within 3 hours. b. Written guidelines for rapid transfer of stroke neurosurgical patients	Description of current policy procedure and guidelines	Y N	Required if no Neurosurgical capability.
HOSPITAL PERSONNEL			
A. STROKE PROGRAM MEDICAL DIRECTOR Qualifications: 1. Identified Physician Leader supporting Joint Commission Primary Stroke Center responsibilities Responsibilities: 1. Oversight of Stroke program patient care 2. Coordinating staff and services 3. Authority and accountability for quality/performance improvement 4. Participates in protocol development 5. Establishes, monitors quality control, including Mortality and Morbidity 6. Participates in EMS Stroke CQI Committee	Name, Title and contact information of identified physician leader of Primary Stroke Center Program.	Y N	Required for designation
B. STROKE RN PROGRAM MANAGER Qualifications: 1. RN License and Stroke program experience Responsibilities: 1. Supports SRC Medical Director Functions 2. Acts as EMS-Stroke Program Liaison 3. Assures EMS-Facility StrokeCenter data sharing 4. Manages EMS-Facility Stroke System QI activities 5. Facilitates timely feedback to the field providers	Name, title, contact information and job description for stroke program manager	Y N	Required for designation



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HOSPITAL PERSONNEL (Continued)			
D. Physician Consultants: 1. Neurologist (s) with privileges and evidence of training/experience or Neurologist consultation using telemedicine	Copy of current On-Call schedules	Y N	Required for designation
CLINICAL CAPABILITIES			
A. Clinical Performance Capabilities Consistent with Joint Commission Primary Stroke Center 1. Adequate staff, equipment and training to perform ED rapid evaluation and treatment including timely evaluation of brain imaging 2. Standardized stroke care pathway 3. 24/7 stroke diagnosis and treatment capacity 4. Quality assurance system supporting patient safety	Demonstration of JC Primary Stroke Center capabilities by ONE of the following: <ul style="list-style-type: none"> ▪ Mock Stroke Alert ▪ Stroke care pathway presentation ▪ Process description to assure timely review of brain imaging results within 45 minutes of patient arrival. 	Y N	Required for designation A mock stroke alert or stroke pathway presentation should be demonstrated during Stroke Center Designation Site Visit. Centers are encouraged to partner with prehospital providers during mock stroke alerts.
B. Telehealth capabilities	Demonstration of telehealth capability	Y N	Required for designation for those hospitals using Telehealth.
COMMUNITY STROKE REDUCTION PLAN			
A. Plan to reduce stroke through community outreach education to reduce risks of stroke and heart disease in all patient populations.	Written plan or description of community outreach	Y N	Required for designation
PERFORMANCE IMPROVEMENT			
A. Systematic Prehospital Review Program Written quality improvement plan or program description for EMS-transported stroke alert patients supporting: <ul style="list-style-type: none"> ▪ Timely prehospital feedback ▪ Prehospital provider education ▪ Cooperative Stroke System QI data management 	Statement of commitment to participate in Stroke System CQI program	Y N	Required for designation
B. Prehospital Stroke related educational activities Participation in Stroke Prehospital Education.	Statement of commitment and/or educational plan	Y N	Required for designation
DATA COLLECTION, SUBMISSION AND ANALYSIS			
A. Participates and provides data to the California Stroke Registry (CSR)	Signed agreement with Calif. Stroke Registry	Y N	Required for designation
B. Ability to participate with Contra Costa EMS data collection	Letter of commitment	Y N	Required for designation
C. Submits Stroke System CQI Committee Data Reports	Letter of commitment	Y N	Required for designation
E. Facilitates implementation of data elements for future Stroke System performance improvement.	Letter of commitment	Y N	Required for designation