



## STROKE-NEUROLOGY RECEIVING CENTER CRITERIA

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### I. AUTHORITY:

Health and Safety Code, Division 2.5, Section 1798.170; CCR, Title 22, Division 9, Chapter 7.2.

### II. APPLICATION:

This policy establishes a stroke critical care system and defines the requirements for designation as an Orange County Stroke-Neurology Receiving Center (SNRC). These centers meet the State definition of Comprehensive Stroke Centers and receive patients transported by the emergency medical services system with signs and symptoms of acute cerebral vascular accident that may benefit by rapid assessment and treatment at a dedicated stroke specialty center.

A SNRC will provide specialized cerebral vascular services for patients presenting via the 9-1-1 system or by emergency interfacility transfer from an Orange County Emergency Medical Services (OCEMS) Emergency Receiving Center assigned to that SNRC. Patients eligible for 9-1-1 field triage or transfer to a SNRC include those who meet OCEMS criteria for triage as an acute ischemic or hemorrhagic cerebral vascular event. Patients with trauma related cranial-cerebral events that meet trauma triage criteria will be managed in the OCEMS Trauma System.

### III. DESIGNATION:

#### A. Initial Designation Criteria:

1. Hospitals meeting Title 22 requirements and designated as an Emergency Receiving Center (ERC) that are in good standing and interested in designation as a Stroke-Neurology Receiving Center (SNRC) must submit a request to OCEMS.
2. OCEMS will evaluate the request and determine the need for an additional SNRC. If such need is identified, OCEMS will request the interested hospital to provide:
  - a. Policies, procedures and agreements as described in Section VI, of this policy.
3. OCEMS will review the submitted material, perform a site visit, and meet with the hospital representatives. In addition, the following information will be collected by OCEMS and considered in the designation process:
  - a. Emergency Department diversion statistics during the past three years.
  - b. Emergency Intra-facility transfers during the past three years, including transfers for higher level of care management of acute ischemic and hemorrhagic stroke.
4. Following review, the OCEMS will provide its designation decision to the Facilities Advisory Subcommittee and the Emergency Medical Care Committee for endorsement or denial of endorsement for designation of up to three years as a SNRC.
5. An approved SNRC will have a written agreement as described in Section VI of this policy and pay the established Health Care Agency fee.
6. OCEMS will identify ERCs to be assigned to each of the SNRCs (650.05 Attachment #1). This will serve as demonstration of transfer agreements between ERCs and SNRCs.

#### B. Continuing Designation

1. OCEMS will review each designated SNRC for compliance to criteria as described in this policy every three years or more often if deemed necessary by the OCEMS Medical Director. Each SNRC will be required to submit specific written materials to demonstrate evidence of



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2. compliance to criteria established by this policy and pay the established fee. A site visit may be required at the discretion of the OCEMS Medical Director.
  3. OCEMS will provide its designation decision to the Facilities Advisory Subcommittee and the Emergency Medical Care Committee for endorsement or denial of endorsement for continued designation of up to three years.
- C. Change in Ownership / Change in Executive or Management Staff
1. In the event of a change in ownership of the hospital, continued SNRC designation will require adherence to this policy with review and approval of continued designation by the OCEMS Medical Director. Change in hospital ownership may require redesignation by OCEMS.
  2. OCEMS shall be notified, in writing, at least 10 days prior to the effective date of any changes in key SNRC personnel as identified in Section IV, (A) and (B) below.
- D. Denial / Suspension / Revocation of Designation
1. OCEMS may deny, suspend, or revoke the designation of a SNRC for failure to comply with any applicable OCEMS policy or procedure.
    - a. Failure to comply with data submission requirements for three (3) consecutive months can result in automatic suspension of SNRC designation.
- E. Cancellation of Designation by SNRC
1. SNRC designation may be canceled by the SNRC upon 90 days written notice to OCEMS.
- IV. MEDICAL PERSONNEL:
- A. SNRC Medical Director
1. The hospital will designate a medical director for the Stroke-Neurology Program who is currently licensed as active and in good standing by the California Medical Board and is board-eligible or board-certified in neurology, neurosurgery, or another board with sufficient experience and expertise dealing with strokes as determined by the hospital credentialing committee. For board-eligible physicians, board certification must be obtained within the allowed time by ABMS from the first appointment.
  2. Responsibilities of the Medical Director include:
    - a. Development of hospital policies as defined in Section VI, part F.
    - b. Development and maintenance of the hospital SNRC performance/quality improvement plan.
    - c. Development and maintenance of a stroke-neurology continuing education program within the hospital with an offering of yearly Category 1 CME for physicians and BRN-approved continuing education hours for nursing staff.
    - d. Attendance at county-wide SNRC system meetings.
- B. SNRC Coordinator
1. A Registered Nurse will serve as the Stroke-Neurology Coordinator who may also be the critical care department director, emergency department director, or other similar position.
  2. Responsibilities of the SNRC Coordinator include:
    - a. Development of nursing stroke education programs (standardized national programs are acceptable to fulfill this responsibility).

