
STROKE RECEIVING CENTER - SRC (# 5510)

AUTHORITY: Health and Safety Code, Division 2.5, Sections 1797.67, 1798, and 1798.170.

1. **APPLICATION:** This policy defines the requirements for designation as an Alameda County Stroke Receiving Center (SRC) for patients transported via the 9-1-1 system with signs and symptoms of an acute stroke who may benefit by the services of a JCAHO certified stroke center.

2. **CRITERIA:**

2.1 **Hospital Services:** The hospital shall have the following services:

- Current designation as an Alameda County Emergency Medical Services receiving hospital
- Certification by the Joint Commission on Accreditation of Healthcare Organization (JCAHO).
- Dedicated phone line for notification by paramedics of stroke patient
- 24/7 capability
- Scheduled stroke information in-service training for out-of-hospital personnel.

2.2 **Personnel**

- **Medical Director** - The hospital shall designate a medical director for the stroke program who shall be a physician certified by the American Board of Internal Medicine with sub-specialty certification in Neurology.
- **Nursing Director** - There shall be an SRC nursing director of the hospital's SRC program.

2.3 **Policies** - Internal policies shall be developed for the following:

- Defining patients who shall receive emergent fibrinolysis based on physician decisions for individual patients.
- Rapid acquisition of necessary imaging Studies
- Rapid administration of fibrinolytic therapy.
- Inclusion of EMS personnel into initial SRC procedures.

2.4 **Data Collection** - The following data is required for review by Alameda County Emergency Medical Services (ALCO EMS) as a condition of certification as an SRC:

- **Treatment Interval** - Time interval from hospital arrival to fibrinolysis/resolution.
- **Thrombolytic Therapy Administered** - % of ischemic stroke patients arriving within 2 hours of stroke symptom onset who receive thrombolytic therapy
- **Antithrombotic Therapy by End of Hospital Day Two** – % of ischemic stroke patients who receive antithrombotic therapy by the end of hospital day two.
- **Discharged on Antithrombotics** - % of ischemic stroke patients prescribed antithrombotic therapy at discharge
- **Assessed for Rehabilitation** - % of ischemic stroke patients who were assessed for or received rehabilitation services at or prior to discharge.
- **Stroke Education** - % of ischemic stroke patients (or their caregivers) who received education or educational materials (risk factors for stroke, stroke prevention,

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medications, and follow-up) at or prior to discharge.

2.5 Quality Assurance/Improvement

- Participation in an approved registry for the recording and analysis of SRC patient data.
- Participation by key personnel in the Alameda County EMS SRC Committee.
- An in-house quality improvement program for EMS transported patients which should include quarterly documentation of the following:
 - ✓ **Treatment Interval** - Median time interval from hospital arrival to fibrinolytic administration
 - ✓ **Thrombolytic Therapy Administered** - Number of patients and percent of patients receiving treatment
 - ✓ **Antithrombolytic Therapy by end of Hospital Day Two** - Number of patients and percent of patients receiving treatment
 - ✓ **Discharged on Antithrombotics** - Number of patients and percent of patients receiving treatment
 - ✓ **Assessed for Rehabilitation** - Number of patients and percent of patients receiving treatment
 - ✓ **Stroke Education** - Number of patients and percent of patients and patients families that receive education

3. Designation:

- 3.1 Designation is contingent upon coordination and approval by community neurologists, other physician specialists, and hospital administrators.
- 3.2 The stroke receiving center shall be designated after satisfactory review of written documentation and an initial site survey by ALCO EMS.
- 3.2 The stroke receiving center shall be re-designated after satisfactory ALCO EMS review every four years.
- 3.3 Continued certification as a primary stroke center by JCAHO is required for consideration for re-designation.