

# Sacramento County Emergency Medical Services Agency Stroke Care Committee Meeting

Date and Time: February 17, 2026, 1:00 PM – 3:00 PM

Location: 9616 Micron Avenue, Sacramento, CA 95827

Facilitator(s): Gregory Kann, MD FACEP



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## 1. Welcome, Attendance, and Approval of Minutes

### a. Discussion Points:

- i. Introductions completed for all in-person and virtual participants.
- ii. Minutes from the prior meeting were reviewed and approved.

### b. Action:

- i. Motion to approve prior meeting minutes without changes.
- ii. Motion: Matt Gerrior; Second: Brian Morr

## 2. Reminder PD# 8060 - Stroke

### a. Discussion Points

- i. Significant changes made during the November meeting were reviewed.
  1. Patients having a suspected Large Vessel Occlusion (LVO) who:
    - a. Have a LAMS score  $\geq 4$
    - b. Are outside the thrombolytic window or have contraindications to lytics.
    - c. Travel time  $\leq 30$  minutesWill be transported to a thrombectomy-capable center
  2. Go-live date May 1, 2026
- ii. Discussion included clarification that the 30-minute threshold refers to transport time only, not scene time. Transport destination remains at paramedic discretion based on real-time situational awareness.

## 3. Policy Review

### a. PD# 2528 – Stroke Data Elements

- i. Discussion around ongoing efforts to streamline stroke-related policies by removing unnecessary definitions and excess language.
  1. Goal: create more concise, user friendly policies for field providers.
  2. Definitions will continue to exist in contract language and other reference documents.
  3. Feedback from the group was encouraged regarding whether certain definitions remain helpful for crews.



4. Public comment at the upcoming March MAC meeting was encouraged.

#### 4. Stroke Data Review

- a. System Volume Highlights:
  - i. Total PCRs received: ~84,000
  - ii. Total responses: ~61,000
  - iii. Treated and transported patients: ~37,000
- b. Stroke-Specific Data
  - i. Primary impression of stroke: ~1,000
  - ii. Documented stroke screen: Nearly 100% compliance
  - iii. Documented glucose: Nearly 100% compliance
  - iv. Pre-arrival stroke notification: ~92%
  - v. Out-of-county transports: 105

#### 5. Documentation Review – Stroke Alert and CPSS Compliance

- a. SCEMSA reviewed cases where:
  - i. (+) CPSS
  - ii. Symptom onset < 24hours
  - iii. No documented stroke alert
- b. Findings:
  - i. 8 cases had stroke alert documented in narrative but not properly coded.
  - ii. 4 cases went directly to CT, alert likely occurred but no document.
  - iii. 1 case of slurred speech was not alerted.
  - iv. Several cases involved resolved symptoms en route (likely a TIA)
- c. Discussion Points:
  - i. Importance of documenting appropriately even when symptoms resolve.
  - ii. Reinforcement that primary impression should reflect the patient's clinical presentation.
  - iii. Discussion also included consideration of reinstating "TIA" explicitly in the protocol title to reinforce provider awareness.
    1. SCEMSA will explore bringing this forward to MAC.

#### 6. Case Presentations

#### 7. System-Level Discussion

- a. New AHA Stroke Guidelines and implications
  - i. Stroke alert activation within ~10 minutes & Scene time target < 15 minutes.



# SACRAMENTO COUNTY

## Emergency Medical Services Stroke Critical Care Committee 2026 Meeting Dates

Day	Date	Time	Location
Tuesday	February 17, 2026	12:00 PM – 1:30 PM	Sacramento County EMS Agency 9616 Micron Ave Suite 900 Conference Room 1
Tuesday	May 12, 2026	12:00 PM – 1:30 PM	Sacramento County EMS Agency 9616 Micron Ave Suite 900 Conference Room 1
Tuesday	August 18, 2026	12:00 PM – 1:30 PM	Sacramento County EMS Agency 9616 Micron Ave Suite 900 Conference Room 1
Tuesday	November 17, 2026	12:00 PM – 1:30 PM	Sacramento County EMS Agency 9616 Micron Ave Suite 900 Conference Room 1



# Sacramento County Stroke System Data Overview

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3Q 2025

<b>SCENE Calls (911-Response) -3Quarter 2025</b>	<b>Incident Count</b>	<b>Percentages</b>
Total ePCRs received	84,228	100%
Responses (Emergency Primary Response Area)	61,236	72.70%
<b>Treated and Transported</b>	<b>37,275</b>	<b>44.25%</b>
<b>EMS Data</b>		
<b>Primary Impressions of Treated and Transported -911-Response (Scene)</b>	<b>Incident Count</b>	<b>Percentages</b>
ALOC - (Not Hypoglycemia or Seizure) (R41.82)	1077	2.89%
Stroke / CVA / TIA (I63.9)	1002	2.69%
Sepsis (A41.9)	1366	3.66%
<b>Hospital Data (From GWTG for in-county hospitals)</b>		
<b>Patient Arrival for Stroke/ CVA/ TIA (I63.9)</b>	<b>Incident Count</b>	<b>Percentages</b>
Total Patient Count	1152	100%
EMS from home/scene	499	43.32%
Transfer From Another Hospital	312	27.08%
Private Vehicle	334	28.99%
Other /Unknown /Not Documented	7	0.61%
<b>Hospital Data (total receiving centers - includes SRMC and KHR)</b>		
<b>Total pt count - EMS from home/scene</b>	576	

# Stroke Dashboard - EMS Data

<b>Stroke</b>	<b>System Total 2024 4Q</b>	<b>System Total 2025 1Q</b>	<b>System Total 2025 2Q</b>	<b>System Total 2025 3Q</b>
Number of patients transported with a primary impression of stroke	1019	1004	1029	1002
Patients with a document stroke screen	1003	1004	1020	1001
Patients with a documented stroke screen (%)	98.43%	100%	99%	99.90%
Patients with a documented Glucose	1019	1003	877	999
Patients with a documented glucose (%)	100.00%	99.90%	85.23%	99.70%
Patients with pre-arrival stroke notification (or not alerted due to symptoms >24 hours)	922	947	943	923
Patients with pre-arrival stroke notification (%)	90.48%	94.32%	91.64%	92.11%
Patients with a primary impression of stroke transported to out-of-county hospitals	105	111	95	105
Patients with a primary impression of stroke transported to out-of-county hospitals (%)	10.30%	11.05%	9.23%	10.47%

Patients with positive CPSS and symptom onset >24 hours not stroke-alerted in the field (eDisp.24)

## Audit Findings

## Count of Findings

Alert documented in narrative

8

CT- Alert likely done

4

Slurred Speech

1

Symptoms resolved en Route

1

**Grand Total**

**14**

# Treated and transported patients with a primary impression of stroke (EMS data)

Hospital Name	4Q-2024	1Q-2025	2Q-2025	3Q-2025
Kaiser Roseville	57	63	56	56
Kaiser North	162	171	173	168
Kaiser South	167	156	153	143
Mercy General	71	53	55	56
Mercy Folsom	68	64	56	60
Mercy San Juan	193	174	194	177
Methodist	82	73	86	94
VA Medical Center	0	0	0	1
Sutter Sacramento	90	116	103	102
Sutter Roseville	42	45	34	47
UC Davis Medical Center	81	86	114	96
OOA	6	3	5	2
<b>Total</b>	<b>1019</b>	<b>1004</b>	<b>1029</b>	<b>1002</b>

# EMS vs Hospital Stroke Alert Documentation Overview

<b>Total hospital-identified stroke patients</b>	<b>Count</b>	<b>Percentages</b>
Total number of patients transported by EMS from home/scene	<b>576</b>	<b>100%</b>
<b>Patients transported by EMS</b>	<b>Count</b>	<b>Percentages</b>
Stroke Alerted	<b>330</b>	<b>57.29%</b>
PCR not available (blank or out-of-county provider)	<b>65</b>	<b>11.28%</b>
Symptom onset >24 hours	<b>13</b>	<b>2.26%</b>
No stroke alert documented (excluding symptom onset >24 hours)	<b>168</b>	<b>29.17%</b>
<b>Patients without a documented stroke alert</b>	<b>Count</b>	<b>Percentages</b>
No CPSS documented	<b>35</b>	<b>20.83%</b>
Negative CPSS (including resolved TIA)	<b>106</b>	<b>63.10%</b>
CPSS inconclusive or unable to complete	<b>26</b>	<b>15.48%</b>
Positive CPSS not stroke-alerted (symptoms resolved during EMS care)	<b>1</b>	<b>0.60%</b>
<b>Top 5 Primary Impressions of Stroke Patients not alerted in field</b>		
General Weakness	<b>31</b>	<b>18.45%</b>
ALOC	<b>31</b>	<b>18.45%</b>
Dizziness/Vertigo	<b>16</b>	<b>9.52%</b>
Headache	<b>11</b>	<b>6.55%</b>
No Medical Complaint	<b>11</b>	<b>6.55%</b>
Other (N/V, Trauma, Sepsis, Behavioral etc.)	<b>68</b>	<b>40.48%</b>

# Hospital-Diagnosed Strokes Without a Documented Stroke Alert

*Positive CPSS documented; no stroke  
alert transmitted to the receiving  
hospital*

- 79M "Patient suddenly began experiencing expressive aphasia, confusion and slurred speech according to wife. Patient appeared to have good equal grip strength however had prominent slurred speech. Symptoms resolved during assessment and patient appeared asymptomatic"  
BP 170/100

Stroke scale positive, documented in narrative only

\*Primary Impression: ALOC

- Engine - "80 year old female pt found lying in bed complaining of possible stroke. Assessment noted pt was alert but confused and slurring her words."

BP 148/90

Documented stroke scale positive

\*Primary Impression: Stroke/CVA/TIA

Transporting Medic – "Dispatched C3 to a private residence for stroke. Arrived to find 80 year old female GCS12 in bed with chief complaint of ALOC. Patient transported C3 reduced to C2 to MGH. En route, patient symptoms resolved and patient became A&O4, GCS15."

No documented stroke scale

\*Primary Impression: ALOC

# No CPSS Assessment in Field

*Stroke confirmed in hospital.*

- “Arrived to find 96 year old male sitting upright on comode, alert but disoriented to baseline, complaining of N/V/D. Patient reports onset of dizziness when attempting to stand”  
\*Primary Impression: Nausea/Vomiting BP 192/107
- “Pts daughter stated that she has been nauseated and vomiting for the last few hours. Pt stated she has not been feeling well for 2 days with dizziness. Threw up 5 times and had a 2 second syncopal episode before EMS arrival.”  
\*Primary Impression: Nausea/Vomiting BP 190/98
- “Patient is alert and oriented x4 GCS of 15 complaining of generalized weakness. Patient was found to be hyperglycemic and hypertensive on scene.”  
\*Primary Impression: Hyperglycemia BP 200/110 BGL 398
- “59 year-old male complaining of increased generalized weakness since his last ER visit at Rideout. Vitals were within normal limits and stayed within normal limits for the duration of the incident.”  
\*Primary Impression: No medical complaint BP 190/87

# EMS-Identified Stroke vs Hospital-Confirmed Stroke Patients In County Only

EMS Count      Hospital Counts      Linear (EMS Count)      Linear (Hospital Counts)

