Department of Health Services
Peter Beilenson, MD, MPH, Director

Divisions
Behavioral Health Services
Primary Health
Public Health
Departmental Administration

County of Sacramento

October 3, 2019

David Duncan, MD
Director
Emergency Medical Services Authority (EMSA)
109601 Gold Center Drive, Suite 400
Rancho Cordova, CA 95670

RE: ***Sacramento County 2019 Stroke Program Plan***
Sent via Email on October 3, 2019

Dear Dr. Duncan:

In accordance with Title 22, Chapter 7.2, Article 2, Section 100270.220 of the CA Code of Regulation, *Local EMS Agency Stroke Critical Care System Plan,* Sacramento County submits its Stroke Critical Care Program (Stroke) Plan. The submission of this Stroke Plan meets the regulation's requirement to submit a Stroke Plan within 180 days of the regulation's effective date (July 1, 2019). The annual update to this Stroke Plan will be included in the 2019 Sacramento County EMS Plan Update due in late 2020.

This Stroke Plan underwent a significant stakeholder review process, resulting in a better product. Sacramento County EMS Agency looks forward to implementing the many elements of the plan to improve the County's EMS System.

Please do not hesitate to contact me if you have any questions or concerns at (916) 875-9708 or magninod@saccounty.net.

Sincerely,

David M. Magnino, B.S. / EMT-P
EMS Administrator
County of Sacramento

Attachment

c.c'd: Tom McGinnis, Chief, EMS Systems Division

Stroke

Critical Care System Plan

Prepared By:

Sacramento County Department of Health Services

Emergency Medical Services Agency

2019

This plan was prepared for the
California Emergency Medical Services Authority
July 2019

Plan prepared by:
County of Sacramento
Department of Health Services
Emergency Medical Services Agency
9616 Micron Avenue, Suite 960
Sacramento, CA. 95827
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Plan reviewed and edited by:
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David Magnino, EMS Administrator
Ben Merin, EMS Coordinator
Kathy Ivy, EMS Specialist

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Executive Summary

California statute mandates the Emergency Medical Services Authority (EMSA) to adopt necessary regulations to carry out the coordination and integration of all state activities concerning Emergency Medical Services (EMS) (Health and Safety Code §1797.107).

In addition, State statute allows the EMS Authority to establish guidelines for hospital facilities, in cooperation with affected medical organizations, according to critical care capabilities (Health and Safety Code §1798.150).

As a result of these statutes, the EMS Authority established a multidisciplinary stroke taskforce for the development of Stroke System of Care Regulations for California.[1]

California's Statewide Stroke Critical Care System is described in the California Code of Regulations; Title 22, Division 9, Chapter 7.2. These regulations outline the requirements of all components of the Stroke Critical Care System including the Local Emergency Medical Services Agency (LEMSA), prehospital providers, and hospitals.

Because data management, quality improvement and the evaluation process all have a vital role in providing high quality care to the stroke patient; these items have also been identified in the regulations. The overall goal of the regulations is to reduce morbidity and mortality from acute stroke disease by improving the delivery of emergency medical care within the communities of California.

The Sacramento County Emergency Medical Services Agency (SCEMSA) has been involved with the regulation development process alongside state and hospital system representatives. Sacramento County already has many of the regulations in place, including prehospital care policies to identify stroke patients, identify designated stroke receiving hospitals, and stroke destination policies.

As a requirement of the California Regulations, this document is to serve as a formal written plan for the Sacramento County Stroke Critical Care System.

Sacramento County Emergency Medical Services Agency's Stroke Critical Care System Plan has been written in accordance with Title 22, Division 9, Chapter 7.2 of the California Code of Regulations.

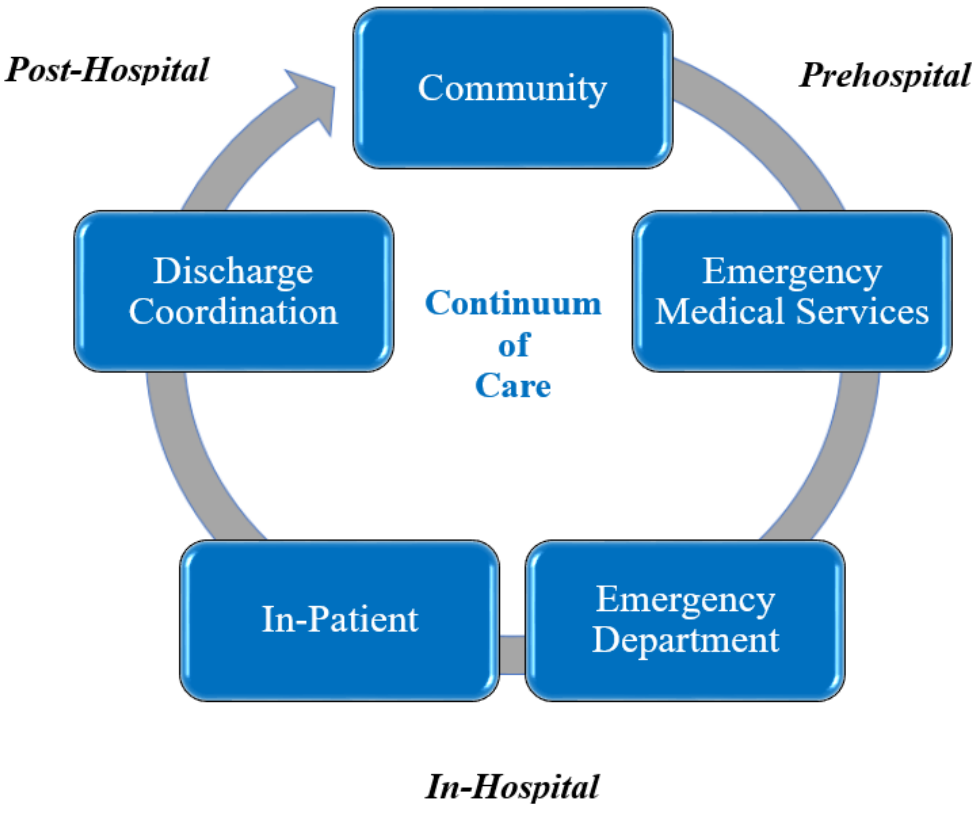
[1] https://emsa.ca.gov/about-stroke/

Stroke Critical Care System

Every year approximately 795,000 adult Americans suffer a stroke. A stroke death occurs every four minutes. Stroke is the most common cause of adult long-term disability in the United States. It is a life-changing event that places heavy burden on patients, families, and caregivers. When a patient is suffering an ischemic stroke, timely intervention is critical to reverse the damage, reduce mortality, morbidity, and disability in addition to improving survivor quality of life.

Although there are 172 designated stroke centers in California, there have been no standardized statewide requirements for the development and implementation of a stroke critical care system until now. Hospitals have traditionally been designated as a stroke receiving hospital by their Local EMS Agency as a result of differing standards from one geographic area to the next. Public safety is best served when patients receive a standard of care based on national standards and best practices. This implementation of standardized statewide requirements for stroke care will provide consistent care across the state.[2]

Sacramento's Stroke Critical Care System is a subspecialty care component of the EMS system that was developed by the Sacramento County EMS Agency. This critical care system links prehospital and in-hospital care to deliver treatment to stroke patients who potentially require immediate medical or surgical intervention.



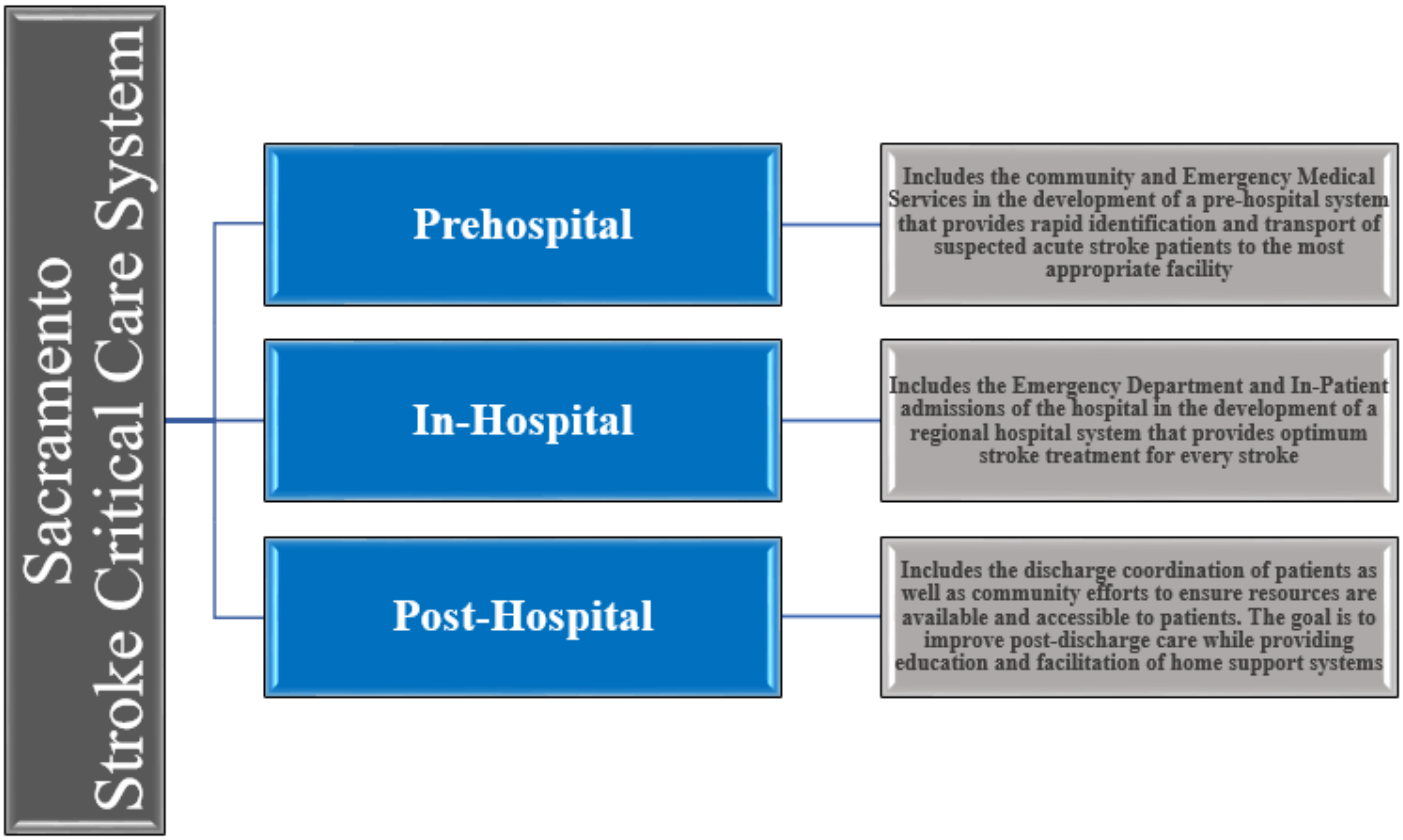
[2] https://emsa.ca.gov/wp-content/uploads/sites/47/2018/04/Stroke-ISOR.pdf

Stroke Continuum of Care

Stroke systems of care improve care and support for stroke patients throughout their health care journey. We know that patient care is improved from the first symptoms of stroke through the transition from EMS to hospital care. We also see improved care throughout rehabilitation and follow up with primary care physicians to prevent complications and second strokes. Together, EMS agencies, hospitals, and health care facilities collect and analyze data about stroke patients and care. When best practices and data are shared, the different disciplines can work together to improve patient care.[3]

The continuum of care is important to caregivers and patients alike. It leads to an improvement of patient satisfaction levels, reduces costs, and improves health. Keeping up the continuum of care is especially significant for specific patient populations such as those patients who are more dependent on the health services, elderly patients, patients suffering from complex medical conditions, mentally vulnerable patients and patients with chronic diseases. Due to the aforementioned examples, the continuum of care is particularly beneficial to the stroke patient population. Stroke systems of care depend on robust collaboration to ensure that the continuum of care is optimally exercised.

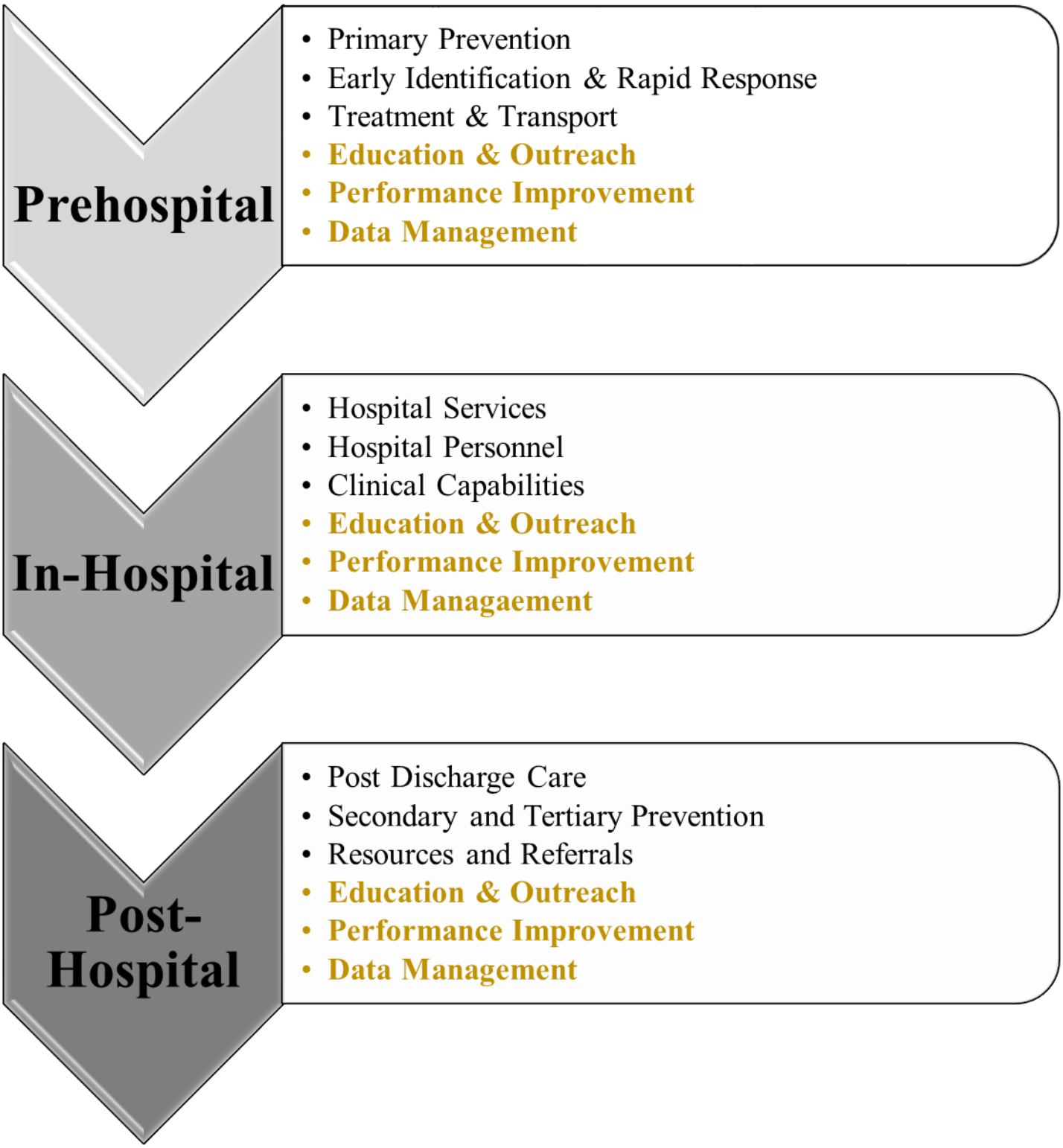
The Sacramento stroke continuum of care can be broken down and evaluated at three levels:



[3] https://www.cdc.gov/dhdsp/programs/about_pcnasp.htm

Goals within the Continuum of Care

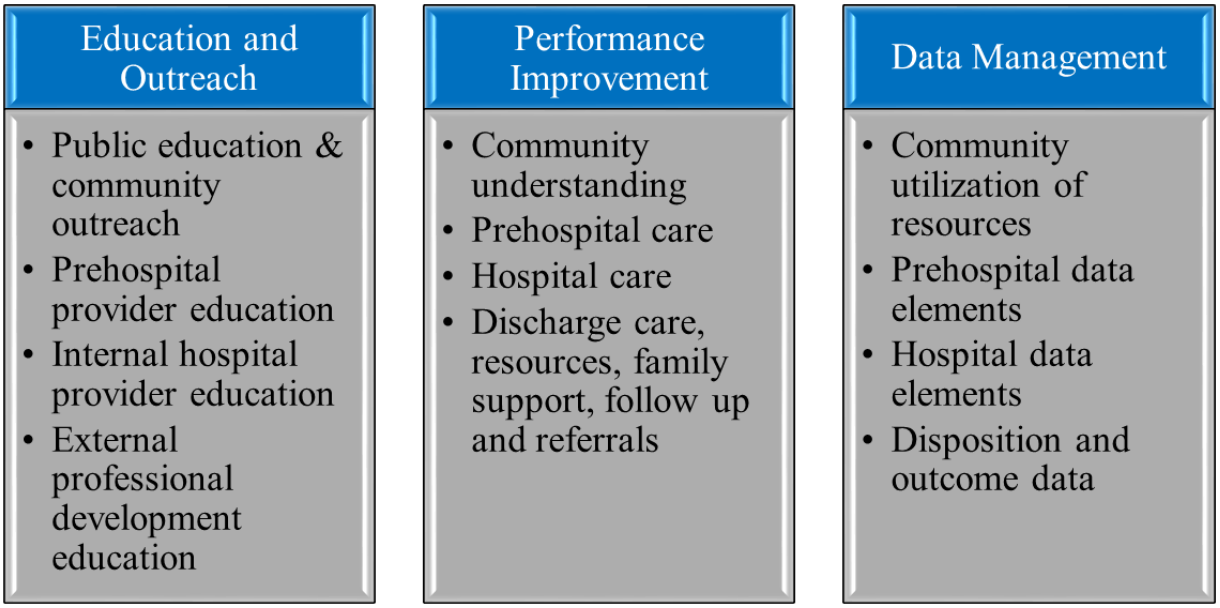
Within each level of the continuum of care, there are identified goals designed to build safety into the stroke system of care, ensuring that patients receive the safest, most reliable care across the continuum.



Three Areas of Collaboration: A Team Approach

Recognizing that patient outcomes are greatly dependent on the quality of care within each level of care on the continuum, it is critical for Sacramento providers to work in collaboration with a team approach wherever possible. Common themes span across the Prehospital, In-Hospital and Post-Hospital levels that identify opportunities to maximize the team approach to care of the stroke patient.

- Education of the community, EMS and other healthcare professionals promote and support an integrated system of care. Interprofessional and interdisciplinary education systems prepare care providers to work collaboratively together as a team. When combined with community education and outreach efforts, the patients and their families have an active role in their personal health and well-being.
- Performance Improvement invariably involves work across multiple systems and disciplines within a practice. Within the healthcare practice continuum, this is particularly applicable as patients have various formal and informal care providers throughout their course of illness and into their discharge disposition.
- Good data can help identify, verify and proactively address issues, measure progress and capitalize on opportunities. When data is gathered, tracked, and analyzed in a credible way over time, it becomes possible to measure progress and success. Policies, procedures, services, and interventions can then be evaluated, modified, and improved.



A team approach from a truly integrated healthcare system will go beyond education, outreach, performance improvement and data management /sharing. SCEMSA's aim is to create a seamless system, which requires EMS professionals and community partners to commit to the same-shared objectives and find ways to achieve them together. This team approach from a people-centered EMS system takes advantages of the strengths and resources brought by each organization and provider to protect the health and wellness of individuals and communities.

Stakeholders

Sacramento County EMS Agency

Serving 1,458 people per square mile, the Sacramento EMS Agency works diligently to ensure that the communities, which are spread over its approximate 994 square-miles, have access to stroke treatment and services that provide quality care based on best practices and evidence-based research.

SCEMSA's specialty care programs are further refined by the agency's commitment to excellence as defined in the Vision, Mission, Values, and Principles:

Vision

To be an exceptional, outcome-focused Emergency Medical Services (EMS) leader.

Mission Statement

To assure the timely delivery of high quality, outcome-based, compassionate, and cost-effective emergency medical services to the people of Sacramento County and to optimize these services through a balance of community collaboration and regulatory leadership.

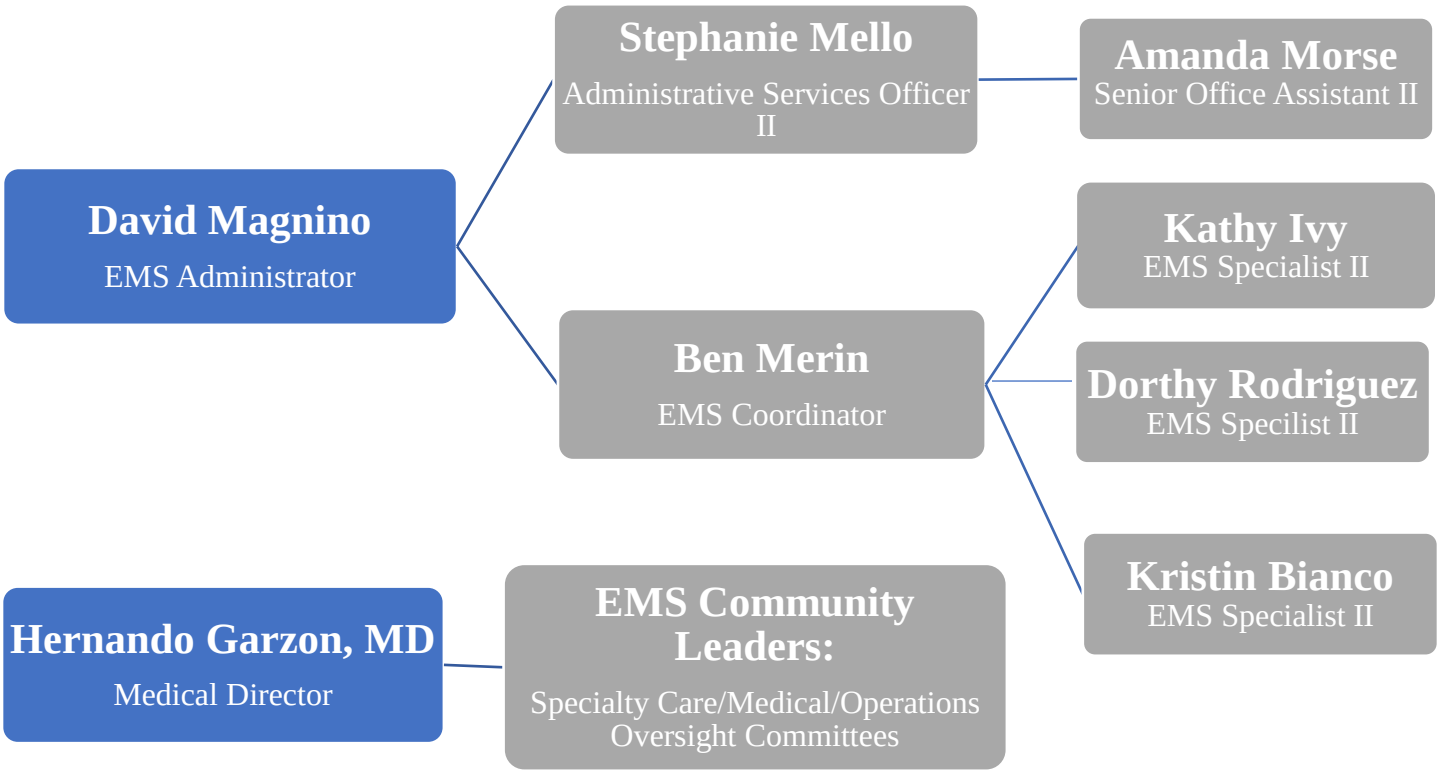
Values

- Patient centered care
- Dignity and respect
- Honesty and integrity
- Personal and organizational accountability
- Collaboration in our endeavors
- Inclusive decision-making
- Evidence-based change as an avenue to excellence

Principles

- System success is measured in the patient care outcomes of the community we serve.
- Each interaction brings value to the EMS system and us.
- The success of the organization is success for all.
- Our duty is to lead effectively and regulate with consistency

The Sacramento County Emergency Medical Services Agency is comprised of an EMS Administrator, EMS Medical Director (part-time contracted), EMS Coordinator, three EMS Specialists, one Administrative Service Officer, and one Senior Office Assistant. Although each staff member has a different role in the Stroke Critical Care System, it is through the work that is managed collectively as a group that the Stroke System exhibits optimal performance.



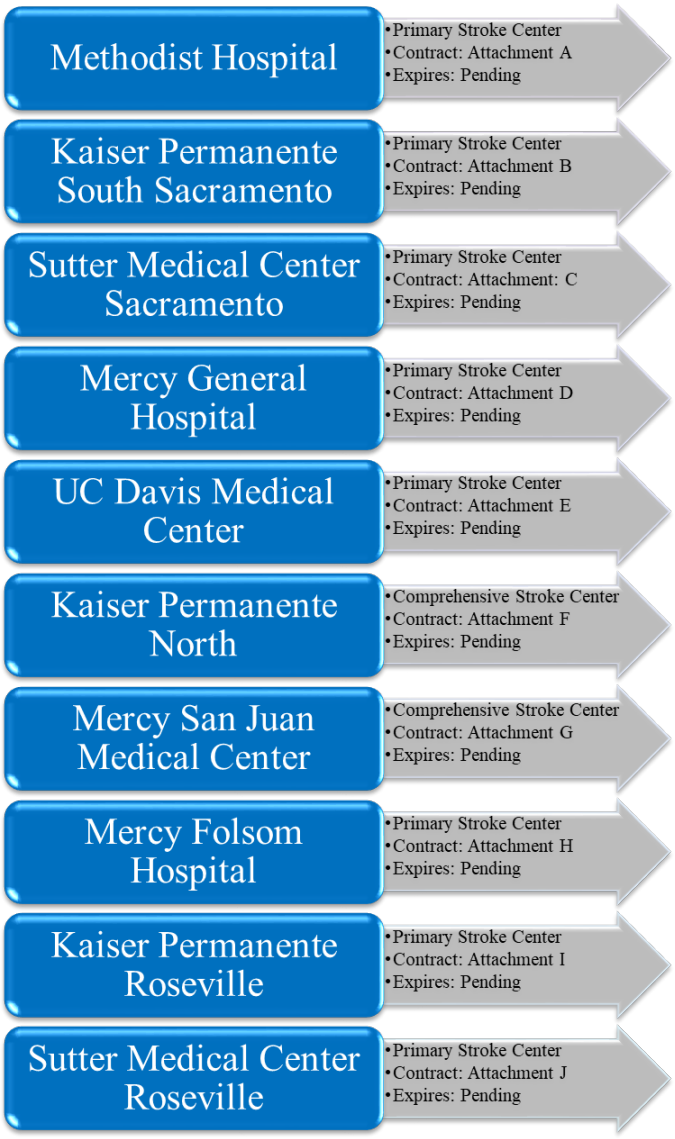
http:www.dhs.saccounty.net/PRI/EMS/Pages/EMS-Home.aspx

Sacramento County Stroke Centers

Sacramento County has eleven (11) prehospital receiving centers. Nine of these hospitals are within Sacramento County and two of these hospitals are physically located just outside of the Sacramento County line in Placer County. The Joint Commission currently certifies ten of the eleven receiving centers as Primary Stroke and two (2) Comprehensive Stroke Centers.

The California State Regulations define a Primary Stroke Center as a hospital that "…stabilizes and treats acute stroke patients, providing initial acute care, and may transfer to one or more higher level of care centers when clinically warranted". The California State Regulations define a Comprehensive Stroke Center as a hospital that "…diagnoses and treats all stroke cases and provides the highest level of care for stroke patients".

Sacramento County Emergency Medical Services Agency has written agreements with hospitals that are designated stroke receiving hospitals. To be considered for stroke receiving center designation, hospitals must hold current certification as a Primary Stroke Center by The Joint Commission and fill out a SCEMSA Stroke Center Designation Application packet. The application packet contains an evaluation tool that SCEMSA uses to ensure that the facility meets the requirements to receive Stroke Center Designation.



Stroke Centers must also maintain compliance with Sacramento County EMS Agency designation criteria outlined in Policy document 2529- *Stroke Center Designation.*

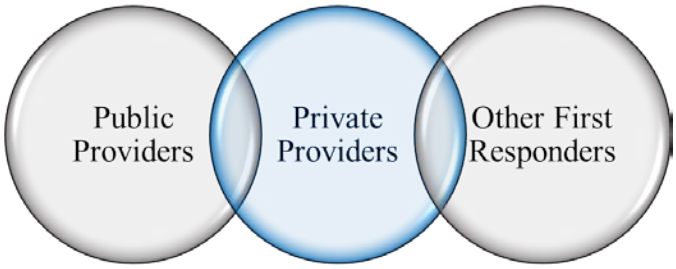
SCEMSA Stroke Center Designation Application Packet can be found in Attachment APP.
Policy document for Stroke Center Designation can be found on SCEMSA website: Stroke Center Designation

Sacramento County Prehospital Providers

The Sacramento County EMS System includes a mix of public and private EMS Advanced Life Support (ALS) providers as well as a number of Basic Life Support (BLS) First Responders. A combination of ground, air and specialty Critical Care Transport (CCT) are all offered within the county. The community can access emergency transport services via public providers through the 9-1-1 system. ALS first responder ambulance services are available from private providers and can be utilized by calling a ten-digit number.

Once on scene, the first responder and ambulance transport crews coordinate their efforts to rapidly identify, treat, and transport stroke patients to a Stroke Receiving Center. When needed, prehospital providers can contact base hospital personnel for On-Line Medical Direction (OLMD). Field crews notify the Stroke Receiving Center of the incoming patient with a *"Stroke Alert"* radio report in order to allow hospital staff to prepare for expeditious triage and treatment upon patient arrival.

Prehospital providers work closely with the hospital staff to ensure that all pertinent information is relayed for a seamless transition within the continuum of care.



The Stroke Patient

Early identification of stroke symptoms by emergency medical personnel is a valuable part of optimal care for the victims of stroke. EMS professionals should attempt to determine the time of onset of the patient's neurological symptoms and the time the patient was last known to be symptom free. Time of onset is an essential component of prehospital stroke screening instruments and may be a factor in determining triage and transport modality decisions.

It is imperative that both field and hospital clinicians are well trained and educated on stroke assessments including the utilization of a stroke screening tool that is used universally within the Sacramento Stroke System.

Sacramento County Emergency Medical Services Agency has a policy in place to assist field providers in the rapid identification of a patient who may be suffering a stroke. Policy document 8060, *Stroke*, describes signs and symptoms of a suspected stroke and gives direction for treatment therapies including the application of the Cincinnati Prehospital Stroke Scale.

Destination

In stroke systems of care, stroke patients should be transported to the most appropriate facility staffed and equipped to manage an acute stroke patient. This determination will include assessments of local resources and transport times. [4]

In the rare situation that the closest, most appropriate stroke center is not available to accept a stroke patient due to an internal disaster or a failure of all Computerized Axial Tomography (CT) scanners, field providers will transport the patient to the next closest, most appropriate stroke center.

Sacramento County Emergency Medical Services Agency has a policy in place to assist field providers in determining destination for a potential stroke patient. Policy document 5050- *Destination,* outlines the destination facilities for patient populations requiring specialty systems of care.

Communication

Emergency Medical Services personnel should provide pre-hospital notification to the stroke-receiving center that a suspected stroke patient is enroute so that the appropriate hospital resources may be mobilized before patient arrival.[5]

Sacramento County prehospital providers have two ways to make pre-hospital notification. In addition to the 800 MHz radio system available to transporting units in Sacramento, providers have a phone number that is assigned to each receiving hospital for the purposes of receiving radio reports. Either method of communication is reliable and is utilized frequently among field crews.

Sacramento County Emergency Medical Services Agency has a policy in place to give direction on administering a notification report to receiving hospitals. Policy document 2525, *EMS Radio Report Format*, addresses the minimum acceptable information to be communicated and provides a standardized and consistent approach to prehospital notifications.

[4] Recommendations for The Establishment of an Optimal System of Acute Stroke Care for Adults pp 26
[5] 2018 Guidelines for Management of Acute Ischemic Stroke pp 7

Inter-Facility Transfers

Fortunately, in Sacramento County, 10 out of 11 receiving hospitals are currently certified by The Joint Commission at a minimum as a Primary Stroke Center. Although infrequent, there may be times when a stroke patient needs to be transferred from one acute care facility to another. For this reason, Sacramento Stroke Centers have developed plans that include:

- Pre-arranged agreements with stroke receiving hospitals (primary or comprehensive) for transfer of patients
- Pre-arranged agreements with EMS providers for rapid transport of patients who are eligible for time-sensitive treatments

Inter-facility transfers may apply to patients who would benefit from being transferred emergently from a non-stroke-receiving hospital to a stroke-receiving hospital, or patients who might benefit from being transferred from a stroke-receiving hospital with primary stroke center capabilities to a comprehensive stroke center or equivalent.[6] In either case, emergency transfer protocols are pre-arranged, and it is understood that transport should be provided with the urgency of a 911 response.

Sacramento County Emergency Medical Services Agency has a policy in place to provide guidelines for ambulance transport of patients between acute care hospitals. Policy document 5102, *Inter-facility Transfers*, outlines transfer agreements, medical control and levels of care to ensure that patient needs are being met while providing quality rapid transport to definitive treatment.

[6] https://emsa.ca.gov/wp-content/uploads/sites/47/2017/12/CDPH-Stroke-Document-2010-Published.pdf

Data Collection

The primary aim of Sacramento County's Stroke Critical Care System is to develop a comprehensive system in Sacramento that provides timely access to proven treatments necessary to reduce morbidity and mortality. It is through continuous quality improvement efforts that stroke patients receive care based on best practices. Implementation of quality improvement programs and clinical best practices reduces morbidity and mortality, hence improves patient outcomes.

Retrospective data collection and analysis lie at the heart of quality improvement. Data aids in understanding how well the systems work, identifying potential areas for improvement, setting measurable goals, and monitoring the effectiveness of change. Robust data systems, with the ability to report clinical indicators and performance measures, are a key tool to accomplish Quality Improvement (QI) activities. The goal is to connect data from across the continuum of care from pre-hospital to in-hospital to post-hospital disposition in order to optimally evaluate patient outcomes.[7]

Currently, SCEMSA collects stroke prehospital care data elements through Patient Care Record (PCR) extraction. Data elements that are specific to Stroke centers are extracted through a common software registry platform shared with the hospitals that is compatible with *Get with the Guidelines Coverdell Program and is capable of exporting data to California Emergency Medical Services Authority's (EMSA) database.*

Sacramento County Emergency Medical Services Agency has a policy in place to standardize data elements collected from designated Stroke Centers and EMS providers to monitor, review, evaluate, and improve the delivery of pre-hospital advanced life support and hospital stroke care services. Policy document 2528, *Stroke System Data Elements*, outlines the data elements that are requested from both prehospital and hospital providers on a monthly basis.

[7] https://emsa.ca.gov/wp-content/uploads/sites/47/2017/12/Core-Measure-Report-for-2016-Data.pdf

Stroke Quality Improvement

Reaching for excellence in any system requires a functional decision-making process among the team of workers and users within that system. Inherent to this process is the need to know how the system is functioning and what to do to fix or improve it. The concept of continuous quality improvement (CQI) particularly in the field of health care relies mainly upon the following fundamental components:

- The availability of reliable and trusted information
- The ability to effectively communicate that information in easy to understand ways
- A standardized approach to reaching decisions and acting on those decisions

It is through SCEMSA's Continuous Quality Improvement that the gap between performance and expectations narrows. It pushes the standards upward which results in better outcomes. Quality Improvement stresses understanding complex processes, measuring performance using reliable statistical methods, and using that information to build quality into the process.[8]

Sacramento County Emergency Medical Services Agency has a policy in place to ensure continued high quality of patient care in emergency medical services provided within the community. Policy document 7600, *Quality Improvement Program*, establishes a system-wide Quality Improvement Program to continuously monitor, review, evaluate and improve the delivery of Prehospital, In-Hospital and Post-Hospital care of the stroke patient. The program has active members from all system partners and includes prospective / concurrent / retrospective reviews as well as a feedback system.

[8] Stroup, Craig, *Fundamentals of Emergency Medical Services System Evaluation and Quality Improvement* (Pinecrest Publishing House, 2015), 5.

Stroke Care Committee

As the delivery of stroke care evolves to become more interconnected, coordinating care between prehospital providers, nurses, physicians, and other disciplines has become increasingly important. In its simplest form, interprofessional collaboration is the practice of approaching patient care from a team-based perspective.

When implementing interprofessional collaboration, learning to work together, and respecting one another's perspectives in healthcare, multiple disciplines can work more effectively as a team to help improve patient outcomes. In addition, it improves the coordination and communication between healthcare professionals and thus in turn, improves the quality and safety of patient care.

Sacramento County Emergency Medical Services Agency convenes a Stroke Care Committee that includes representation from each of the Stroke Centers as well as members that represent the prehospital providers in our area. The Stroke Care Committee meets regularly and is tasked with reviewing performance data, identifying areas in need of improvement, and carrying out and monitoring improvement efforts. For these activities, the committee uses a variety of QI approaches and tools, including Plan-Do-Study-Act (PDSA) cycles, assessments, audits and feedback, benchmarking and best practices research. The Stroke Care Committee provides expertise to address potential quality improvement initiatives within the stroke system, which contributes to the development or revision of stroke related policies, procedures and treatment protocols.

Sacramento County EMS Agency has a policy in place that describes the scope of work and the role in membership on the Stroke Review Committee. Policy document 2027, *Stroke Care Committee*, provides the context in which the interprofessional collaboration across the continuum of care meets quality improvement.

Education and Outreach

According to the Robert Wood Johnson Foundation (RWJF), enhancing interdisciplinary collaboration and coordination in healthcare is imperative. As the delivery of care becomes more complex across a wide range of settings, and the need to coordinate care among multiple providers becomes ever more important, developing well–functioning teams becomes a crucial objective throughout the health care system. Health professionals have traditionally operated in separate spheres. Studies show that if they "breakdown the walls of hierarchical silos" and come together as a team, they will improve the safety and quality of patient care.

Collaboration between professions starts with interdisciplinary education. To break down those walls, health professionals must begin working together before they actually start working. Interdisciplinary education will lead to more effective communication across disciplines and, ultimately, safer, more affordable, and higher quality care. [9]

In addition to interdisciplinary education, there is a vital component of public education and outreach that contributes to the health and wellness of a community. One of the goals identified in Healthy People 2020 is to increase the quality, availability, and effectiveness of educational and community-based programs designed to prevent disease and injury, improve health, and enhance quality of life. Educational and community-based programs play a key role in:

- Preventing disease and injury
- Improving health
- Enhancing quality of life

Health status and related health behaviors are determined by influence at multiple levels. Because significant and dynamic interrelationships exist among these different levels of health determinants, educational and community-based programs are most likely to succeed in improving health and wellness when they address influences at all levels and in a variety of environments/settings. [10]

Public education and outreach will continue to contribute to the improvement of health outcomes in the United States and is a major component of the Sacramento Stroke Critical Care System.

Understanding the critical role that stroke education and outreach has in healthcare, SCEMSA developed a reporting process for Stroke Centers as well as prehospital providers to identify education and outreach efforts within the community. The reporting matrix includes four elements of education and outreach.

Internal Education is driven towards "in-house" educational efforts on stroke care. This would include mandatory staff training, in-service training, and any other educational opportunities that are offered only to the staff members within that stroke center system or within the prehospital agency.

External Education is geared towards "external" participants and may include sponsoring a conference or speaking at a conference, stroke education for non-stroke center hospitals, Lunch and Learn activities that are open to outside facilities and similar events.

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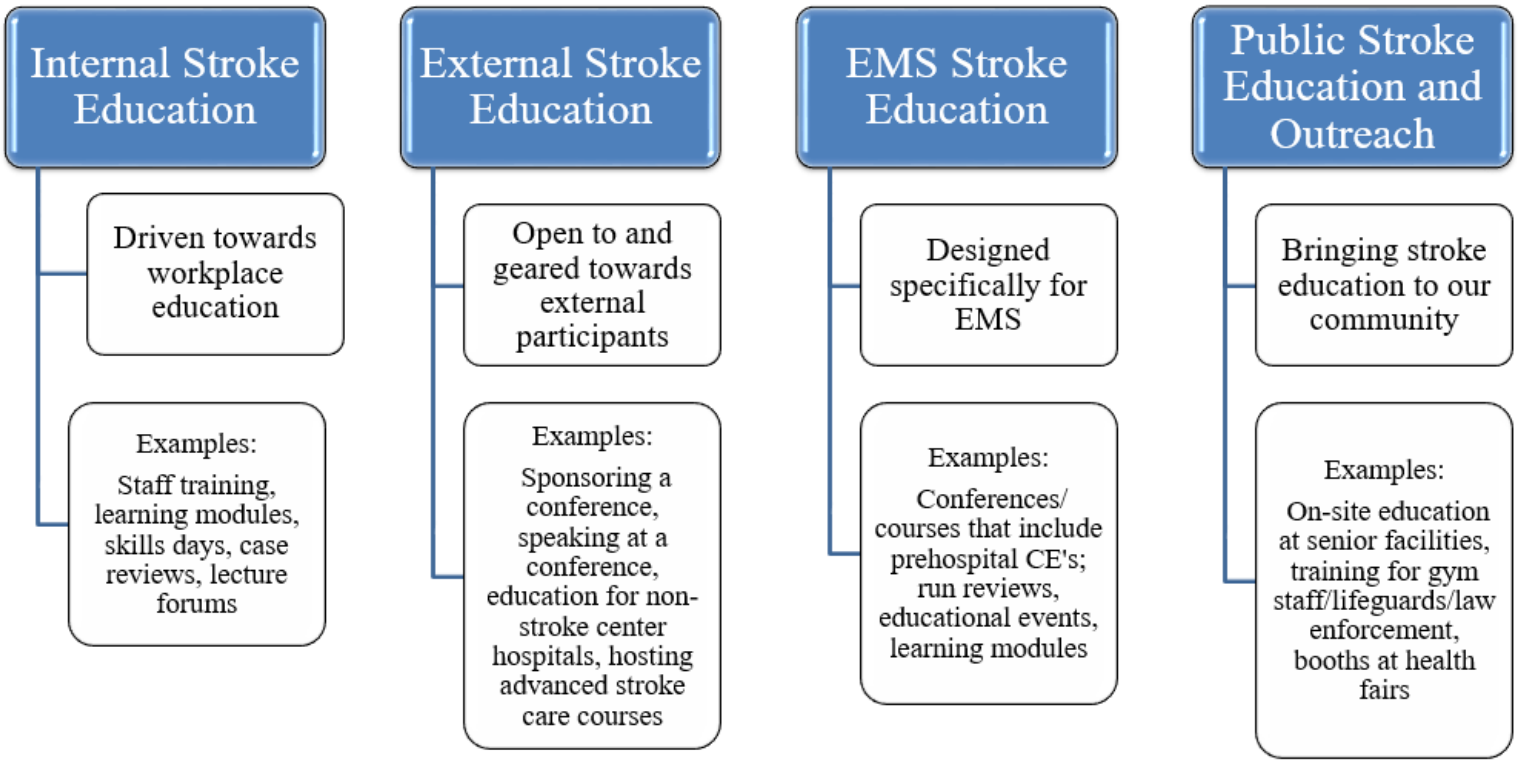
[9] https://www.rwjf.org/en/library/articles-and-news/2010/11/interdisciplinary-collaboration-improves-safety-quality-of-care-.html
[10] https://www.healthypeople.gov/2020/topics-objectives/topic/educational-and-community-based-programs

Emergency Medical Services Education, is education that is designed specifically for the EMS providers. This may include station visits by stroke teams to review stroke care assessment scales or on-line learning management systems created to give lectures with pre and post quizzes to evaluate learning. In addition, it may include run reviews or protocol updates.

Public Education and Outreach is specific to bringing stroke education to the community members. This area of education provides the greatest opportunity for the EMS Agency to partner with both prehospital providers and the stroke centers to deliver a comprehensive message of heart and vascular health to the members of the community.



Sacramento County EMS Agency started the collection of stroke education and outreach efforts of our partners. This information is presented in the *Stroke Education and Outreach* table*.

***This document can be found as Attachment TAB.**

Neighboring EMS Agencies

Due to the complex nature of an EMS System with multiple agencies that provide local operational oversight, it is imperative to have processes in place to ensure patients' care is uninterrupted despite crossing county line. A Memorandum of Understanding (MOU) is beneficial to alleviate the fragmentation, improve coordination of services, and enhance quality of care.

Memorandums of Understandings can be tailored to the specific needs of each agency, and ensure in advance that there is seamless access and transition between county destinations.

Sacramento County Emergency Medical Services Agency has established Stroke Critical Care System MOU's with each of the Local EMS Agencies that boarder Sacramento.

Individual Memorandums of Understanding can be found in attachments A through G.

Index

Attachments

Attachment	Policy Document #	Document Name
APP	n/a: application	Stroke Center Application for Designation
TAB	n/a: table	Education and Outreach
A	n/a: MOU	MOU: Yolo County EMS Agency
B	n/a: MOU	MOU: Sierra Sacramento Valley EMS Agency
C	n/a: MOU	MOU: El Dorado County EMS Agency
D	n/a: MOU	MOU: San Joaquin County EMS Agency
E	n/a: MOU	MOU: Solano County EMS Agency
F	n/a: MOU	MOU: Contra Costa County EMS Agency
G	n/a: MOU	MOU: Mountain Valley EMS Agency

Sacramento County EMS Agency
Stroke Center
Application Packet

Contents:

Application for Designation Instructions
Application for Printing
Application Fillable PDF

Sacramento County Emergency Medical Services Agency
9616 Micron Ave., Suite 960
Sacramento, California 95827
916.875.9753

Emergency Medical Services Agency
9616 Micron Ave, Suite 960
Sacramento, California 95827
916.875.9753
http://www.dhs.saccounty.net/PRI/EMS/Pages/EMS-Home.aspx

Sacramento County EMS Agency Stroke Center
Application for Designation Instructions

Thank you for your interest in applying for stroke center designation in Sacramento County. Carefully review the application instructions prior to submitting your application packet.

As part of the California Stroke Critical Care System, Sacramento County EMS Agency (SCEMSA) offers an application process for hospitals wishing to identify as a stroke receiving center. Hospitals designated as a stroke receiving center are certified as a primary stroke center by The Joint Commission (TJC) and approved by SCEMSA to manage patients from Sacramento County with symptoms of Stroke Disease. SCEMSA has developed stroke policies to appropriately identify, triage and transport patients suffering from a potential stroke to a stroke receiving center.

The process to apply for Stroke Center (stroke-receiving center) Designation in Sacramento County includes:

Step 1:

- Completion of the Stroke Center Designation Application (attached)
- Documentation of Primary Stroke Center certification by The Joint Commission

Step 2. Once SCEMSA receives and reviews the application the following will be sent to the appropriate personnel for review and signatures:

- Agreement to abide by the Sacramento County Stroke Designation Policy
- Documentation of all items listed as required in the Stroke Designation Policy
- Signed contracts that define roles and responsibilities of stakeholders, confidentiality, data access and management as well as the CQI processes
- Informational site visits by EMS Agency staff
- Fees are annual per designated stroke center for supporting stroke system oversight, data management, and community educational efforts. Fees will be collected by Sacramento County EMS with the first installment due with signed contract.

A completed application including all supporting documents can be submitted via mail to:

Sacramento County EMS Agency
9616 Micron Ave, Suite 960
Sacramento, California 95827
916.875.9753
Or can be emailed to: SCEMSAINFO@saccounty.net

SACRAMENTO COUNTY
Department of Health Services
Emergency Medical Services Agency
9616 Micron Avenue, Suite 960
Sacramento CA 95827
Counter Hours:
Tuesday-Thursday 8:00-12:00
Tel: (916) 875-9753
Fax: (916) 854-9211

STROKE CENTER DESIGNATION APPLICATION

Please check one:

- ☐ PSC Initial Designation $*13,000*
- ☐ PSC Re-Designation $*13,000*
- ☐ CSC Initial Designation $*18,500*
- ☐ CSC Re-Designation $*18,500*
- ☐ TC Initial Designation $*6,500*
- ☐ TC Re-Designation $*6,500*

*Application processing requires a minimum of **30 business days** once all materials are received. Complete application in ink.*

Hospital Name:		
Physical Address:		
City:	State:	Zip:
Mailing Address:		
City:	State:	Zip:
Phone:	Completion Date:	
Name and Credentials of Person Completing the Form:		
Title:	Hospital Department:	
E-mail:	Phone:	
Facility Stroke Program Medical Director Name:	Phone:	
Email:		
Facility Stroke Program Coordinator Name:	Phone:	
Email:		

Is your facility currently a certified stroke center by The Joint Commission?: ☐ Yes ☐ No Level of current certification:_____

- If yes, what was the most recent date of certification?_____
  - Please list the expected date of your next evaluation for re-certification by The Joint Commission:_____
- 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?:_____

☐ EMS Site Visit to Stroke Center Applicant: *Staff initials* _____ *Date of visit*_____

☐ Written Contract in place: *Staff initials* _____ *Expiration* _____

☐ Annual Designation Fee *Staff initials* _____

Application Packet can be emailed to: SCEMSAINFO@saccounty.net

SACRAMENTO COUNTY
Department of Health Services

Emergency Medical Services Agency
9616 Micron Avenue, Suite 960
Sacramento CA 95827
Counter Hours:
Tuesday-Thursday 8:00-12:00
Tel: (916) 875-9753
Fax: (916) 854-9211

STROKE CENTER DESIGNATION APPLICATION

Please check one:

- ☐ PSC Initial Designation $*13,000*
- ☐ PSC Re-Designation $*13,000*
- ☐ CSC Initial Designation $*18,500*
- ☐ CSC Re-Designation $*18,500*
- ☐ TC Initial Designation $ *6,500*
- ☐ TC Re-Designation $ *6,500*

*Application processing requires a minimum of **30 business days** once all materials are received. Complete application in ink.*

Hospital Name:		
Physical Address:		
City:	State:	Zip:
Mailing Address:		
City:	State:	Zip:
Phone:	Completion Date:	
Name and Credentials of Person Completing the Form:		
Title:	Hospital Department:	
E-mail:	Phone:	
Facility Stroke Program Medical Director Name:	Phone:	
Email:		
Facility Stroke Program Coordinator Name:	Phone:	
Email:		

Is your facility currently a certified stroke center by The Joint Commission? ☐ Yes ☐ No Level of current certification:_____

- If yes, what was the most recent date of certification?_____
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Table
Education and Outreach

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Attachment

A

MOU

Yolo County EMS Agency

Sacramento County is currently in the process to establish an Inter-Agency Contract with Yolo County which when approved by the Board of Supervisors and executed will be added to the 2019 STEMI Annual Update.

Attachment
B
MOU
Sierra-Sacramento Valley EMS Agency

Sacramento County is currently in the process to updating the previous 1994 Inter-Agency Contract with Sierra Sacramento Valley EMS Agency. When approved by the Board of Supervisors and executed the new contract will be added to the 2019 STEMI Annual Update.

Included for reference is the current 1994 agreement.

Attachment
C
MOU
El Dorado County EMS Agency

Sacramento County is currently in the process to establish an Inter-Agency Contract with El Dorado County which when approved by the Board of Supervisors and executed will be added to the 2019 STEMI Annual Update.

Attachment
D
MOU
San Joaquin County EMS Agency

Sacramento County is currently in the process to updating the previous 1994 Inter-Agency Contract with San Joaquin County. When approved by the Board of Supervisors and executed the new contract will be added to the 2019 STEMI Annual Update.

Included for reference is the current 1994 agreement.

Attachment
E
MOU
Solano County EMS Agency

Sacramento County is currently in the process to updating the previous 1996 Inter-Agency Contract with Solano County. When approved by the Board of Supervisors and executed the new contract will be added to the 2019 STEMI Annual Update.

Included for reference is the current 1996 agreement.

Attachment

F

MOU

Contra Costa County EMS Agency

Sacramento County is currently in the process to updating the previous 1995 Inter-Agency Contract with Contra Costa County. When approved by the Board of Supervisors and executed the new contract will be added to the 2019 STEMI Annual Update.

Included for reference is the current 1995 agreement.

Attachment
G
MOU
Mountain Valley EMS Agency

Sacramento County is currently in the process to updating the previous 1994 Inter-Agency Contract with Amador County and Mountain Valley EMS Agency. When approved by the Board of Supervisors and executed the new contract will be added to the 2019 STEMI Annual Update.

Included for reference is the current 1994 agreement.

INSERT Application Packet Here

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Education and Outreach

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El Dorado County EMS Agency

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Attachment

D

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San Joaquin County EMS Agency

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Contra Costa County EMS Agency

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Attachment
G
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Mountain Valley EMS Agency

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