PRIMARY STROKE CENTER STANDARDS

Effective: February 17, 2014
Replaces: New
Review: November 23, 2016

Resources

I. Purpose

The Primary Stroke Center standards were developed to ensure that patients transported by the Santa Clara County 9-1-1 system who exhibit symptoms of an acute stroke are transported to a hospital appropriately staffed and equipped to meet their medical needs.

II. Definitions

PRIMARY STROKE CENTER (PSC)- The certification obtained from the Joint Commission- Disease Specific Certification Program.

Tissue Plasminogen Activator (tPa)- Medication administered to the patient intravenously or Intra arterially to dissolve the clot in an ischemic stroke,

III. Hospital License Requirements for a Primary Stroke Center (PSC)

A. Currently recognized as a Santa Clara County 9-1-1 EMS Receiving Facility

B. Joint Commission certification as a Primary or Comprehensive Stroke Center

IV. Hospital Capabilities

A. Acute stroke team- a practitioner experienced in the diagnosis and treatment of stroke will be available within 15 minutes by telephone, telemedicine or at bedside of an acute stroke patient.

B. Written care protocols: The PSC shall have written procedures to streamline and accelerate the diagnosis and treatment of the stroke patients

C. Emergency Department- The staff shall have training in the diagnosis and treatment of the acute stroke patient.
D. Stroke Unit-The PSC will have a Stroke Unit where patients can receive specialized monitoring to provide continuous data on the following physiologic parameters: heart rate/rhythm with automatic detection, blood pressure with noninvasive blood pressure monitoring and oximetry.

E. Neurosurgical service – the PSC shall be able to provide neurosurgical services to stroke patients within two hours from the time the services are deemed necessary either by having a neurosurgeon on call, or through a policy and procedure in place to transfer to a higher level of care.

F. Neuroimaging – A PSC shall have the capability to perform an imaging study within 25 minutes of the physician’s order. The image shall be evaluated by a physician within 20 minutes of completion.

G. Laboratory Services- Lab, EKG and PCXR are all required within same time frame, order to interpretation, a JC mandated required element to be tracked via log. A PSC shall have lab services available 24 hours per day seven days per week. A PSC shall also be able to rapidly obtain a 12 lead EKG and X-rays as required for diagnosis.

H. Outcomes/Quality Improvement: A PSC shall have a database or registry for tracking the number and type of stroke patients seen, their treatments, timelines for treatments and measurement of patient outcome.

I. Education Programs- The “Core Team” of a PSC shall receive at least eight (8) hours of continuing medical education credit in Stroke Care. In addition to the professional education, the PSC shall plan and implement at least two annual programs to educate the public about stroke prevention, diagnosis and availability for emergency treatment.

V. Personnel

A. PSC Medical Director:

1. The PSC shall designate a medical director for the Stroke program with training and expertise in stroke, preferably a neurologist, who will assist monitoring and compliance with the PSC standards and participate in ongoing Quality Improvement (QI) of the stroke program that is integrated into the hospital QI Program.

2. The PSC Medical Director must be a credentialed member of the medical staff.

3. The PSC must make notification to the EMS Agency when there is a change in identified Medical Director. If there is an interim Medical Director identified, the PSC must send the name and contact information to the EMS Agency as soon as there is an appointment.

B. PSC Program Manager:
1. The PSC shall designate a program manager for the Stroke program who shall be a registered nurse, who shall assist the PSC Medical Director to ensure compliance with these PSC standards and the QI program.

C. Physician Consultants:

1. The PSC shall maintain a daily roster of on-call neurologists who must return the page when called within 15 minutes when paged for a Stroke patient.

VI. Clinical Performance Standards

A. Ischemic Stroke patients are treated with IV tPa within 60 minutes of arrival at the stroke center

B. CT scan is obtained and read within 45 minutes of physician order

C. Appropriate Laboratory, radiological and EKG studies are accomplished within 60 minutes of arrival.

VII. Quality Improvement

A. Internal Quality Improvement

1. Each PSC shall have a formal and fully functional, medical quality improvement program for the Stroke service.

2. Responsibility for the stroke care at each institution and the compliance with the Santa Clara County Stroke Standards is that of the Stroke Medical Director at each PSC,

B. External-system quality improvement

1. Each PSC shall participate on the Stroke Care System Quality Improvement Committee to advise the EMS Medical Director on system issue and recommend system improvements.

2. Each PSC shall participate in the County’s Data System (Stroke Registry) by submitting required reports to the EMS Agency on a quarterly basis.