



**SAN MATEO COUNTY HEALTH
EMERGENCY
MEDICAL SERVICES**

EMS POLICY	607
Effective:	July 2026
Approval: EMS Director Travis Kusman, MPH	Signed:
Approval: EMS Medical Director Greg Gilbert, MD	Signed:

STROKE RECEIVING CENTER STANDARDS AND DESIGNATION

I. PURPOSE

This policy defines the criteria for designation as a Stroke Receiving Center in San Mateo County.

This system is designed to provide timely, appropriate care to patients who have symptoms of acute stroke. Acute stroke patients will be transported to a Primary Stroke Center, Thrombectomy Capable Stroke Center, or a Comprehensive Stroke Center in accordance with LEMSA policy.

II. AUTHORITY

Health and Safety Code, Division 2.5, Sections 1797.200, 1797.220, 1797.250, 1798, 1798.170, 1798.172, 1798.175; California Code of Regulations, Title 22, Division 9, Ch. 6.3, Sections 100157.01-100157.02, 100158, 100159.01-100149.05, 100160.01

III. DEFINITIONS

Acute stroke patient: A patient who meets assessment criteria for an acute stroke in accordance with LEMSA's patient care protocols and last known well time is within 24 hours.

Comprehensive Stroke Center ("CSC"): A hospital that has successfully completed and maintains Joint Commission accreditation as a CSC and enters into a written agreement with LEMSA to be designated as a stroke receiving center. These centers can treat both ischemic and hemorrhagic strokes.

Emergency Medical Services Agency ("LEMSA") [or "Agency"]: The San Mateo County EMS Agency is designated as the Local Emergency Medical Services Agency (LEMSA) and is statutorily charged with primary responsibility for administration and medical control of emergency medical services in San Mateo County.

Mobile Stroke Unit ("MSU"): An ambulance capable of delivering at minimum Advanced Life Support ("ALS") services that has a Computerized Tomography ("CT") scanner capable of performing head CTs in the community and prior to arriving at a hospital.

Primary Stroke Center ("PSC"): A hospital that has successfully completed and maintains Joint Commission accreditation as a PSC and enters into a written agreement with LEMSA to be

designated as a PSC. These centers can treat stroke patients throughout the continuum of care.

Thrombectomy Capable Stroke Center (“TSC”): A primary stroke center with the ability to perform mechanical thrombectomy for an ischemic stroke patient and meets the designation requirements by Joint Commission and enters into a written agreement with LEMSA to be designated as a TSC. These centers can treat both ischemic and hemorrhagic strokes throughout the continuum of care.

IV. POLICY

A. A Stroke Receiving Center (CSC, TSC, or PSC), approved and designated by the Agency, shall meet the following requirements:

1. Enter into a written agreement with the Agency;
2. Be Joint Commission Certified as a Stroke Receiving Center; and
3. Comply with Stroke Critical Care Facility Requirements set forth in Cal. Code Regs. Tit. 22, Ch. 6.3, or most current version.

B. Acute Stroke Ready Hospital requirements shall comply with Acute Stroke Ready Hospital requirements set forth in Cal Code of Reg., Ch. 6.3, or most current version.

C. Personnel

1. Stroke Medical Director

The Stroke Receiving Center shall designate and maintain a medical director for the Stroke program who shall be a physician board certified neurology or neurosurgery or another board with sufficient experience and expertise dealing with cerebrovascular disease as determined by the hospital credentialing committee that is responsible for the stroke service, performance improvement, and patient safety programs related to a stroke critical care system. The Stroke Medical Director must be a credentialed member of the medical staff with privileges.

2. Stroke Program Manager

The SRC shall designate and maintain a program manager for the Stroke program who is a registered nurse or qualified individual designated by the hospital with the responsibility for monitoring and evaluating the care of stroke patients and the coordination of performance improvement and patient safety programs for the stroke center in conjunction with the Stroke Medical Director.

D. Clinical Process Performance Standard

1. The overall goal of the Stroke Care System in San Mateo County is to minimize the interval between first medical contact to cerebral reperfusion.
2. Stroke Receiving Centers will adopt evidence-based strategies to reduce time to reperfusion.
3. An on-going internal quality improvement process, including data measurements and feedback from stroke patients and Stroke Ready Hospitals.

E. Additional Requirements

Internal policies and procedures shall be developed for the following:

1. Stroke Alert: Through a “one call” process, the neurologist and Stroke Team will be immediately contacted upon notification by prehospital personnel that they are transporting a patient meets stroke criteria; and
2. Accept all patients meeting stroke patient triage criteria or upon transfer notification from an Acute Stroke Ready Hospital, except when on an internal disaster, and provide a plan for triage and treatment of simultaneously presenting stroke patients, regardless of ICU/ CCU or ED status.

F. Data Management

1. In accordance with Title 22, Division 9, Chapter 6.3 – all required shall be collected on an ongoing basis and provided to the Agency as defined within this policy.
2. Data shall be entered into the Agency approved collection system(s) and submitted monthly, by no later than the deadline listed below:

QUARTER	Deadline for GWTG
Quarter 1 (Jan-Mar)	July 15
Quarter 2 (Apr-Jun)	October 15
Quarter 3 (Jul-Sep)	January 15
Quarter 4 (Oct-Dec)	April 15

The Agency specified data system at the present time is *Get with the Guidelines*.

3. Data shall be exported from the Agency approved collection system(s) and submitted quarterly, by no later than the deadline listed below to CEMSYS (ImageTrend):

QUARTER	Deadline for CEMSYS
Quarter 1 (Jan-Mar)	July 15
Quarter 2 (Apr-Jun)	October 15
Quarter 3 (Jul-Sep)	January 15
Quarter 4 (Oct-Dec)	April 15

4. In consultation with the Stroke CQI Committee, the Agency will update the data dictionary and/ or identify another process to expedite data submission and reduce duplication.

G. Quality Improvement and Evaluation Process

1. A Stroke QI program shall be established, maintained, and conducted to review performance and outcome data for stroke patients.
2. The Stroke Receiving Center will actively participate in the Agency’s Stroke QI Program. This will require regular meeting attendance by the Stroke Medical Director or designee, who will be a staff interventional neurologist or neuro-interventionalist, and the Stroke Program Manager.
3. A quality improvement process shall include, at a minimum:
 - a. Evaluation of program structure, process, and outcome;

- b. Review of stroke-related deaths, major complications, and transfers;
- c. A multidisciplinary Stroke Quality Improvement Committee, including both prehospital and hospital members;
- d. Participation in the QI process by all designated Stroke Receiving Centers and prehospital providers involved in the stroke critical care system;
- e. Evaluation of regional integration of stroke patient movement; and
- f. Compliance with California Evidence Code, Section 1157.7 to ensure confidentiality and a disclosure-protected review of selected stroke cases.

V. PROCEDURE

A. Designation

A Stroke Receiving Center may be designated following satisfactory review of written documentation and a site survey, when deemed necessary, by the Agency.

1. Application: Eligible hospitals shall submit a written letter of intent and request for SRC approval to the Agency, as well as complete a formal application documenting the compliance of the hospital with Agency SRC Standards.
2. Be Joint Commission Certified as a Stroke Receiving Center; and
3. Approval: SRC approval or denial shall be made in writing by the Agency to the requesting hospital within a reasonable time (30 days) after receipt of the request for approval, application completion and submission of all required documentation.

B. Re-designation

1. The Agency may suspend or revoke the approval of a Stroke Receiving Center at any time for failure to comply with any applicable policies, procedures, regulations, or failure to maintain Joint Commission Stroke Receiving Center certification.
2. A Stroke Receiving Center may be re-designated following a satisfactory Agency review in accordance with current standards and the term of the written agreements.
3. Stroke Receiving Centers shall receive notification of evaluation from the EMS Agency.
4. Stroke Receiving Centers shall respond in writing regarding program compliance.
5. On-site Stroke Receiving Center visits for evaluative purposes may occur.
6. Stroke Receiving Centers shall notify the Agency by telephone, followed by a letter or email within 48 hours of changes in program compliance or performance.

C. Discontinuation

The Stroke Receiving Center shall submit a written 90 calendar day notice to Agency prior to the discontinuation of SRC services.

VI. AUTHORIZED STROKE RECEIVING CENTERS

Primary Stroke Centers (PSC):

1. Kaiser Redwood City
2. Kaiser South San Francisco
3. Mills-Peninsula Medical Center
4. Sequoia Hospital
5. Stanford Hospital

Thrombectomy-Capable Stroke Center (TSC):

1. Kaiser Redwood City
2. Mills-Peninsula Medical Center
3. Stanford Hospital

Comprehensive Stroke Centers (CSC):

1. Kaiser Redwood City
2. Stanford Hospital