



**SAN MATEO COUNTY HEALTH
EMERGENCY
MEDICAL SERVICES**

EMS POLICY	522
Effective:	April 2024
Approval: EMS Director Travis Kusman, MPH	Signed:
Approval: EMS Medical Director Greg Gilbert, MD	Signed:

STROKE SYSTEM TRIAGE AND PATIENT DESTINATION

I. PURPOSE

This policy describes the San Mateo County stroke system and triage policy and provides an overview of data collection and system quality improvement for the San Mateo County stroke system.

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, Section 1797.220 and 1798

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. 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

V. PROCEDURE

A. Notification of the Stroke Center

1. The EMS crew shall notify the Stroke Center as soon as possible during the call.
2. EMS verbal report: As soon as feasible, the crew from the scene will contact the intended stroke center and inform them an acute stroke patient is enroute to that facility. It is recommended that the report be started with the statement “This is a Stroke Alert.”
3. The report shall include EMS Stroke/ ALOC ringdowns per Routine Medical Care Protocol.

B. Diversion by a Stroke Center

1. Stroke Centers shall not close to acute stroke patients except for the following:
 - a. Failure of all CT scanners in the Stroke Center
 - b. Declared internal disaster
2. If a Stroke Center must close to stroke patients, the nurse leader or equivalent will call San Mateo County Public Safety Communications at (650) 363-4981 and request a system wide notification.

C. Documentation

1. A completed electronic health record (“EHR”) shall be left at the Stroke Center for all stroke patients before the paramedic leaves the receiving hospital.
- D. Transferring an acute stroke patient to a higher level of care (See also 603 – Hospital Emergency Interfacility Transfers)
1. Patients found to have a large vessel occlusion (“LVO”) should be expeditiously transferred to a CSC or TSC if the patient meets inclusion criteria for clot retrieval.
 2. In the event that an acute stroke patient needs to be transferred to a higher level of stroke care, the emergency department should:
 - a. Provide appropriate assessment and emergency treatment.
 - b. Notify the receiving CSC or TSC of the intent to transfer the patient, using the term “SIR” (“Stroke Interventional Radiology”) and provide as complete a report as possible.
 - c. Use the microwave line and request an interfacility transport. If unable to use the microwave line, San Mateo County Public Safety Communications can be contacted at (650) 363-4981. Request a paramedic ambulance to transport the patient to the receiving CSC or TSC. The ambulance will arrive shortly.
 3. If initiated patient care exceeds the paramedic scope of practice, qualified medical or nursing staff should accompany the patient in the 9-1-1 ambulance, or a Critical Care Transport unit is required.
 - a. It is recommended that the medical staff or RN perform a neurological exam every 15 minutes enroute and follow their routine hospital procedures for care of the patient.
 4. Provide the ambulance crew with as complete a record as possible (verbal essential, written if possible). Do not delay transport of the patient. A complete written patient report can be faxed to the receiving stroke center prior to patient arrival at CSC or TSC.
 5. If a non-stroke center emergency department receives an acute stroke patient by 9-1-1 ambulance, the hospital shall notify LEMSA in accordance with 523 – EMS Event Reporting.
- E. Stroke System Quality Improvement
- Each designated stroke hospital, EMS system participant, and LEMSA will have representatives on the Stroke Quality Improvement Committee.
- F. Data Collection
1. Hospitals shall enter stroke patient and care data into Get With the Guidelines or LEMSA authorized equivalent.
 2. LEMSA staff will review hospital and EMS data and provide reports to be presented to the Stroke Quality Improvement Committee.