



**TITLE: STROKE QUALITY IMPROVEMENT
COMMITTEE (STROKE QIC)**

EMS Policy No. **6650**

PURPOSE:

The purpose of this policy is to establish membership, role, responsibilities, process, and structure of the Stroke Quality Improvement Committee (STROKE QIC).

AUTHORITY:

Health and Safety Code, Division 2.5, Section 1797.220, 1798, 1798.170, and 1798.172. Evidence Code Sections 1040. California Code of Regulations, Title 22, Division 9, Chapter 7.2.

POLICY:

- I. The Stroke Quality Improvement Committee (STROKE QIC) is an EMS System level multi-disciplinary peer committee established to monitor, review, evaluate, and improve the provision of care to Stroke patients in the EMS System and advise the EMS Medical Director on Stroke related education, training, quality improvement, and data collection.
- II. STROKE QIC Roles and Responsibilities:
 - A. Monitor the delivery of Stroke services, analyze Stroke data to identify opportunities for improving Stroke care, and offer advice to the EMS Medical Director on the design of the Stroke system.
 - B. Conduct mortality and morbidity review of Stroke-related deaths, major complications, and transfers.
 - C. Review other cases identified through the Continuous Quality Improvement Council (CQI) process that may involve prehospital care, system design, or an exceptional educational or scientific benefit.
 - D. For each case reviewed by STROKE QIC provide a finding of the appropriateness of care rendered and when applicable make recommendations for improving care.
 - E. Present and review Stroke center specific issues with the goal of improving processes.
- III. Membership:
 - A. STROKE QIC membership shall be comprised of sixteen (16) designated members properly affiliated, representing one (1) member for each of the following:
 1. EMS Administrator - permanent member.
 2. EMS Medical Director – permanent member.



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3. EMS Agency Trauma Coordinator / Critical Care Coordinator.
4. A Stroke Program Nurse Director from each EMS Agency designated SRC;
 - a. Adventist Health Lodi Memorial Hospital.
 - b. Dameron Hospital Association.
 - c. Doctors Hospital Manteca.
 - d. Kaiser Permanente Hospital Manteca.
 - e. San Joaquin General Hospital.
 - f. St. Joseph's Medical Center.
 - g. Sutter Tracy Community Hospital.
5. A representative from each of the authorized advanced life support (ALS) emergency ambulance transport providers;
 - a. American Medical Response.
 - b. Manteca District Ambulance.
 - c. Ripon Consolidated Fire Protection District.
 - d. Escalon Community Ambulance.
6. A Base Hospital Liaison Nurse.
7. A representative for non-transport ALS providers.

IV. Term Limits and Filling Vacancies:

- A. There are no term limits to membership.
- B. Affiliated organizations with membership represented in the STROKE QIC shall ensure that the SJCEMSA is notified of resigning members and their respective replacements.

V. The EMS Medical Director or EMS Agency Trauma Coordinator / Critical Care Coordinator may approve the attendance of guests during regular or ad hoc meetings of the STROKE QIC.

VI. Attendance:

- A. STROKE QIC shall meet no less than biannually on a schedule to be determined by majority of members.
- B. Members shall notify the SJCEMSA in advance of any meeting they will be unable to attend.
- C. Members serve with the approval of the EMS Medical Director and may be removed from the STROKE QIC for absenteeism or other misconduct.
- D. The EMS Medical Director, or designee, will serve as the chairperson for each meeting.



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VII. Confidentiality:

- A. All proceedings, documents, and discussions of the STROKE QIC are confidential and are covered under Sections 1040 and 1157.7 of the California State Evidence Code. The prohibition relating to discovery of testimony provided to the STROKE QIC shall be applicable to all proceedings and records of this Committee, which is one established by a local government agency to monitor, evaluate, and report on the necessity, quality, and level of specialty health services, including but not limited to, Stroke care services.