

	COUNTY OF SACRAMENTO EMERGENCY MEDICAL SERVICES AGENCY	Document #	2027.04
	PROGRAM DOCUMENT: Stroke Care Committee	Initial Date:	12/01/18
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Signature on File

EMS Medical Director

Signature on File

EMS Administrator

Purpose:

- A. To advise the Sacramento County Emergency Medical Services (SCEMSA) Medical Director on the establishment of stroke related policies, procedures, and treatment protocols.
- B. To advise the SCEMSA Medical Director on stroke related education, training, quality improvement, and data collection issues.
- C. To establish the standard of quality for stroke care in Sacramento County.

Authority:

- A. California Health and Safety Code, Division 2.5
- B. California Code of Regulations, Title 22, Division 9

Policy:

- A. The SCEMSA Medical Director is the chairperson.
- B. The committee meets at least twice a year or at the call of the Chair.
- C. Due to the confidential nature of the committee business, minutes are distributed at the beginning of the meeting and collected at the close of each meeting by SCEMSA.
- D. The Stroke Care Committee is an advisory committee to SCEMSA on issues related to stroke care. The Stroke Care Committee functions as a sub-committee of the SCEMSA Quality Improvement (CQI) Committee.

Scope of Committee:

The scope of the work conducted by the committee include, but not be limited to, a review of:

- A. Prehospital stroke care.
- B. Appropriateness of stroke scale and triage destination.
- C. Hospital stroke care.
- D. Patient outcome for pre-hospital quality improvement.
- E. Providing input to SCEMSA in:
 - 1. Development, implementation, and evaluation of SCEMSA stroke QI.
 - 2. Defining the medical goals of the SCEMSA Stroke Care System.
 - 3. Identifying opportunities for improvement in patient care to ensure continued high quality service.

F. Stroke Audit Processes:

1. Audit screens are established by the committee to guide them in case review. In every case reviewed, the committee will make a finding of the appropriateness of the care rendered and will, where appropriate, make recommendations regarding changes in the system to ensure appropriate care.

Membership:

The membership shall be broad based regionally and shall represent the participants in the Stroke Care system.

- A. SCEMSA Medical Director
- B. SCEMSA Administrator or designee.
- C. The Stroke Program Medical Director (or equivalent position) from each designated stroke receiving center.
- D. ALS provider agency representatives.
- E. The Stroke Program Manager (or equivalent position) from each designated stroke receiving center.
- F. Other individuals who the SCEMSA Medical Director deems necessary, on an ad hoc or permanent basis, and appointed by the SCEMSA Medical Director.
- G. Members from non-stroke centers must represent hospitals, to provide data on stroke patients, as described by the SCEMSA Stroke Care System Plan.

Attendance:

- A. Committee members are expected to attend all meetings.
- B. If unable to attend a meeting, a member will notify SCEMSA in advance, in writing, and identify a replacement from their institution or agency to fill their position for that meeting
- C. Any committee member resigning their position on the committee is responsible for having their facility or agency select a replacement and for notifying SCEMSA, in writing, of the change in advance.

Voting:

Due to the "advisory" nature of the committee, many issues will require input rather than a vote process. Vote process issues are identified as such by the Chairperson. When voting is required, the majority of the voting members of the committee must be present.

Meetings:

The committee will meet at least two (2) times per year.

Confidentiality:

- A. All proceedings, documents, and discussions of the Stroke Care Committee are confidential and are covered under Sections 1040 and 1157.7 of the Evidence Code of the State of California. The prohibition relating to the discovery of testimony provided to the Committee will 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. Issues requiring system input may be sent in total to the local EMS agency for input. Guests may be invited to discuss specific cases and issues in order to assist the committee in making final case or issue determinations. Guests may only be present for the portions of meetings they have been requested to review or testify about.

- B. All members will sign a confidentiality agreement not to divulge or discuss any protected health information (PHI) or clinical care details of cases discussed at meetings. Prior to the guest(s) participating in the meeting, the Chairperson is responsible for explaining, and obtaining, a signed confidentiality agreement from invited guests.