

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: Acute Stroke Center (ASC) Standards		Policy Number 450
APPROVED: Administration:	Steven L. Carroll, Paramedic	Date: December 1, 2024
APPROVED: Medical Director:	Daniel Shepherd, MD	Date: December 1, 2024
Origination Date:	October 11, 2012	
Date Revised:	June 24, 2020	Effective Date: December 1, 2024
Last Review:	September 25, 2024	
Review Date:	September 30, 2027	

I. PURPOSE: To define the criteria for designation as an Acute Stroke Center in Ventura County.

II. AUTHORITY: California Health and Safety Code, Sections 1797.114, 1797.220, 1798, 1798.2, 1798.101, and California Code of Regulations, Title 22, Section 100096.03.

III. DEFINITIONS:

Acute Stroke Center (ASC): Hospital designated as an Acute Stroke Center by the Ventura County EMS Agency that maintains certification as an ASRH, PSC, or CSC.

Acute Stroke Ready Hospital (ASRH): Hospital certified by either The Joint Commission, Det Norske Veritas, or the Healthcare Facilities Accreditation Program as an Acute Stroke Ready Hospital.

Comprehensive Stroke Center (CSC): Hospital certified by either The Joint Commission, Det Norske Veritas, or the Healthcare Facilities Accreditation Program as a Comprehensive Stroke Center.

Primary Stroke Center (PSC): Hospital certified by either The Joint Commission, Det Norske Veritas, or the Healthcare Facilities Accreditation Program as a Primary Stroke Center.

Thrombectomy Capable Acute Stroke Center (TCASC): Acute Stroke Center (ACS) that has the capability to perform neuroendovascular procedures for acute stroke including thrombectomy and intra-arterial thrombolysis.

IV. POLICY:

A. An Acute Stroke Center (ASC), approved and designated by Ventura County EMS (VCEMS) shall meet the following requirements:

1. All the requirements of a Receiving Hospital in VCEMS Policy 420.
2. Certification as an Acute Stroke Ready Hospital (ASRH), Primary Stroke Center (PSC), Thrombectomy Stroke Center, or a Comprehensive Stroke

Center (CSC) by either The Joint Commission, Det Norske Veritas, or the Healthcare Facilities Accreditation Program.

3. Participate in the Ventura County Stroke Registry.
 - a. All data must be documented in the registry no later than 60 days after the end of the month of hospital admission.
4. Actively participate in the Ventura County EMS Stroke Quality Improvement Program.
5. Have policies and procedures that allow the automatic acceptance of any stroke patient from a hospital within Ventura County that is not designated as an ASC, upon notification by the transferring physician.

B. Designation Process:

1. Application:

Eligible hospitals shall submit a written request for ASC designation to VC EMS no later than 30 days prior to the desired date of designation, documenting the compliance of the hospital with Ventura County ASC Standards.
2. Approval:
 - a. Upon receiving a written request for ASC designation, VCEMS will arrange an on-site survey of the requesting hospital to assure compliance with stated requirements.
 - b. ASC approval or denial shall be made in writing by VCEMS to the requesting hospital within two weeks after receipt of the request for approval and all required documentation and completion of the VC EMS site survey.
 - c. Certification as an Acute Stroke Ready Hospital, Primary Stroke Center, Thrombectomy Stroke Center, or a Comprehensive Stroke Center by The Joint Commission, Det Norske Veritas, or the Healthcare Facilities Accreditation Program, shall occur no later than six months following designation as an ASC by VCEMS.
3. VCEMS may deny, suspend, or revoke the designation of an ASC for failure to comply with any applicable policies, procedures, or regulations. Requests for review or appeal of such decisions shall be brought to the Ventura County Board of Supervisors for appropriate action.
4. The VCEMS Medical Director may grant an exception to a portion of this policy upon substantiation of need by the ASC that compliance with the

regulation would not be in the best interests of the persons served within the affected area.

5. ASCs shall be reviewed on a biannual basis.
 - a. ASCs shall receive notification of evaluation from the VCEMS.
 - b. ASCs shall respond in writing regarding program compliance.
 - c. On-site ASC visits for evaluative purposes may occur.
 - d. ASCs shall notify VCEMS by telephone, followed by a letter or email within 48 hours, of changes in program compliance or performance.

C. Provisional Designation Process

VCEMS may grant provisional designation as an ASC to a requesting hospital that has satisfied the requirements of an ASC as outlined in section B of this policy, but has yet to receive certification by an approving body. Only when the following requirements are satisfied will VCEMS grant a provisional designation:

1. Application:
Eligible hospitals shall submit a written request for provisional ASC designation to VCEMS no later than 30 days prior to the desired date of provisional designation, documenting the compliance of the hospital with Ventura County ASC Standards.
2. Provisional Approval:
 - a. Upon receiving a written request for provisional ASC designation, VCEMS will arrange an on-site survey of the requesting hospital to assure compliance with stated requirements.
 - b. Provisional ASC approval or denial shall be made in writing by VCEMS to the requesting hospital within two weeks after receipt of the request for approval and all required documentation, as well as completion of the VCEMS site survey.
 - c. Certification as an Acute Stroke Ready Hospital, Primary Stroke Center, Thrombectomy Stroke Center, or a Comprehensive Stroke Center by The Joint Commission, Det Norske Veritas, or the Healthcare Facilities Accreditation Program, shall occur no later than six months following provisional designation as an ASC by VCEMS.
3. VCEMS may deny, suspend, or revoke the designation of an ASC for failure to comply with any applicable policies, procedures, or regulations.

Requests for review or appeal of such decisions shall be brought to the Ventura County Board of Supervisors for appropriate action.

4. The VCEMS Medical Director may grant an exception to a portion of this policy upon substantiation of need by the provisional ASC that compliance with the regulation would not be in the best interests of the persons served within the affected area.