



**INLAND COUNTIES
EMERGENCY MEDICAL AGENCY**
Serving
San Bernardino, Inyo & Mono Counties

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1425 SOUTH "D" STREET
SAN BERNARDINO, CA 92415-0060
909-388-5823 FAX: 909-388-5825

**STROKE CRITICAL CARE SYSTEM DESIGNATION
APPROVAL APPLICATION**

Application Fee: \$5,000

I. HOSPITAL INFORMATION

Name: _____

Address: _____
Number & Street City State Zip

Contact: _____
Name Title

Phone #: _____ E-mail: _____

II. STAFFING REQUIREMENTS

Medical Directors (Attach resumes, copies of board certification and medical staff privileges)

Proposed Stroke Program Co-Medical Director:

Name: _____

Phone #: _____ E-mail: _____

Board certified or board eligible in Emergency Medicine? Yes No

Board certified or board eligible in American Board of Medical Specialties
or American Osteopathic Association neurology or neurology board? Yes No

Proposed Stroke Program Co-Medical Director:

Name: _____

Phone #: _____ E-mail: _____

Board certified or board eligible in Emergency Medicine? Yes No

Board certified or board eligible in American Board of Medical Specialties
or American Osteopathic Association neurology or neurology board? Yes No

Proposed Stroke Program Nurse Manager: (Attach resume)

Name: _____

Phone #: _____ E-mail: _____

Proposed Radiologist Experienced in Neuroradiologic Interpretations: (Attach resume)

Name: _____

Phone #: _____ E-mail: _____

Proposed On-Call Neurologist: (See attached on-call page)

Name: _____

Phone #: _____ E-mail: _____

Interventional Neuroradiologist and/or Interventional Vascular Neurosurgeons able to administer inter-arterial tissue plasminogen activator and/or perform mechanical clot: (Attach resume)

Name: _____

Phone #: _____ E-mail: _____

III. STROKE CENTER REQUIREMENTS

- A. Is hospital currently accredited by The Joint Commission (TJC), Det Norske Veritas (DNV) or Healthcare Facilities Accreditation Program (HFAP) as a Primary Stroke Center? Yes No
(Attach copy of current accreditation documentation)
- If no, is a future accreditation visit planned or scheduled? When?

- B. Does the hospital have a dedicated recorded phone line, capable of being answered 24 hours per day, seven (7) days per week, 365 days per year, for paramedic notification of stroke patients? Yes No
- C. Does the hospital have neuro imaging capabilities 24 hours a day, seven (7) days per week, 365 days per year, with a minimum of two (2) Computed Tomography and one (1) MRI scanner? Yes No
- D. Does the hospital meet all requirements of the current ICEMA Reference #6100 - Stroke Critical Care System Designation? Yes No
- E. Does the hospital meet all requirements of the California Code of Regulations, Title 22, Division 9, Prehospital Emergency Medical Services, Chapter 7.2, Stroke Critical Care System? Yes No

IV. INTERNAL HOSPITAL POLICIES

Level of Stroke Center applying for:

- Acute Ready Stroke Center (ARSC) Complete items A-I
- Primary Stroke Center (PSC) Complete items A-I
- Thrombectomy-capable Stroke Center (TSC) Complete items A-Q
- Comprehensive Stroke Center (CSC) Complete items A-Y

- A. Does the hospital have a "stroke alert" policy that includes notification and integration of ancillary services, such as lab, CT, ICU, etc.? Yes No
(Attach policy)

- B. Does the hospital have a rapid assessment policy for the stroke patient?
(Attach policy) Yes No
- C. Does the hospital have a policy for bed priority in the acute stroke unit
or ICU for stroke patients?
(Attach policy) Yes No
- D. Does the hospital have a policy for the treatment of stroke patients
that define who shall receive emergent tPA protocol to be used by
Neurology, Emergency, Pharmacy and Critical Care Teams?
(Attach policy) Yes No
- E. Does the hospital have a tele-neurology policy to be used by Neurology,
Emergency, Pharmacy and Critical Care Teams?
(Attach policy) Yes No
1. If using tele-radiology for interpretation, does the hospital have
a method to track the interpretation within 20 minutes of
completion? Yes No
- F. Does the policy include diversion of stroke patients only during
times of Internal Disaster designation? (*PSC, TCSC, CSC only*) Yes No
- G. Is there currently a hospital agreement regarding prompt acceptance
of stroke patients from Stroke Referral Hospitals?
(Attach agreement) (acute ready transfer out agreements) Yes No
- H. Are there current hospital policies for data collection and quality
improvement that meet requirements outlined in ICEMA Reference
#6100 - Stroke Critical Care System Designation?
(Attach policy/policies) Yes No
- I. Will the hospital provide continuing education opportunities for EMS
field personnel in areas of stroke education, as well as assessment
and management of stroke patients? Yes No

Additional Thrombectomy-Capable Stroke Center Requirements

- J. Does the hospital have a licensed and approved interventional
radiology suite? Yes No
- K. Is the hospital able to perform mechanical thrombectomy for the
treatment of ischemic stroke patients 24 hours per day, seven (7)
days per week, 365 days per year, and have a minimum of two (2)
interventional suites? Yes No
- L. Does the hospital have the ability to perform advanced imaging 24 hours per day,
seven (7) days per week, 365 days per year?
1. Computed tomography angiography (CTA) Yes No
 2. Diffusion-weighted MRI or CT perfusion Yes No
 3. Catheter angiography Yes No
 4. Magnetic resonance angiography (MRA) Yes No
 5. Carotid duplex ultrasound Yes No
 6. Transesophageal echocardiography (TEE) Yes No
 7. Transthoracic Echocardiography (TTE) Yes No

- M. Is there a qualified neuro radiologist, board certified by the American Board of Radiology or the American Osteopathic Board of Radiology? Yes No
- N. Is there a qualified physician board certified by the American Board of Radiology, American Osteopathic Board of Radiology, American Board of Psychiatry and Neurology, or The American Osteopathic Board of Neurology and Psychiatry, with neuro interventional angiographic training and skills on staff? Yes No
- O. Is there a qualified vascular neurologist, board certified by the American Board of Radiology or the American Osteopathic Board of Radiology? Yes No
- P. Does the hospital have a written transfer agreement with at least one (1) CSC? (Attach agreement) Yes No
- Q. Is there currently a hospital agreement regarding prompt acceptance of Stroke patients from the other Stroke Referral Hospitals that do not have interventional capability? (Attach agreement) Yes No

Additional Comprehensive Stroke Center Requirements

- R. Does the hospital have neuro endovascular diagnostic and therapeutic procedures available 24 hours per day, seven (7) days per week, 365 days per year, and have a minimum of two (2) interventional suites? Yes No
- S. Does the hospital have a Transcranial Doppler available within a clinically appropriate timeframe? Yes No
- T. Does the hospital have ICU beds with licensed independent practitioners with the expertise and experience to provide neuro critical 24 hours per day, seven (7) days per week, 365 days per year coverage? Yes No
- U. Does the hospital have a special permit for neurovascular surgery? (Attach permit) Yes No
- V. Does the hospital have neurosurgical services available, including operating room availability a neurosurgical team capable of assessing and treating complex stroke and stroke-like syndromes? Yes No
- W. Does the hospital have a formal quality improvement process to review stroke related deaths, major complications and performance standards? Yes No
- X. Does the hospital have a written call schedule for attending neuro internationalist, neurologist, neurosurgeon providing availability 24 hours per day, seven (7) days per week, 365 days per year? (Attach call schedules) Yes No
- Y. Does the hospital provide comprehensive on-site rehabilitation services or by written transfer agreement with another healthcare facility licensed to provide services? (Attach agreement) Yes No

- Z. Does the hospital have a written transfer agreement with PSC in the region to accept the transfer of patients with complex stroke when clinically warranted?
(Attach agreement/s) Yes No
- AA. Does the hospital have a stroke patient research program?
(Please describe) Yes No
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On behalf of the above named hospital and physicians, I agree to all provisions identified in ICEMA Reference #6100 - Stroke Critical Care Designation.

Signature - Chief Executive Officer

Date

Print Name

Submit the completed application and fee to ICEMA, attention to Loreen Gutierrez, Specialty Care Coordinator. Questions may be directed to her at (909) 388-5803, or via e-mail at loreen.gutierrez@cao.sbcounty.gov.

LIST OF PROPOSED ON-CALL NEUROLOGISTS

Physician Name	Phone/E-mail	Physician(s) Hospital Privileges

LIST OF PROPOSED ON-CALL INTERVENTIONAL NEURORADIOLOGISTS OR VASCULAR SURGEONS

Physician Name	Phone/E-mail	Physician(s) Hospital Privileges	Interventions per year

LIST OF PROPOSED ON-CALL NEUROSURGEONS

Physician Name	Phone/E-mail	Physician(s) Hospital Privileges	Interventions per year

