



STROKE CARE SYSTEM QUALITY IMPROVEMENT

Effective: January 1, 2021
Replaces: October 28, 2013
Review: January 1, 2024

I. Purpose

The purpose of this policy is to establish a Committee for the continuous quality assessment and improvement of stroke care in Santa Clara County.

II. Description

The Stroke Care System Quality Improvement Committee (the Committee) shall be a multi-disciplinary peer-review Committee composed of representatives from the Stroke Centers and other designated professionals which shall:

- A. Advise and assist the EMS Medical Director in monitoring and identifying trends related to stroke care in Santa Clara County.
- B. Provide stroke system quality improvement recommendations to the EMS Medical Director.
- C. Discuss current trends and research in stroke care that may impact patient care in Santa Clara County.
- D. Provide standardized ongoing review of the medical care in the stroke system.
- E. Identify and analyze data of scientific value for clinical studies and strategic planning/review of the stroke system.
- F. Collaborate to share experiences and best practices for optimal stroke care.
- G. Aggregate and distribute high quality data to system stakeholders.

III. Quality Improvement

- A. Stroke Care System Quality Improvement
 - 1. Each designated Stroke Center shall have a quality improvement program.

2. All stroke patient care within the Stroke Center is the responsibility of that facility's Stroke Program Medical Director.

3. The Stroke Program Medical Director and Stroke Program Manager are responsible for ensuring compliance with EMS Agency Stroke Center designation standards and policies.

B. System Quality Improvement

1. Stroke system QI process will be based on a review of cases which meet criteria as defined by members of the Committee.

2. Cases for review shall be selected by the Executive Stroke Committee. This Committee shall include one representative each from the Stroke Program Medical Director and Stroke Program Manager groups, the EMS Agency Specialty Programs Nurse Manager, and the Santa Clara County EMS Medical Director.

3. The review may include any prehospital patient who is identified as a stroke patient.

4. At the discretion of the Committee chairperson and the EMS Agency Medical Director, other health care professionals may be invited to participate in the specific medical audit review of cases where their expertise is essential to make appropriate determinations.

IV. Committee Membership

A. Stroke Program Medical Director or physician designee from each Stroke Center

B. Stroke Program Manager from each Stroke Center

C. EMS Specialist – Quality Improvement Coordinator

D. Interventional Radiologists

E. EMS Agency Medical Director

F. EMS Agency Specialty Programs Nurse Coordinator

G. EMS Agency personnel

V. Appointment of members

- A. Stroke Center Medical Directors and Stroke Program Managers are required to attend the meetings by contract between the designated Stroke Center and the EMS Agency.
- B. Members representing a specialty, not a representative of an institution are solicited from the respective organization/specialty group. The Chairperson of the Committee validates the appointments with the EMS Agency Staff every two years.
- C. Each member is required to sign a Confidentiality Agreement, which is maintained on file at the EMS Agency.
- D. The EMS Agency Medical Director and the EMS Agency Specialty Programs Nurse Coordinator provide staff support to the Committee. The EMS Staff (except the EMS Medical Director) are not voting members of the Committee.

VI. Meetings

The Committee shall convene at least quarterly.

VII. Attendance

- A. All members should attend no fewer than 75% of meetings per year. The EMS Agency shall maintain an attendance log and annually report attendance to Stroke Center hospital administration.
- B. Members should notify the Specialty Programs Nurse Coordinator in advance of the meeting if unable to attend.
- C. Resignation from the Committee shall be submitted to the EMS Medical Director in writing and shall be effective immediately upon receipt.

VIII. Officers

- A. The Committee shall have two officers, a chairperson and a vice chairperson, who shall each be elected to serve a 2-year term. The chairperson must be a current Stroke Program Medical Director, Stroke Program Manager, ED physician, or neurologist.
- B. Elections for the next term shall be conducted during the final meeting of the current term.

- C. The chair and vice chair shall work in collaboration with the EMS Medical Director and agency staff to review meeting minutes, determine the next meeting's agenda, facilitate the next meeting, and ensure Committee decisions are acted upon.

IX. Voting

Occasionally the Committee may need to resolve disagreement by vote. The Chairperson shall decide when to call a vote. Each Stroke Center shall have one vote, the EMS Agency shall have one vote, and simple majority shall determine the resolution.

X. Minutes

The EMS Agency shall record and confidentially maintain the minutes of all meetings. The minutes for each meeting shall be distributed by email to Committee members at least 30 days prior to the next meeting. All copies of minutes and any relevant meeting materials shall be provided by the EMS Agency. Due to the confidential nature of the Committee any distributed materials may be collected at the end of each meeting.

XI. Confidentiality

- A. All proceedings, documents, and discussions of the Committee are confidential and protected from discovery under sections 1157.5 and 1157.7 of the California Evidence Code. The prohibition related to any testimony provided to the Committee shall be applicable to all proceedings and records of the Committee. The Committee is established by local government as a professional standards review organization organized to provide competent experts to monitor, evaluate, and report on necessity, quality, and level of specialty health services, including but not limited to stroke care services.
- B. Guests may be invited to the Committee to discuss specific cases and issues to advise the Committee on final case determinations. Guests may only be present for the portion of the meeting for which they have been invited. All guests must be approved by the chairperson and the EMS Agency prior to attending a meeting.
- C. All attendees shall be required to sign a confidentiality agreement attesting that they shall not divulge or discuss information obtained through the Committee membership. The chairperson is responsible for obtaining a signed confidentiality agreement from any guest attending a meeting.