



# San Bernardino County

## Legislation Text

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**File #: 2412, Agenda Item #: 118**

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**REPORT/RECOMMENDATION TO THE BOARD OF SUPERVISORS  
OF THE COUNTY OF SAN BERNARDINO  
AND RECORD OF ACTION**

**REPORT/RECOMMENDATION TO THE BOARD OF DIRECTORS  
OF THE INLAND COUNTIES EMERGENCY MEDICAL AGENCY  
AND RECORD OF ACTION**

**June 23, 2020**

**FROM**

**THOMAS G. LYNCH, EMS Administrator, Inland Counties Emergency Medical Agency  
WILLIAM GILBERT, Director, Arrowhead Regional Medical Center**

**SUBJECT**

Memorandum of Understanding for Primary Stroke Receiving Center Designation

**RECOMMENDATION(S)**

1. Acting as the governing body of the County of San Bernardino, approve a Memorandum of Understanding between Arrowhead Regional Medical Center and Inland Counties Emergency Medical Agency for designation as a Primary Stroke Receiving Center, in the amount of \$19,045 annually, for the period of July 1, 2020 through June 30, 2025.
2. Acting as the governing body of the Inland Counties Emergency Medical Agency, approve a revenue Memorandum of Understanding, between Arrowhead Regional Medical Center and Inland Counties Emergency Medical Agency for designation as a Primary Stroke Receiving Center, in the amount of \$19,045 annually, for the period of July 1, 2020 through June 30, 2025.

(Presenter: Thomas G. Lynch, EMS Administrator, 388-5830)

**COUNTY AND CHIEF EXECUTIVE OFFICER GOALS & OBJECTIVES**

**Provide for the Safety, Health and Social Service Needs of County Residents.**

**FINANCIAL IMPACT**

Approval of this item will not require the use of any Discretionary General Funding (Net County Cost). Arrowhead Regional Medical Center (ARMC) expenditures in the amount of \$19,045 are funded by reimbursements from Medi-Cal, Medicare, private insurances, and other departmental revenue. Sufficient appropriation and revenue has been included in the Inland Counties Emergency Medical Agency (ICEMA) and ARMC 2020-21 budgets and will be included in future recommended budgets.

**BACKGROUND INFORMATION**

ICEMA, as the local Emergency Medical Services (EMS) agency, is responsible for ensuring effective EMS for the Counties of San Bernardino, Inyo, and Mono. ICEMA administers State and local codes and regulations governing the provision of emergency medical care to the sick and injured at the scene of an emergency and

during transport to a care hospital. ICEMA ensures an effective system of quality patient care and coordinated emergency medical response by planning, implementing and evaluating an effective emergency medical services system including pre-hospital providers, specialty care hospitals and hospitals.

Approval of this Memorandum of Understanding (MOU) will allow ARMC to receive and provide care for stroke patients, as well as allow ICEMA to administer, monitor, evaluate, and provide continuous quality improvement programs of the implemented Stroke Care System.

On September 13, 2011 (Item No. 43), the ICEMA Board of Directors (Board) established the Neurovascular Stroke Receiving Centers (NSRC) designation and approved the model Memorandum of Understanding (MOU).

On December 6, 2011 (Item No. 10), May 6, 2014 (Item No. 75) and June 28, 2016 (Item No. 114), the ARMC Board of Supervisors (Board) approved an MOU with ICEMA for designation as an NSRC. With Board approval, ICEMA has since entered into various other NSRC contracts with Desert Regional Medical Center, Kaiser - Fontana, Kaiser - Ontario, Loma Linda University Medical Center, Pomona Valley Hospital, Redlands Community Hospital, San Antonio Community Hospital, St. Bernardine Medical Center and St. Mary Medical Center.

ICEMA will request Board approval for new contracts with the other hospitals listed above, designating and recognizing them as Primary, Thrombectomy-Capable, or Comprehensive Stroke Centers, in a separate agenda item. All Stroke Receiving Center contracts will include the same contract term dates and will reflect consistent standard contract language.

On July 1, 2019, the State of California's Stroke Critical Care System Regulations became effective. To align current Stroke Receiving Center Designation standards with State regulations, ICEMA updated its stroke designation policy to reflect language from the California Code of Regulations, Title 22, Division 9, Chapter 7.2, Stroke Critical Care System. Neurovascular Stroke System will now be referred to as a Stroke Critical Care System. Neurovascular Stroke Receiving Centers will now be referred to as a Stroke Receiving Centers. ICEMA will recognize Stroke Receiving Centers as Primary, Thrombectomy-Capable, or Comprehensive Stroke Receiving Centers, and will require this language changed in the new contracts/MOU.

The goal of designating Primary, Thrombectomy-Capable and Comprehensive Stroke Centers is to identify medical facilities that have an organized approach to treatment of stroke patients with qualified staff and appropriate capabilities. EMS field personnel, who are specially trained to identify stroke victims in the pre-hospital arena, can rapidly transport stroke patients directly to designated centers for timely treatment. Similar to trauma patients, the data demonstrates that the survival from a stroke is largely dependent upon prompt recognition and transport to facilities demonstrating the ability and commitment to provide rapid care with the proper resources. Current treatment guidelines from the American Stroke Association recommend rapid identification of stroke patients and transport to specialized medical facilities that have an organized approach to the management of stroke patients.

#### **PROCUREMENT**

Not applicable.

#### **REVIEW BY OTHERS**

This item has been reviewed by County Counsel (John Tubbs II, Deputy County Counsel, 387-3203) on April 13, 2020; Risk Management (LeAnna Williams, Risk Assessment Officer, 386-8623) on April 20, 2020; Finance (Carl Lofton, Administrative Analyst, 387-5404 and Yael Verduzco, Administrative Analyst, 387-5285) on June 9, 2020; and County Finance and Administration (Matthew Erickson, County Chief Financial Officer, 387-5423) on June 9, 2020.

