



San Bernardino County

Legislation Text

File #: 2415, Agenda Item #: 104

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

SUBJECT

Contracts with Local Hospitals for Stroke Receiving Center Designation

RECOMMENDATION(S)

Acting as the governing body of the Inland Counties Emergency Medical Agency (ICEMA):

1. Approve revenue contracts with each of the hospitals listed below, extending the term by an additional five years (from July 1, 2020 through June 30, 2025), in which ICEMA shall continue to receive an annual fee of \$19,045 from each contract to offset the costs associated with designating these hospitals as a Stroke Receiving Center:
 - a. Desert Regional Medical Center
 - b. Kaiser - Fontana
 - c. Kaiser - Ontario
 - d. Loma Linda University Medical Center
 - e. Pomona Valley Hospital Medical Center
 - f. Redlands Community Hospital
 - g. San Antonio Regional Hospital
 - h. St. Bernardine Medical Center
 - i. St. Mary Medical Center

(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 result in the use of Discretionary General Funding (Net County Cost). The annual fee of \$19,045 paid by each hospital will cover the costs incurred by ICEMA related to the evaluation and oversight of the Stroke program. Revenue and appropriation from these contracts are included in ICEMA's 2020-21 budget 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 an acute 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 these contracts will allow the hospitals listed above 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 Board of Directors (Board) established the Neurovascular Stroke Receiving Centers designation and approved a model Memorandum of Understanding (MOU).

ICEMA has since entered into a number of different contracts and MOUs with various hospitals, including: Arrowhead Regional Medical Center (December 6, 2011, Item No. 10; May 6, 2014, Item No. 75 and June 28, 2016, Item No. 114); Desert Regional Medical Center (September 27, 2011, Item No. 92 and June 28, 2016, Item No. 100); Kaiser - Fontana and Kaiser - Ontario (January 6, 2015, Item No. 51 and July 12, 2016, Item No. 55); Loma Linda Medical Center (January 24, 2012, Item No 52 and June 28, 2016, Item No. 100); Pomona Valley Hospital Medical Center (September 27, 2011, Item No. 92 and June 28, 2016, Item No. 100); Redlands Community Hospital (September 27, 2011, Item No. 92 and June 28, 2016, Item No. 100); San Antonio Regional Hospital (September 27, 2011, Item No. 92 and June 28, 2016, Item No. 100); St. Bernardine Medical Center (December 15, 2015, Item No. 90 and June 28, 2016, Item No. 100) and St. Mary Medical Center (December 18, 2018, Item No. 86).

ICEMA will request Board approval for a new MOU with Arrowhead Regional Medical Center, designating them as a Stroke Receiving Center, 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 Stroke Receiving 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 setting, can rapidly transport stroke patients directly to designated centers for timely treatment. 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) on June 8, 2020; and County Finance and Administration (Matthew Erickson, County Chief Financial Officer, 387-5423) on June 8, 2020.