


Sierra – Sacramento Valley EMS Agency Program Policy

Stroke System Triage and Patient Destination

	Effective: 12/01/2016	Next Review: 07/2019	507
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PURPOSE:

- A. To establish stroke receiving center designation criteria, requirements and responsibilities.
- B. To define the identification, destination and notification criteria of EMS transported suspected stroke patients.

AUTHORITY:

- A. California Health and Safety Code, Division 2.5, Chapter 2 § 1797.67 & 1797.88, Chapter 6 § 1798.102, 1798.150, 1798.170, and 1798.172.
- B. California Code of Regulations, Title 13, § 1105(c), Title 22, Division 9.

DEFINITIONS:

- A. **Acute Stroke Patient** – A patient who meets assessment criteria for a suspected acute stroke in accordance with S-SV EMS Suspected Stroke Protocol (N-3).
- B. **Stroke Receiving Center** – An acute care hospital which obtains and maintains Joint Commission Accreditation as a Primary Stroke Center or which has been alternately approved by the S-SV EMS Agency, and enters into a memorandum of understanding (MOU) with the S-SV EMS Agency designating them as a stroke receiving center.

POLICY:

- A. Acute Stroke Patient Identification and Destination:
 - 1. Criteria for assessment, identification and treatment of a suspected acute stroke patient shall be based on S-SV EMS Suspected Stroke Protocol (N-3).
 - 2. Patients identified by prehospital personnel as having an onset of stroke symptoms or time last seen normal within the past four (4) hours shall be transported to a stroke receiving center if transport time is less than 30 minutes.

3. If the onset of symptoms or time last seen normal is unknown or exceeds four (4) hours, the patient shall be transported per routine S-SV EMS destination criteria, unless instructed otherwise by a base/modified base hospital.
4. Patients with an uncontrolled airway or in cardiac arrest shall be transported to the closest receiving facility.

B. Stroke Receiving Center Notification:

1. As soon as possible, preferably from the scene, prehospital personnel shall contact the intended stroke receiving center and inform them that a stroke patient is being transported to their facility. The report shall indicate a "Stroke Alert", and should include the following minimum information:
 - Pertinent patient assessment information and prehospital treatment provided.
 - The time of onset of symptoms or when patient was last seen normal.
 - The patient's blood glucose reading.
 - Minimum necessary patient identifying information (name, DOB, MR#, etc.) – only if requested by the stroke receiving center.
2. When possible, prehospital personnel should obtain and relay to receiving hospital personnel the contact information of the individual(s) who can verify the time of onset of symptoms or when patient was last seen normal.

C. Stroke Receiving Center Diversion:

Diversion of stroke patients shall only occur during times of an incapacitating internal disaster or when the CT scanner is otherwise unavailable.

1. Notification shall be made to the following entities at least 24 hours prior to any planned event resulting in the CT scanner being unavailable:
 - Stroke receiving center emergency department – to include a status posting on EMResource indicating that the CT scanner is unavailable.
 - Appropriate adjacent stroke receiving center(s).
 - Appropriate prehospital provider agencies.
2. All entities listed in this section shall also be notified as soon as possible in the case of an unplanned event causing the CT scanner to be unavailable as well as when the CT scanner is subsequently available.

D. Stroke receiving centers shall comply with all data reporting, continuous quality improvement and performance standards required by their stroke receiving center MOU. These requirements will be the same for each stroke receiving center.

E. S-SV EMS Notification:

S-SV EMS shall be notified no later than the end of the next business day if any of the following occur:

1. A patient within the 30 minute catchment area of a stroke receiving center transported by the EMS system is identified as an acute stroke patient by the receiving facility and was not transported to a stroke receiving center.
2. Any instance of diversion of a stroke patient by a stroke receiving center other than the approved instances of diversion indicated in this policy.
3. An EMS field provider fails to leave the minimum required patient care documentation at the receiving facility at the time of initial patient transport.

F. Interfacility Transfer of Acute Stroke Patients:

1. In the event that an acute stroke patient requires transfer to a higher level of care the transferring hospital shall follow their patient transfer policies/procedures.
2. The 911 system may be utilized to request an emergent ground ambulance for transport of an acute stroke patient to a stroke receiving facility if necessary. An air ambulance or Critical Care Transport (CCT) ambulance may also be utilized if necessary/appropriate.
3. Transferring hospital staff should provide ambulance personnel with all appropriate patient documentation including a CT scan. Patient transport should not be delayed if complete documentation is not available. If complete documentation is not sent with the ambulance, the sending hospital should fax/electronically transmit the pertinent documentation to the stroke receiving center in sufficient time that it will arrive prior to the patient if possible.

CROSS REFERENCES:

- A. Patient Destination (505).
- B. Patient Care Documentation (605).
- C. Base/Modified Base/Receiving Hospital Contact (812).
- D. Suspected Stroke (N-3).