



POLICY NO:	OPS 29
DATE REVIEWED/REVISED:	02/2016
DATE TO BE REVIEWED:	02/2018

STROKE SYSTEM TRIAGE AND PATIENT DESTINATION

Purpose: To describe the San Mateo County stroke system and triage policy and provide an overview of data collection and system quality improvement for the San Mateo County Stroke System.

This system is designed to provide timely, appropriate care to patients who have symptoms of acute stroke and are last known well (LKWT) within 7 hours of onset of symptoms.

Acute stroke patients will be transported to a Primary Stroke Center (PSC) or a Comprehensive Stroke Center (CSC) in accordance with San Mateo County EMS policy.

Authority: Health and Safety Code, Division 2.5, Section 1797.220 and 1798.

Definitions:

1. Acute stroke patient is defined as a patient who meets assessment criteria for an acute stroke in accordance with San Mateo County's patient care protocols, and last known well time (LKWT) is within 7 hours.
2. Primary Stroke Center (PSC) is a hospital that has successfully completed and maintains The Joint Commission accreditation as a PSC, and enters into a memorandum of understanding (MOU) with San Mateo County relative to being a PSC.
3. A Comprehensive Stroke Center (CSC) is a hospital that has successfully completed and maintains The Joint Commission accreditation as a CSC and enters into an MOU with San Mateo County relative to being a stroke center.

Stroke Centers Serving San Mateo County

Primary Stroke Centers (PSC):

1. Kaiser Redwood City
2. Kaiser South San Francisco
3. Mills-Peninsula
4. Sequoia Hospital
5. Seton Hospital (Daly City)
6. Stanford Health Care

Comprehensive Stroke Centers (CSC):

1. Kaiser Redwood City
2. Stanford Health Care

APPROVED:

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Procedure:

- A. Criteria for the assessment, identification and treatment of an acute stroke patient are based on San Mateo County paramedic protocols.
 - 1. Patients identified by the paramedic as having a LKWT or at baseline within the past 3 hours will be transported to a PSC.
 - 2. Patients identified by the paramedic as having a LKWT or at baseline time between the past 3 hours and 7 hours will be transported to a CSC.
 - 3. If there is any question as to the status of the patient with acute symptoms of a stroke, the paramedic will consult with the ED physician at the closest PSC as early as possible in the patient's evaluation.
 - 4. If the LKWT is unknown or exceeds 7 hours, the patient should be transported to the closest or requested hospital.

- B. Notification of the Stroke Center
 - 1. The EMS crew shall notify the Stroke Center as soon as possible during the call.
 - 2. EMS verbal report: As soon as feasible, the crew from the scene will contact the intended stroke center and inform them an acute stroke patient is enroute to that facility. It is recommended that the report be started with the statement "This is a Stroke Alert".
 - 3. The report should include:
 - a. LKWT
 - b. Results of stroke screen (Cincinnati Prehospital Stroke Scale or equivalent)
 - c. Blood glucose
 - d. Vital signs
 - e. Treatment provided

- C. Diversion by a Stroke Center
 - 1. Stroke centers will not close to acute stroke patients except for the following:
 - a. Failure of all CT scanners in the Stroke Center
 - b. Declared internal disaster
 - 2. If a Stroke Center must close to stroke patients, the charge nurse will call San Mateo County Public Safety Communications (PSC) at (650) 363-4981 and request that EMS on-call, the AMR field supervisor, and South San Francisco Fire Department's EMS Captain be notified immediately.

- D. Documentation
 - 1. A completed patient care record (ePCR) will be left at the Stroke Center for all stroke patients before the paramedic leaves the receiving hospital.

- E. Notification
 - 1. The on-duty field supervisor shall be notified immediately if any of the following occur:
 - a. If a patient transported by EMS is identified as an acute stroke patient by the receiving facility and was not transported to, at a minimum, a PSC.

- b. Any instance of diversion of a stroke patient by a stroke center.
- F. Transferring an acute stroke patient to a higher level of care. See also the Inter-facility (Facilities 4) policy.
- 1. Patients found to have a large vessel occlusion (LVO) at a PSC or community hospital should be expeditiously transferred to a CSC.
 - 2. In the event that an acute stroke patient needs to be transferred to a higher level of stroke care, the emergency department should:
 - a. Provide appropriate assessment and emergency treatment.
 - b. Notify the receiving CSC of the intent to transfer the patient, using the term "SIR" (Stroke Interventional Radiology) and provide as complete a report as possible.
 - c. Use the microwave line and request an interfacility transport. If unable to use the microwave line, San Mateo County PSC can be contacted at (650) 363-4981. Request a paramedic ambulance to transport the patient to the receiving CSC. The ambulance will arrive shortly.
 - 3. If initiated patient care exceeds the paramedic scope of practice, qualified medical or nursing staff should accompany the patient in the 911 ambulance or a Critical Care Transport (CCT) unit is required.
 - a. It is recommended that the medical staff or RN perform a neurological exam every 15 minutes enroute and follow their routine hospital procedures for care of the patient.
 - 4. Provide the ambulance crew with as complete a record as possible (verbal essential, written if possible). Do not delay transport of the patient. A complete written patient report can be faxed to the receiving stroke center prior to patient arrival at CSC.
 - 5. In the event that a non-stroke center emergency department receives an acute stroke patient by 911 ambulance, the hospital should notify the EMS agency within 5 working days of the event.
- G. Stroke System Quality Improvement (See Stroke System Mission and Purpose Statement)
- 1. Each designated stroke hospital, EMS system participant, and the EMS agency will have representatives on the Stroke Quality Improvement Committee.
- H. Data Collection
- 1. Hospitals should input data into Get with the Guidelines or equivalent
 - 2. EMS agency staff will review hospital and EMS data and provide reports to be presented to the Stroke Quality Improvement Committee.