EMS Destinations Workgroup

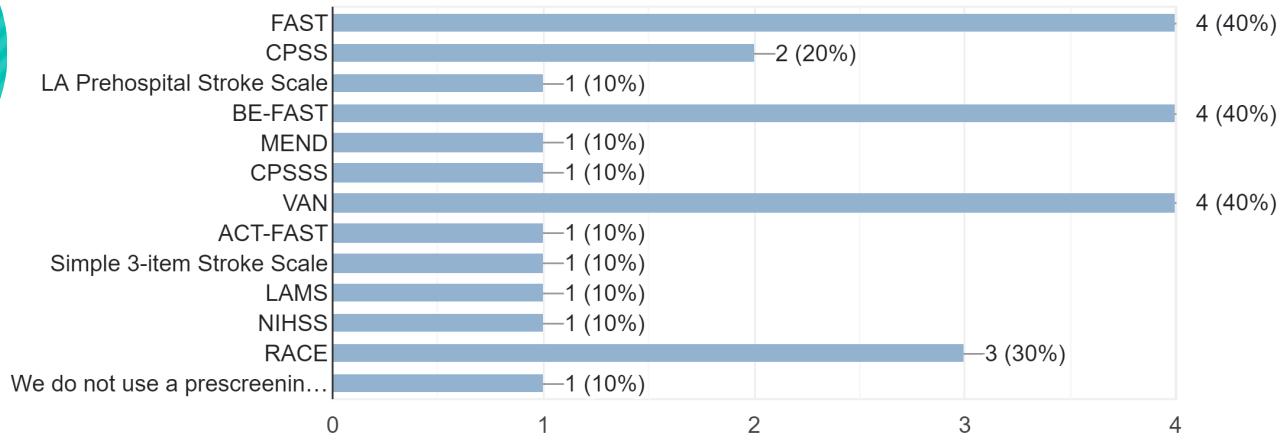
February Meeting:

- Overview:
- 1. Need to gather data to identify where in Virginia patient are mistriaged and why.
- 2. Identify tools being used across the state (of 4 regions represented on the workgroup, 3 different scales being used).
- 3. Gather hospital preferences and pros/cons of each
- 4. Address implementation barriers

10 of the 11 Regional EMS Councils Responded

What initial stroke screening tools are used in your region to determine transport destination? Select all that apply, if you also perform a Large-Vessel-Occlusion Screening or others.

10 responses



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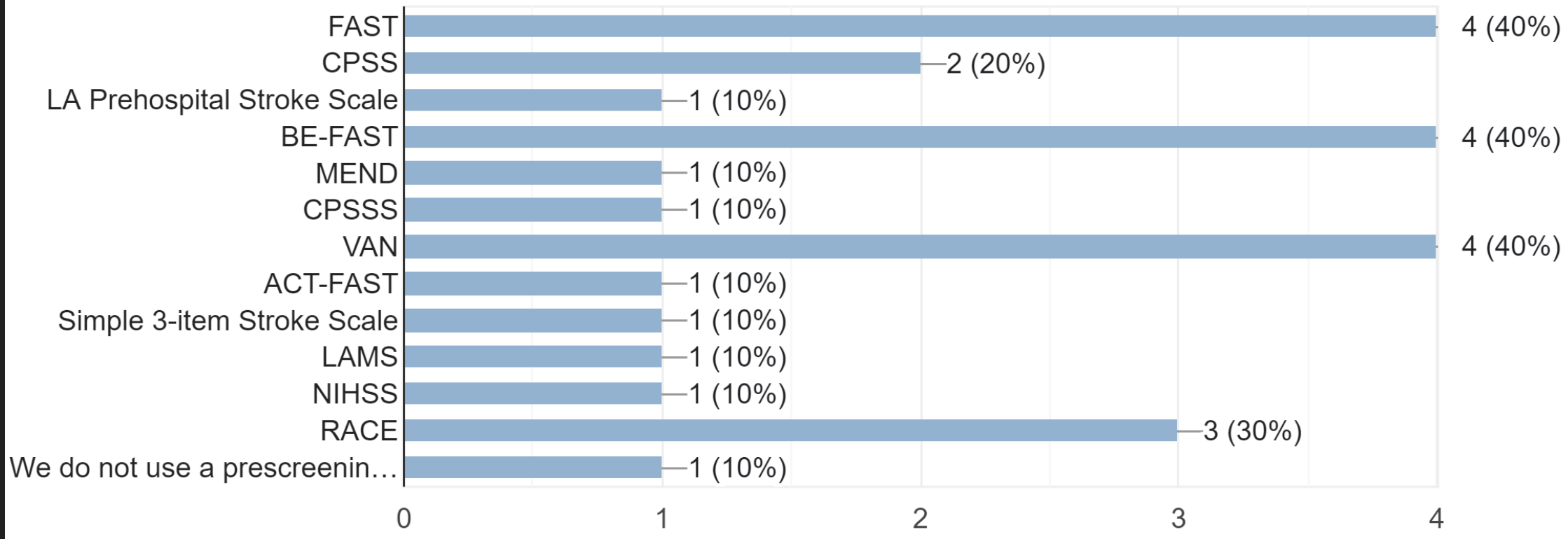
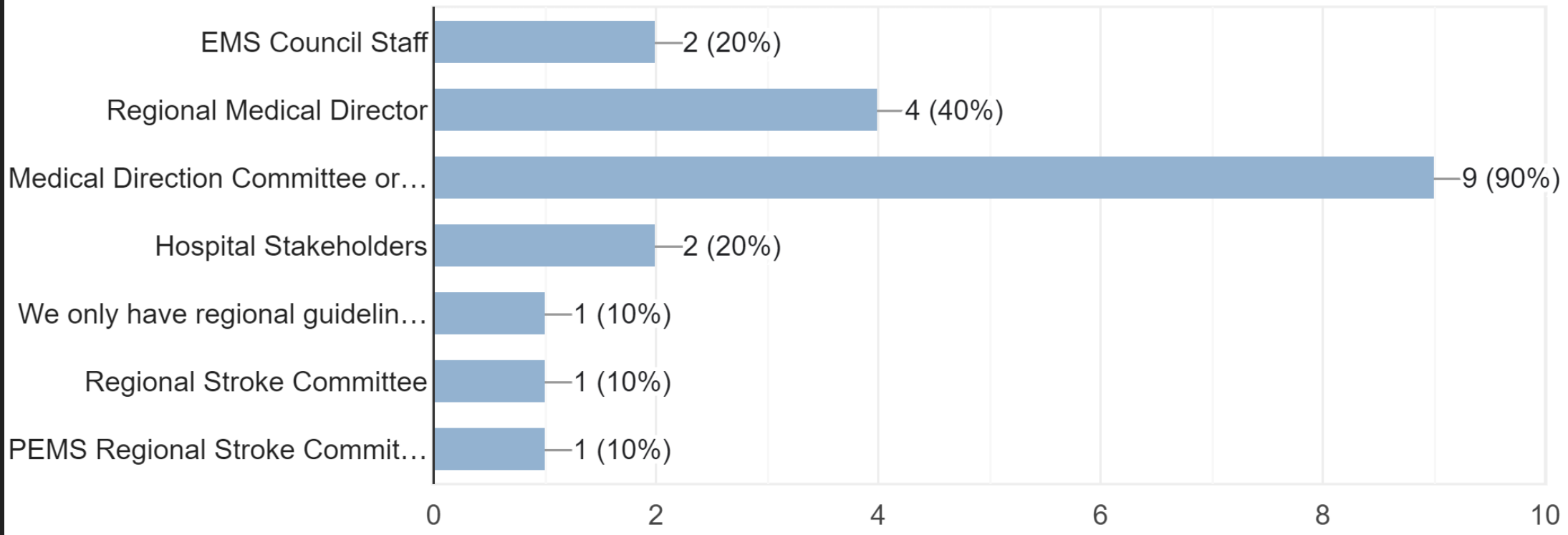


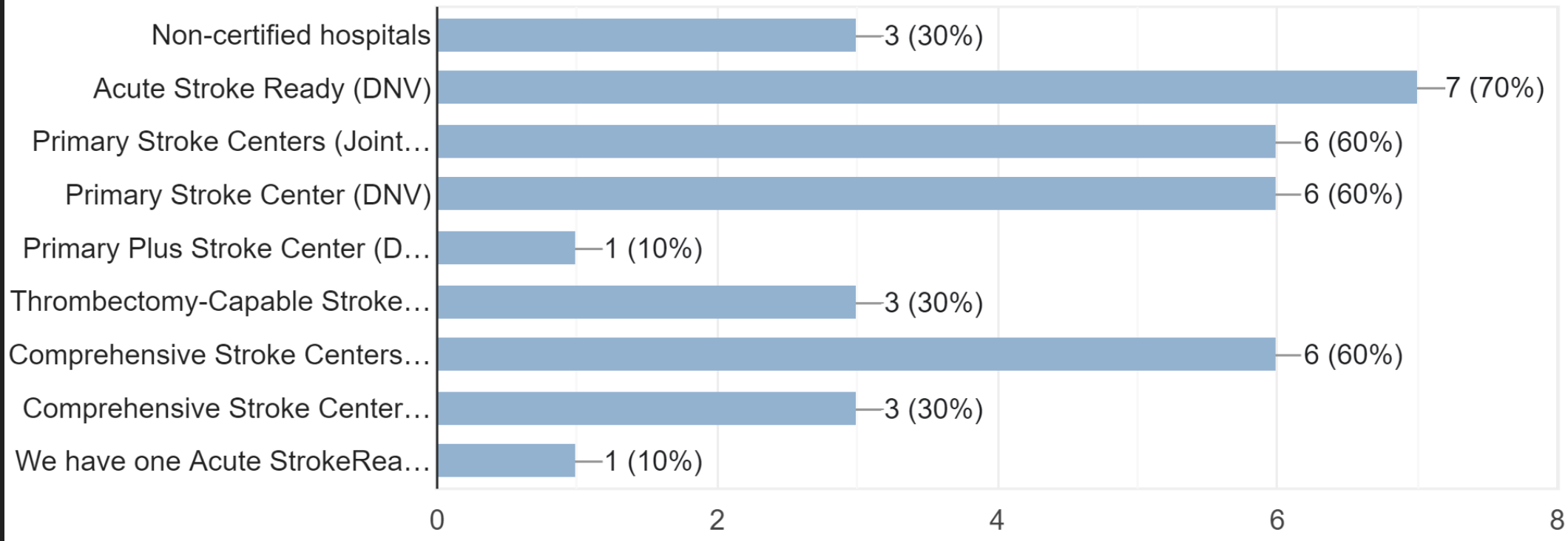
How are stroke screening tools determined/adopted by your region?

10 responses



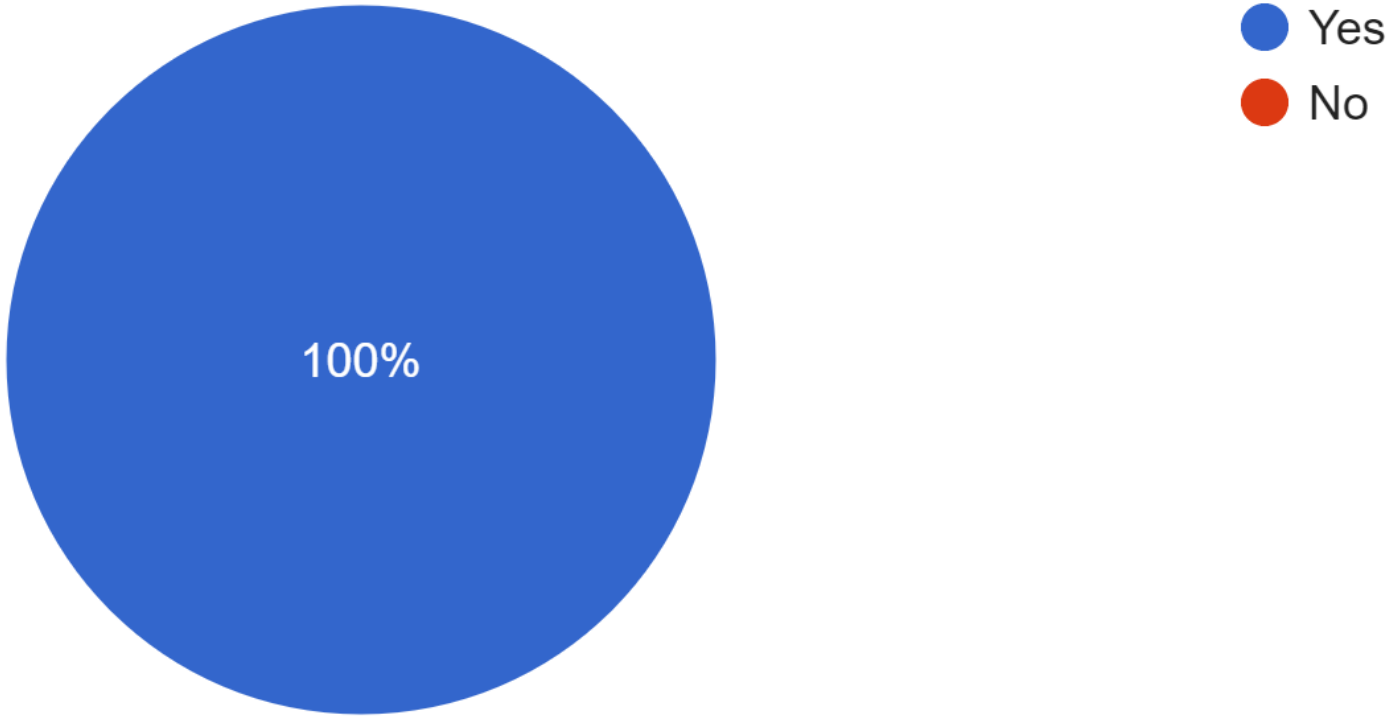
What destination facilities are available in your region (select all that apply)?

10 responses



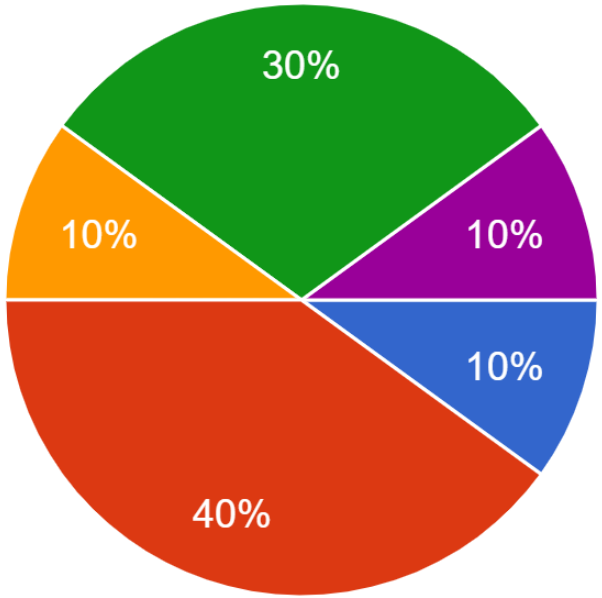
Are EMS providers permitted to call stroke alerts in the field?

10 responses



How do receiving facilities respond to field-called stroke alerts?

10 responses



- Hospitals do not normally change their actions
- Hospitals act with urgency and decisiveness
- Hospital response is inconsistent from day to day
- Some hospitals respond with urgency and others do not
- Most act with urgency and decisiveness, while some do not

Comment Summary:

The state should agree on a standard screening tool and severity tool for stroke alerts, and EMS should call stroke alerts in the field based on stroke screening. Geographically large regions benefit from transport to local facilities for scans, TELESTROKE consults, thrombolytics, and referral to stroke centers. Providers should be aware of stroke centers and their differences, and provide thorough stroke assessments. A meeting is planned to discuss consistency with stroke patients, protocols, assessment tools, best-practice, and continuity among EMS and hospitals. Patients with a RACE score of 5 or greater are presumed to have an LVO, bypassing primary stroke centers.

Next Steps:

- Workgroup Follow-up to discuss survey findings
- Request Data regarding stroke outcomes, correlated with tools used
- Request Data regarding stroke outcomes, correlated with destination type
- Develop common nomenclature for EMS protocols in determining destinations
- Develop best practices recommendations in collaboration with Regional EMS Councils

What we need from others?

- Stroke Coordinators Consortium:
  - Provide preferred scales and the benefits of each in prehospital environment.
  - If stroke alerts are called in the field, how does your hospital respond? Are they acknowledged/accepted resulting in immediate action?
    - By policy?
    - In practice?

Questions, Comments and Suggestions?

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