NTRAC Recognized Stroke Capable Facility

Goal

- Recognition of a facility's capability to treat stroke patients within NTRAC until the State develops a designation process for Support Stroke Centers.

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Objectives

- To develop a system by which facilities within NTRAC may seek RAC recognition of stroke capabilities.

Discussion

- A facility interested in seeking RAC-Recognition as a Stroke Capable Facility must contact the RAC offices to set a survey date and time.
- Facilities must meet all essential criterions as described in the NTRAC Recognized Stroke Capable Facility Essential Criteria Summary Sheet. (See form following this section.)
- A survey will be completed by the RAC Stroke Committee Chairs. Recognition will be given once the RAC Chair has signed the NTRAC Recognized Stroke Capable Facility Essential Criteria Summary Sheet.
- RAC Recognized Stroke Capable Facility status is maintained for two years at which time another survey will need to be completed.
- RAC Recognized Stroke Capable Facilities will cease to exist once the State develops a state-designation process for Support Stroke Centers.

NTRAC Regional Stroke Plan

North Texas Regional Advisory Council

RECOGNIZED STROKE CAPABLE FACILITY ESSENTIAL CRITERIA

SUMMARY SHEET

FACILITY: _____ SURVEY DATE: _____

CRITERIA DEFINED	ESSENTIAL OR DESIRED	MEETS	MEETS WITH WEAKNESS	DOES NOT MEET	COMMENTS
A. PERSONNEL					
1. 24/7 PHYSICIANS			E		
2. STROKE COORDINATOR			E		
3. STROKE MEDICAL DIRECTOR			E		
B. PROTOCOLS					
1. NIH STROKE SCALE PROTOCOL			E		
2. DYSPHAGIA SCREENING TOOL			E		
3. TPA CHECKLIST			E		
4.THROMBOLYTIC THERAPY ADMINISTRATION PROTOCOL			E		
C. EQUIPMENT/LAB					

1. 24/7 STAT CT	E
2. ED ORDER SET	E
3. 24/7 LABORATORY	E
D. TRANSFER AGREEMENTS	
1. TRANSFER AGREEMENT WITH PRIMARY STROKE CENTER(S)	D
2. EMS TRANSPORT AGREEMENT(S)	D
E. EDUCATION	
1. NIH STROKE SCALE	E
2. CORE STROKE TEAM	E
3. NURSING PERSONNEL	E
4. OTHER PERSONNEL	E
F. STROKE SYSTEM QI	E
G. PUBLIC AWARENESS	E

STROKE COORDINATOR/CHAMPION:

ESSENTIAL CRITERIA MET/ESSENTIAL CRITERIA NOT MET

_____has met / not met the essential criteria requirements as defined by The North Texas Regional Advisory Council to be recognized as a NTRAC Stroke Capable Facility.

RAC Chair _____Date_____

Stroke Committee Chair_____Date_____

CRITERIA CLARIFICATION

PERSONNEL

- 24/7 Physician – The facility must have a physician in the ED available 24/7. If the physician is not on-site, he/she must be on-call for arrival within 30 minutes.
- Stroke Coordinator – The facility must have a designated Stroke Coordinator. The Stroke Coordinator must attend NTRAC Stroke Committee meetings.
- Stroke Medical Director – The facility must have a designated Medical Director for stroke protocols. It is preferred (but not required) that this physician attend NTRAC Physicians Advisory Committee meetings.

PROTOCOLS

- NIH Stroke Scale Protocol – The facility must have a written protocol utilizing the NIH Stroke Scale.
- Dysphagia Screening Tool – The facility must utilize an accepted Dysphagia screening tool as well as a protocol outlining how patients will be screened for Dysphagia.
- tPA Checklist – The facility must utilize the regional tPA Checklist or a similar checklist with the same information.
- Thrombolytic Therapy Administration Protocol – This criterion refers to a facility having a written protocol for administering thrombolytics if the facility will be administering thrombolytics.

EQUIPMENT/LAB

- 24/7 STAT CT – This criterion is desired. This criterion refers to the ability to have a CT completed and read within 45 minutes of arrival to ED.
- ED Order Set – The facility must utilize the ED Order Set developed by the NTRAC.
- 24/7 Laboratory – The facility must have laboratory available 24/7 on-site or on-call within 30 minutes. These labs include but are not limited to PT, PTT, INR, CBC, and CMP.

TRANSFER AGREEMENTS

- Agreements with Primary Stroke Centers - The facility should have verbal and/or written transfer agreements with certified Primary Stroke Centers.
- Agreements with EMS Providers – The facility should have at least one verbal and/or written agreement with an EMS Provider allowing stroke patients to be treated as priority one/emergent.

EDUCATION

- NIH Stroke Scale Education – The facility must have a written protocols outlining NIH Stroke Scale education for all nursing staff and physicians involved in stroke care. This training should be completed on an annual basis.
- Core Stroke Team Education – The facility must have a written protocols outlining core stroke team education. A minimum of 8 hours of CE must be completed annually by all personnel on core stroke team.
- Nursing Stroke Education – The facility must have a written protocols outlining nursing education. A minimum of 4 hours of education must be completed annually by any nursing personnel involved in stroke care.
- Other Personnel Stroke Education - The facility must have a written protocols outlining stroke education for other personnel. At a minimum “Stroke Awareness:

Signs and Symptoms" education must be completed annually for other facility personnel.

STROKE SYSTEM QI

- The facility must have a system to QI stroke cases. Additionally, the facility must participate in NTRAC Stroke QI.

PUBLIC AWARENESS/EDUCATION

- The facility must participate in regional stroke awareness campaigns and other public education activities regarding stroke. NTRAC and the Primary Stroke Center will be assisting Support Stroke Centers in meeting this criterion.

Regional Pre-hospital Medical Oversight & Control

Goal

The goal for Regional Medical Control in NTRAC is multifaceted.

- To ensure strong physician leadership and supervision for pre-hospital care providers in both on-line and off-line functions.

- To secure medical involvement in regional planning and educational program development.

- To provide for the development and implementation of regional protocols and system plan components, as well as in systems evaluation.

Objectives

- To evaluate regional stroke care from a systems perspective, under the direction of representatives of NTRAC medical staff throughout the region.

- To involve NTRAC medical staff in all phases and at all levels of the leadership and planning activities of regional development.

- To ensure appropriate medical oversight of all pre-hospital care providers through a Quality Improvement (QI) process and other administrative processes.

- To identify and educate regional medical control resources, standardize treatment protocols, and analyze accessibility of medical control resources.

- To identify and educate NTRAC EMS providers and sources of on-line and off-line medical control.

Pre-hospital Triage

Goal

- Patients will be identified, rapidly and accurately assessed, and based on identification of their actual or suspected onset of symptoms, will be transported to the nearest appropriate NTRAC stroke facility.

Purpose

- In order to ensure the prompt availability of medical resources needed for optimal patient care, each patient will be assessed for the presence of abnormal vital signs, Cincinnati Stroke Scale, and concurrent disease/predisposing factors.

System Triage

- Unless immediate stabilization (ABC's, cardiac arrest, etc.) is required, patients in NTRAC with an onset of stroke symptoms > 3 hours shall be taken to a Primary Stroke Center within NTRAC. If ground transport time to Primary Stroke Center is greater than 30 minutes or if lifesaving interventions (e. g. airway stabilization, chest tube insertion, etc.) are required for safe transport, contact medical control and/or take the patient to the nearest medical facility and **call for the helicopter transport to meet you at the closest agreed upon landing zone**.

  Primary Stroke Center bypass may only occur for the following reasons:
  1) Patient preference
  2) Physician Preference
  3) Paramedic Discretion
  4) Availability of tPA interventions

Patients with an onset of stroke symptoms > 3 hours should be taken to the closest acute care facility for treatment.

Helicopter Activation

Goal

- NTRAC regional air transport resources will be appropriately utilized in order to reduce delays in providing optimal stroke care.

Decision Criteria

- Helicopter activation/scene response should be considered when it can reduce transportation time for patients with onset of symptoms <3. Should there be any question whether or not to activate NTRAC regional air transport resources, on-line medical control should be consulted for the final decision.

- Patients meeting criteria for helicopter dispatch should be transported to the nearest Primary Stroke Center.

Facility Diversion

Goal

- NTRAC stroke facilities will communicate "facility diversion" status promptly and clearly to regional EMS and other facilities through EMS system in order to ensure that stroke patients are transported to the nearest appropriate stroke facility.

System Objectives

- To ensure that stroke patients will be transported to the nearest appropriate NTRAC stroke facility
- To develop system protocols for regional facility and stroke diversion status
- Situations which would require the facility to go on diversion
- Notification/activation of facility diversion status
- Procedure for termination of diversion status
- Regional stroke care problems associated with facility diversion will be assessed through the NTRAC Stroke Committee QI process.
- All facilities and pre-hospital providers will use EMS system to notify and track diversion status.

Facility Bypass

Goal

- Suspected stroke patients will be safely and rapidly transported to the nearest appropriate stroke facility within NTRAC.

Decision Criteria

- Regional transport protocols ensure that patients who meet the triage criteria for activation of the NTRAC
- Regional Stroke Plan will be transported directly to the nearest appropriate stroke facility rather than to the nearest hospital except under the following circumstances:
    - If unable to establish and/or maintain an adequate airway, the patient should be taken to the nearest acute care facility for stabilization.
    - A Support Stroke Facility may be appropriate if the expected onset of symptoms is less than 3 hours and there is a qualified physician available at the facility's Emergency Department capable of delivering definitive care.

- Medical Control may wish to order bypass in any of the above situations as appropriate, such as when a facility is unable to meet hospital resource criteria or when there are patients in need of specialty care.

- If expected transport time to the nearest appropriate Stroke Facility is excessive (> 30 minutes), medical control or the EMS crew on scene should consider activating air transportation resources.

Note: Should there be any question regarding whether or not to bypass a facility, the receiving facility should be consulted.

Facility Triage Criteria

Goal

- The goal of establishing and implementing facility triage criteria in NTRAC is to ensure that all regional hospitals use standard definitions to classify stroke patients in order to ensure uniform patient reporting and facilitate inter-hospital transfer decisions.

Objectives

- To ensure that each stroke patient is identified, rapidly and accurately assessed, and based on identification and classification of their actual or suspected onset of symptoms, transferred to the nearest appropriate NTRAC stroke facility.
- To ensure the prompt availability of medical resources needed for optimal patient care at the receiving stroke facility.

- To develop and implement a system of standardized stroke patient classification definitions.

Discussion

- Patients with an onset of stroke symptoms < 3 hours will be taken to the closest Recognized Stroke Facility for treatment and evaluation for interventional care.

- Unless immediate stabilization (ABC's, cardiac arrest, etc.) is required, patients in NTRAC with an onset of stroke symptoms is greater than 3 hours and less than 8 hours shall be taken to a Primary Stroke Center within NTRAC.

- Patients with an onset of stroke symptoms > 3 hours should be taken to the closest acute care facility for treatment.

Inter-Hospital Transfers

Goal

- The goal for establishing and implementing inter-hospital transfer criteria in NTRAC is to ensure that those stroke patients requiring additional or specialized care and treatment beyond a facility's capability are identified and transferred to a Primary Stroke Center as soon as possible.

Objectives

- To ensure that all regional hospitals make transfer decisions based on standard definitions which classify stroke patients according to NTRAC facility triage criteria.

- To identify stroke treatment and specialty facilities within and adjacent to NTRAC.

- To establish treatment and stabilization criteria and time guidelines for NTRAC patient care facilities.

Acute – stroke symptom onset of less than 3 hours
Non-Acute – stroke symptom onset of greater than 3 hours

The time guideline for suspected stroke patient transfers in NTRAC is as follows:

Acute stroke patients shall be immediately transported to a Primary Stroke Center within NTRAC

Non-Acute Stroke patients should be transported to the closest acute care facility