



Provincial Acute Stroke Transport Guidelines Implementation Initiative

Situation:

IH does not consistently achieve national quality benchmarks for acute stroke intervention, especially if transfer to next level of care for Endovascular Thrombectomy (EVT) is required.

Background:

Stroke is a medical emergency that requires transport for life-saving or life altering treatment at a designated Stroke Centre with CT Imaging capability, thrombolysis, and / or (EVT). Current status from the first year of the IH EVT service indicates for stroke patients outside of the Kelowna area:

- Door to CT in less than 15 minutes = 7 of 15 (47%)
- Door to Needle (thrombolytic –tPA) in less than 30 min = 2 of 9 (22%)
- Door in Door out in less than 45 minutes = 2 of 14 (14%).

Action:

Interior Health (IH) stakeholders working with BC Emergency Health Services (BCEHS) have informed the Provincial Acute Stroke Transport Guidelines that have been endorsed by the Ministry of Health & IH Medical Advisory Committees. To proceed with implementation, IH and BCAS have operationalized the Provincial Acute Stroke Transport Guidelines into clinical pathway algorithms to direct transport based on current IH resources and geographic limitations. All patients transported for acute intervention will be repatriated, as appropriate to the local acute facilities for post procedural care.

Recommendation:

IH to implement the Provincial Acute Stroke Transport Guidelines to meet national standards for acute stroke intervention. Phase 1 and 2 will begin **July** 5th, **2021** and be fully implemented **by March 31st**, **2022**, Review of site uptake and effectiveness will be completed prior to initiating Phase 3. See Appendices included.

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Appendix 1: IH FAST Positive Hot Stroke Clinical Algorithm - Phase 1





Interior Health FAST Positive Hot Stroke Clinical Pathway

If criteria are met transport to nearest designated stroke centre.

- Transport to closest stroke centre based on road, weather & other considerations.
- Mandatory call to CliniCall if greater than 90 minute transport.

Designated Stroke Centres

- Kelowna General Hospital
- Royal Inland Hospital
- Vernon Jubilee Hospital
- Penticton Regional Hospital
- Kootenay Boundary Regional Hospital
- Shuswap Lake General Hospital
- East Kootenay Regional Hospital
- Cariboo Memorial Hospital
- Kootenay Lake Hospital

Clinical Pathway
Availability
&
Assessment

Inclusion Criteria

- Patients with suspected stroke who are FAST positive
- Time of onset (or last seen normal) <6 hours or with symptoms on awakening.
- For FAST negative patients with suspected stroke symptoms, call CliniCall for discussion of most appropriate destination
- Exclusion: Patients who have unstable vital signs or require immediate intervention e.g. not maintaining airway.

- Determine blood glucose level.
- Establish IV (20 gauge) en route if action will not delay transport.
- Obtain a contact number for the most reliable witness / family contact.

On Scene Requirements

Note:

- If advised that CT scan is out of service at the most appropriate stroke site, transport to the next closest designated stroke centre if <90 minute transport or call CliniCall if uncertain of destination.
- Once CT scan is completed, hand over to hospital staff, complete documentation and clear hospital.

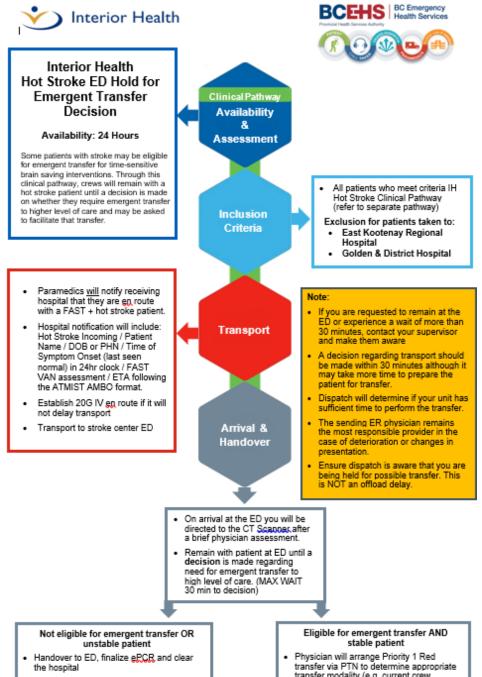
Transport and Notification

- Paramedics <u>will</u> notify receiving hospital that they are en route with a FAST positive hot stroke patient.
- Hospital notification will include: Hot Stroke Incoming / Patient Name / DOB or PHN / Time of Symptom Onset (last seen normal) in 24hr clock / FAST VAN assessment / ETA following the SBAR format.
- Paramedics will transport patient to CT imaging after initial ED assessment on arrival.
- GOAL: Imaging within 10 minutes.





Appendix 2: IH ED Hold for Transfer to KGH Algorithm – Phase 2



- If you are requested to transport an unstable patient, please discuss with CliniCall to ensure you have the required escorts and monitoring.
- transfer via PTN to determine appropriate transfer modality (e.g. current crew, transfer crew, ACP crew, HART team, flight crew, etc)
- Transfer patient to Kelowna General Hospital as directed by Dispatch.
- If thrombolysis is initiated prior to transfer, ACP crew or appropriate escort (e.g. RN) and monitoring equipment will be arranged, or thrombolysis will be completed prior to transfer.

Appendix 3: IH Large Vessel Occlusion Clinical Al

