

Interior Health – East Kootenay Corridor Stroke Triage & Diversion Pilot Implementation September 2016

Introduction

Stroke is a medical emergency, and in appropriate circumstances, life-saving or life altering treatment is available in Interior Health if the patient is transported to a designated stroke centre. Accreditation Canada standards for acute stroke services includes hyperacute services and reinforces that time-sensitive direct transport to stroke centres, with bypass of smaller centres will improve outcomes for suspected stroke clients. In consultation with regional service providers in the East Kootenay Corridor, Interior Health (IH), and BC Ambulance Services (BCAS) will build on the existing IH “hot stroke” transport map by implementing a pilot for coordinated bypass to East Kootenay Regional hospital that is inclusive of medical oversight by the BCAS Emergency Physician Online System (EPOS) beginning September 2016.

Objectives

- To initiate rapid identification, assessment and transport of patients with potentially reversible stroke symptoms to a designated IH facility with specialized expertise in stroke care and interventions.
- To implement a system where Paramedics will consult the EPOS for stroke patient transport when the closest East Kootenay facility is not a designated stroke centre.
- To inform practice in other regions such as the South Okanagan, where “double legs” of transport are occurring.
- To contribute to an IH standardized transport policy, and initiate an operational algorithm that has provincial endorsement from BC Emergency Services and Stroke Services BC.

Hot Stroke Triage & Diversion Criteria

- If closest facility is a designated IH Stroke Centre – the patient will be transported directly as per current policy.
- If time of onset of symptoms to stroke centre is – **less than or equal to 2 hours and 15 minutes** – consult EPOS for approval to transport directly to the stroke centre at East Kootenay Regional Hospital in Cranbrook.
- This means paramedics may be instructed by the EPOS to bypass facilities such as Invermere District Hospital in favour of direct transport to Cranbrook where CT imaging is available.
- Estimate 4-5 cases per year with initial pilot.

Diversion will be considered if:

- EPOS confirms potential stroke diagnosis and eligibility for hyper acute interventions;
- Closest facility does not have CT scan ability;
- Closest facility does not administer Tissue Plasminogen Activator (tPA - Alteplase).

Questions - Please Contact:

Dr. John Falconer – Interior Health Medical Director – Stroke Services

Dr. Susan McDonald – Executive Medical Director – IH East

Dr. James Heilman – Emergency Dept. Director – IDH /Medical Director BCAS – IH East

Dr. Gareth Mannheimer – Emergency Physician Lead - Invermere District Hospital

Dr. Errin Sawatsky – Internal Medicine Lead – East Kootenay Regional Hospital

Erica Phillips – Acute Health Service Administrator – East Kootenay

Brent Hobbs – Interior Health Network Director Patient Transport

Cory Bendall – Chronic Disease Management Practice Lead – Stroke Strategy

Map: East Kootenay Corridor Stroke Triage & Diversion Pilot Catchment Area

