

## 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 5<sup>th</sup>, 2021** and be fully implemented **by March 31<sup>st</sup>, 2022**, Review of site uptake and effectiveness will be completed prior to initiating Phase 3. See Appendices included.

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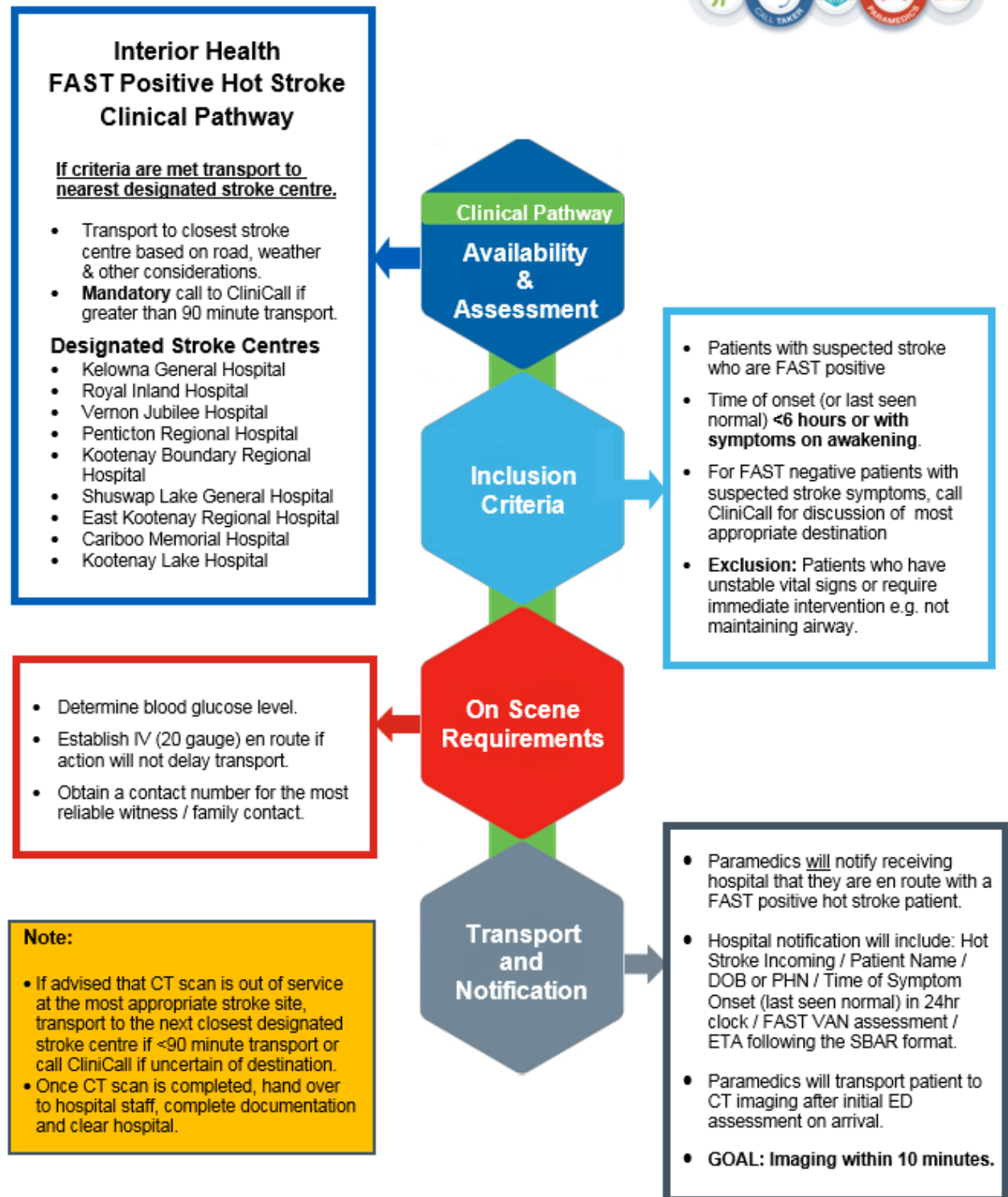
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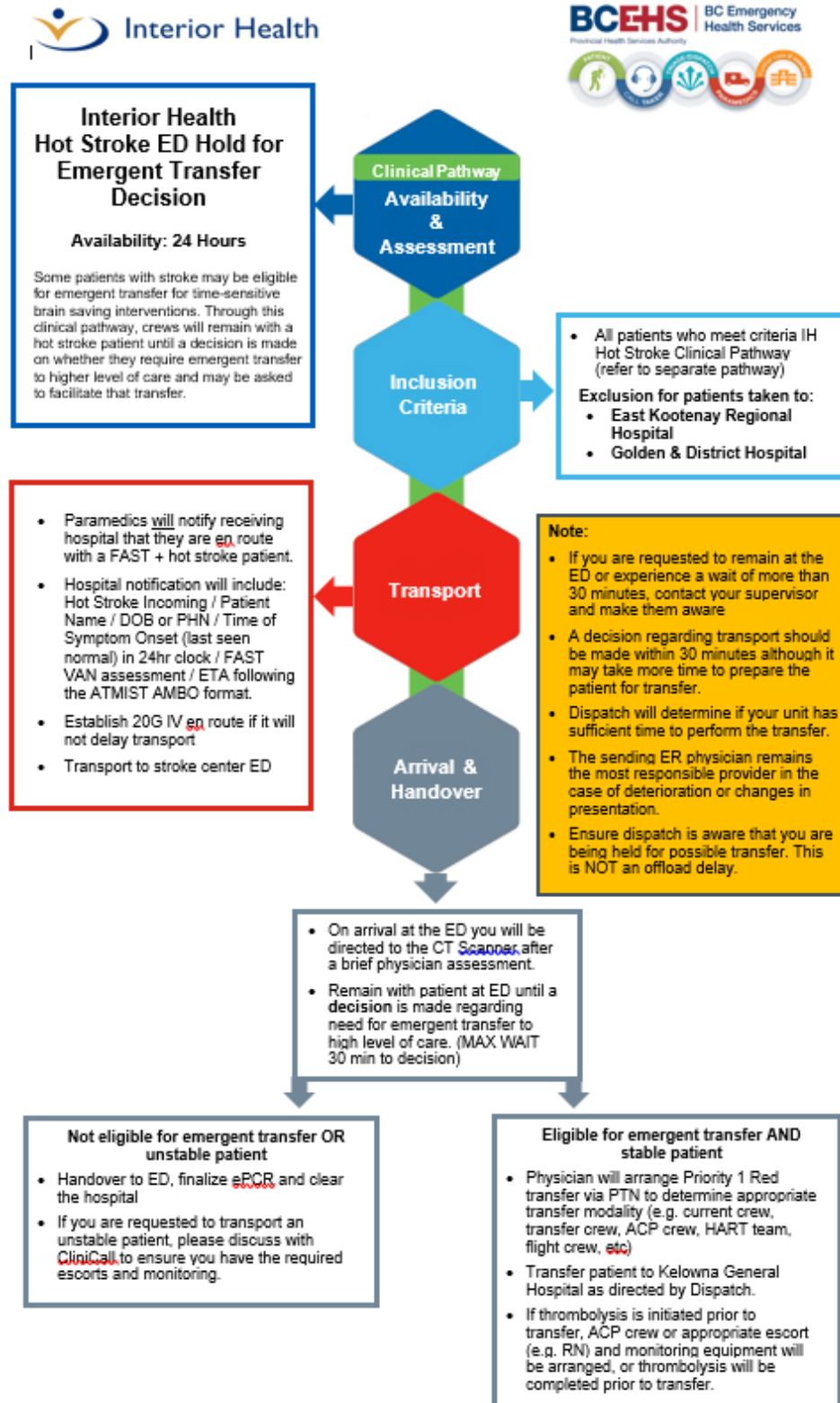
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## Appendix 1: IH FAST Positive Hot Stroke Clinical Algorithm – Phase 1



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



## Appendix 3: IH Large Vessel Occlusion Clinical AI

