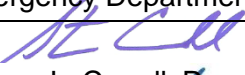
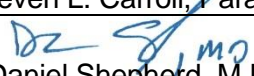


COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: Guidelines for Interfacility Transfer of Emergency Department Acute Stroke Patients		Policy Number 460
APPROVED:  Administration: Steven L. Carroll, Paramedic		Date: December 1, 2024
APPROVED:  Medical Director: Daniel Shepherd, M.D.		Date: December 1, 2024
Origination Date: July 13, 2017 Date Revised: September 25, 2024 Last Reviewed: September 25, 2024 Review Date: September 30, 2026		Effective Date: December 1, 2024

- I. **PURPOSE:** To define the interfacility transfer process by which emergency department patients with an acute stroke are transferred to: 1) an Acute Stroke Center (ASC) or 2) a Thrombectomy Capable Acute Stroke Center (TCASC).
- II. **AUTHORITY:** Health and Safety Code, Sections 1797.220 and 1798. California Code of Regulations, Title 22, 100096.03.
- III. **DEFINITIONS:**

Acute Stroke Center (ASC): Hospital designated as an Acute Stroke Center, as defined in VCEMS Policy 450.

Primary Stroke Center (PSC): Hospital certified by either The Joint Commission, Det Norske Veritas, or the Healthcare Facilities Accreditation Program as a Primary Stroke Center.

Thrombectomy Capable Acute Stroke Center (TCASC): ASC Hospital that has the capability to perform neuroendovascular procedures for acute stroke including mechanical thrombectomy and intra-arterial thrombolysis. (As defined in VCEMS Policy 452)

Comprehensive Stroke Center (CSC): Hospital certified by either The Joint Commission, Det Norske Veritas, or the Healthcare Facilities Accreditation Program as a Comprehensive Stroke Center.

Large vessel occlusion (LVO): An acute ischemic stroke caused by a large vessel occlusion.

Acute Stroke: A stroke as it pertains to this policy, a cerebral vascular accident (CVA) which needs immediate neurointervention, a neurosurgical procedure, specialty consultation, or a higher level of care.
- IV. **POLICY:**
 - A. Hospitals will:
 1. Assemble and maintain a "Stroke Transfer Pack" in the emergency department to contain all of the following:
 - a. Phone numbers of all Ventura County ASCs and TCASCs.
 - b. Phone numbers of the closest PSC or CSC outside the County.
 - c. Preprinted template order sheet with recommended prior-to-transfer treatments.
Treatment guidelines will be developed with input from the ED, Neurologists and the ASCs/TCASCs.
 - d. Patient Consent/Transfer Forms.
 - e. Treatment summary sheet.

2. Have policies, procedures, and a quality improvement system in place to minimize door in-to-door out, door-to-brain imaging interpretation, door to thrombolytic initiation and ischemic stroke diagnosis-to-transfer times.
3. Establish policies and procedures to make the appropriate personnel available to accompany the patient during the transfer to the ASC or TCASC. These policies will include patient criteria for requiring appropriate personnel to accompany patient when medications or procedures outside of the paramedic scope of practice are being used.

B. Ventura County Fire Communications Center (FCC) will:

1. Respond to a stroke transfer request by immediately dispatching the closest available ALS ambulance to the requesting hospital.

C. Ambulance Companies:

1. Will respond an ALS ambulance immediately upon request for a “stroke transfer”.
2. Transfers performed according to this policy are not considered an interfacility transport as it pertains to ambulance contract compliance.

D. ASC or TCASC will:

1. Maintain accurate status information on ReddiNet regarding the availability of neuroendovascular capability or status availability for ASC.
2. Publish a single phone number, that is answered 24/7, to receive notification of a stroke transfer.
3. Immediately upon initial notification by a transferring physician at the hospital, accept transfer of all patients who have been diagnosed with an acute stroke and who, in the judgment of the transferring physician, require either 1) an urgent endovascular procedure, or 2) a higher level of care.
4. Establish an internal communications plan that assures the immediate notification of all necessary individuals.
5. Adopt procedures to make an ICU/CCU bed available or to make alternate arrangements for inpatient care.

V. PROCEDURE:

A. Upon diagnosis of an LVO, or an acute stroke needing a higher level of care; and after discussion with the patient or patient’s family/caregiver, the hospital will:

1. Determine availability by checking ReddiNet, and transfer patient to the closest ASC or TCASC. The destination will depend on the clinical context.
2. Immediately call the Ventura County Fire Communication Center at 805-384-1500 for a Stroke transfer.
3. Identify their facility to the dispatcher and advise they have a “stroke transfer”.

4. After calling for ambulance, the ED transferring physician will notify the ASC or TCASC emergency physician of the transfer.
 5. Perform all indicated diagnostic tests and treatments.
 6. Complete transfer consent, treatment summary, and stroke data forms.
 7. Include copies of the ED face sheet and demographic information.
 8. Have available if needed, one or more healthcare staff, as determined by the clinical status of the patient, to accompany the patient to the ASC or TCASC
 - a. If, because of unusual and unanticipated circumstances, healthcare staff is unavailable for transfer, a Critical Care Transport (CCT) transfer may be requested by calling the CCT provider ambulance dispatch center. Please initiate the CCT transfer process ASAP to minimize delay.
- B. Upon request for “stroke transfer”, the FCC will dispatch the closest ALS ambulance and verbalize “MEDxxx “stroke transfer” from [hospital]”. The destination hospital will be denoted in the Incident Comments, which will display on the Mobile Data Computer (MDC). If a unit does not have an operational MDC, the transferring hospital will advise the responding ambulance personnel of the destination hospital.
- C. Upon notification, the ambulance will respond Code 3 (lights & sirens) to the transferring facility.
- D. Ambulance units will remain attached to the incident and FCC will track their dispatch, en-route, on scene, en-route hospital, at hospital, and available times.
- E. The patient shall be urgently transferred without delay. Every effort will be made to minimize on-scene time.
1. All forms should be completed prior to ambulance arrival.
 2. Diagnostic test results may be relayed to the ASC or TCASC at a later time.
 3. Thrombolytic Administration:
 - a. If a thrombolytic will continue infusing during transfer, the patient must be accompanied by an RN or physician.
 - b. If a thrombolytic has been administered prior to transfer, the patient may be transported with a paramedic.
 4. Nurse report will be given to the receiving hospital at the time of, or immediately after, ambulance departure.
- F. Upon notification, the ASC or TCASC will notify appropriate staff to prepare for the patient.
- G. The hospital and the ASC or TCASC shall review all stroke transfers within 24 hours for appropriate and timely care and to identify opportunities for improvement. Results will be reviewed and discussed at the Countywide EMS Stroke CQI Committee.
- H. e-PCR documentation will be completed by ambulance personnel.

Emergency Department Only

