This Stroke Transport Plan has been developed in accordance with generally accepted Stroke guidelines and procedures for implementation of a comprehensive Emergency Medical Services (EMS) and Stroke System plan. This plan does not establish a legal standard of care, but rather is intended as an aid to decision-making in general patient care scenarios. It is not intended to supersede the physician's prerogative to order treatment.

Goal

Recognition of a facility's capability to treat stroke patients within TSA-F in the State of Texas where 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 designated stroke facility.

Objectives

To develop a system by which facilities within TSA-F may seek stroke capabilities, and to identify designated stroke centers within TSA-F and adjacent TSA's.

Discussion

If a hospital in TSA-F wishes to seek designation as a designated stroke center they must obtain a letter of support from the NETRAC Executive Committee/Chair for the facility. The facility should apply for certification/designation through Joint Commission/DSHS or other state recognized accrediting body within a reasonable length of time. Stroke designation expires within two years and the facility must reapply using the process described for re-designation/certification.

Hospitals within TSA-F will meet the current Brain Attack Coalition requirements and will adhere to Texas Administrative Code Rule 157.133, "Requirements for Stroke Facility Designation."

In addition, TSA-F recognizes Clinical Practice Guidelines from the AHA for those facilities seeking certification and designation. Guidelines that should be followed include but are not limited to the following:

- AHA/ASA Guidelines for the Early Management of Patients with Acute Ischemic Stroke-2019
- Guidelines for the Management of Spontaneous Intracerebral Hemorrhage. A guideline for Healthcare Professionals from the American Heart Association/American Stroke Association May, 2015

Expectations

In order to ensure the prompt availability of medical resources needed for optimal patient care, each patient will be assessed for instability which includes: deteriorating vital signs and/ or altered mental status and concurrent disease/predisposing factors.

System Triage

- Patients with an onset of stroke symptoms less than 4.5 hours, wake-up strokes who are within 4.5 hours of being discovered, or patients with an unknown time of onset should always be taken to the closest designated Stroke Center within the region.
- All unstable patients should be taken to the nearest Emergency Department for stabilization and then transfer to an appropriate Stroke Center.
- If the stabilization process exceeds the 4.5 hour of last known well time, or in the case of wake-up strokes or unknown time of onset, if time of discovery is longer than 4.5 hours, a Comprehensive Stroke Center should be considered.
- Unless immediate stabilization (ABC's, cardiac arrest, etc.) is required, patients in TSA-F with an onset of stroke symptoms > 4.5 hours and less than 24 hours shall be taken to the nearest designated Stroke Facility. At that time the patient will be assessed by the Stroke physician for treatment/and or transfer to a Comprehensive Stroke Center.
- Patients with known time of onset greater than 4.5 hours and less than 24 hours with symptoms of large vessel occlusion, should be transported to a Comprehensive Stroke Center bypassing Primary Stroke Center, if transport time is not greater than 30 minutes.
- If ground transport time to the nearest Stroke Center is greater than 30 minutes, consider calling for the helicopter transport to meet you at the closest agreed upon landing zone.

Bypass

Certified/Designated Stroke Center bypass may only occur for the following reasons:

- Medical Control
- Patient Preference
- Stroke Center is on diversion status through the TSA-F Communication Center

Helicopter Activation

Goal

TSA-F air medical transport resources will be appropriately utilized 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 less than 4.5 hours. Should there be any question whether to activate air transport resources, on-line medical control should be consulted for the final decision.
- Patients transported via helicopter should be taken to the closest highest Designated Stroke Center.

Facility Diversion

Goal

TSA-F stroke facilities will communicate "facility diversion" status promptly and clearly to regional EMS and other facilities through TSA-F Communication Center. This will ensure stroke patients are transported to the closest designated stroke facility within the region that possess a working, staffed CT scanner and MRI scanner that is functional and staffed, either in-house or on-call. In accordance with the 2019 stroke guidelines regarding potential treatment of wake-up strokes and strokes with an unknown time of onset.

System Objectives

- To ensure that stroke patients will be transported to the nearest appropriate TSA-F stroke facility.
- To develop system protocols for regional facility and stroke diversion status.
- Regional stroke care problems associated with facility diversion will be assessed through the TSA-F Acute Care Committee and brought before the general assembly as needed.
- All facilities and pre-hospital providers will use TSA-F Communication Center to notify and track resource alert status.

Facility Bypass

Goal

Suspected stroke patients will be safely and rapidly transported to the closest designated stroke facility within TSA-F.

Decision Criteria

Regional transport protocols ensure that patients who meet the triage criteria for activation of the TSA-F Regional Stroke Plan will be transported directly to the closest designated 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.
- 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.

Facility Triage Criteria

Goal

The goal of establishing and implementing facility triage criteria in TSA-F 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 closest designated highest leveled TSA-F 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 less than or equal to 24 hours will be taken to the closest designated highest leveled stroke facility. Upon arrival the patients will be assessed by the stroke physician for possible transfer for interventional care at a Comprehensive Stroke Center.

Designated Stroke Centers within TSA-F should consider image share of CTA and judicious expediting of rapid transfer for possible catheter clot retrieval at a Designated Comprehensive Stroke Center.

Field and Inter-Hospital Transport Plan

Identification of Stroke Patients & Stroke Transfers

Stroke patients and their treatment requirements for optimal care are identified in the facility triage criteria and pre-hospital triage criteria. Written transfer agreements are available between all hospital facilities, and hospital facilities in adjacent regions. Stroke patients with special needs may be initially transferred to a Certified/Designated Primary Stroke Center for assessment and treatment. When resources beyond its capability are needed, transfer to another stroke designated facility outside Area F should be expedited, (Comprehensive Center).

Stroke Patient Transport

Stroke patients in TSA-F are transported according to patient need, availability of air transport resources, and environmental conditions. Ground transport via BLS, ALS, or MICU ground ambulance is available throughout the Region. Air Medical transport is also available in this Region.

Stroke Patient Rehabilitation

Rehabilitation and continued care of the stroke patient will be a coordinated effort involving but not limited to the stroke patient, the patient's family, physicians, stroke facility and referring facility. The goal of this region is to provide the best possible care for a stroke survivor.

STROKE FACILITIES WITHIN TSA-F

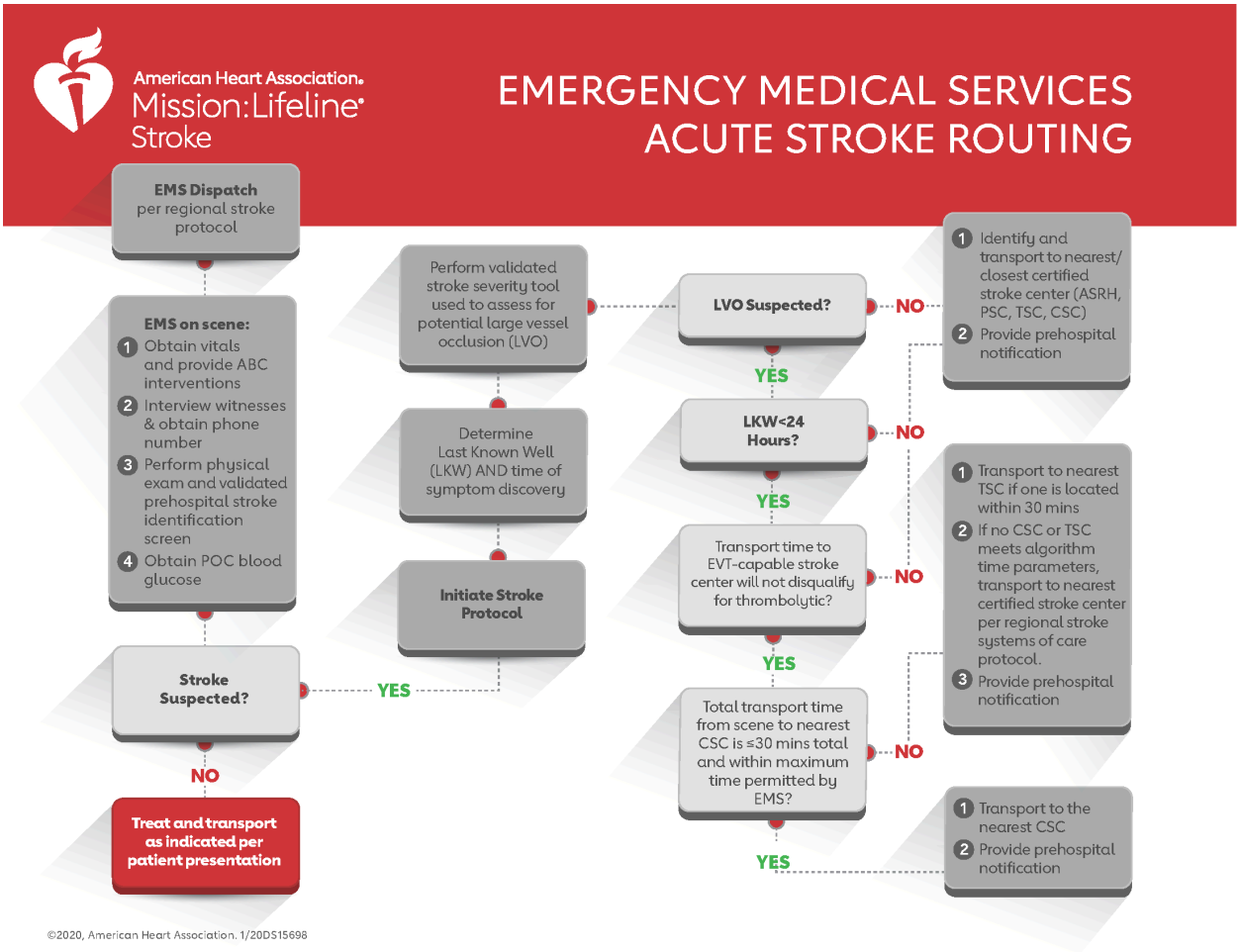
Level II or Primary Stroke Centers

(Capability to provide Activase administration up to 4.5 hours of LKW)

Christus Mother Francis Sulphur Springs
Sulphur Springs, Texas
Christus St. Michael Health System
Texarkana, Texas
Paris Regional Medical Center
Paris, Texas
Titus Regional Medical Center
Mt. Pleasant, Texas
Wadley Regional Medical Center
Texarkana, Texas

Level III Support Stroke Center

Christus St. Michael Hospital
Atlanta, Texas



Signed and Approved the 13th Day of April, 2022

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NETRAC Chair