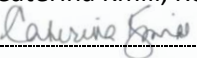


Policies, Procedures, Standard Operating Practices	
Title: Suspension of Northwestern Ontario (NWO) Telestroke Acute Stroke Protocol	X Policy <input type="checkbox"/> Procedure <input type="checkbox"/> SOP Issued by: Northwestern Ontario Regional Stroke Network (NWORSN)
Approved: Caterina Kmill, Regional Director NWORSN Signature: 	Distribution: NWO Telestroke Sites, Regional Stroke Centre, Hyperacute Stroke Care Stakeholders
	Approval Date: March 1, 2017 Reviewed/Revised Date: Next Review Date:

Purpose:

Stroke is a medical emergency. The primary goal of hyperacute stroke care is to RECOGNIZE and MOBILIZE. This starts with recognition of stroke symptoms by patients, families and bystanders. Mobilization must occur without delay, from the emergency medical services (EMS) dispatch, assessment time in the field, and transport to an acute care hospital providing hyperacute stroke care, rapid access to neuro imaging, stroke specialists and time-sensitive interventions. A coordinated and seamless hyperacute stroke system will minimize the time from stroke symptom onset to intervention and will lead to better outcomes.

Policy Statement:

In NWO there are five designated stroke hospitals that provide Hyperacute stroke care. Thunder Bay Regional Health Sciences Centre is the Regional Stroke Centre (RSC) offering 24/7 comprehensive stroke care. The other four hospitals are Telestroke sites.

- Dryden Regional Health Centre (DRHC)
- Lake of the Woods District Hospital (LWDH)
- La Verendrye General Hospital, Riverside Health Care (LVGH)
- Sioux Lookout Meno Ya Win Health Centre (SLMHC)

The NWO Telestroke Acute Stroke Protocol must be suspended during periods of scheduled or unscheduled service suspension of Computerized Tomography Scanner (CT), laboratory and/or Ontario Telemedicine Network (OTN).

This policy enables paramedics to bypass Telestroke sites with service suspension and transport suspected acute stroke patients directly to the nearest designated stroke hospital. This policy also directs Telestroke sites that have service suspension to transfer suspected acute stroke patients to the nearest designated stroke hospital.

EMS bypass due to Telestroke site service suspension:

EMS will bypass the Telestroke site with the service suspension and transport patients, who meet the paramedic prompt card for acute stroke protocol (*see appendix 1*) criteria, from the field to the nearest designated stroke hospital. Prehospital EMS management of acute stroke, including symptom duration and anticipated transport time must be within 3.5 hours of time last known well or symptom onset. Duration of anticipated transport time must not exceed two (2) hours.

Transfer due to Telestroke site service suspension:

Patients accessing the Emergency Department (ED) (walk in):

The Emergency Physician of the Telestroke site with service suspension will determine if the suspected acute stroke patient can be transferred to the nearest designated stroke hospital, within 3.5 hours of time last known well or symptom onset and that duration of transport time will not exceed two (2) hours. The ED

physician will follow the hospitals' urgent patient transfer policy. EMS will transport patients from the ED the nearest designated stroke hospital.

Definitions:

Hyperacute stroke care is time sensitive and involves assessment, stabilization and treatment in the first hours after stroke or TIA onset. It represents all pre-hospital and initial emergency care for TIA and stroke. This includes thrombolysis or endovascular interventions for acute ischemic stroke, emergency neurosurgical procedures, and same-day TIA diagnostic and risk stratification evaluation.

Telestroke is the use of telecommunication technology to link referring and consulting healthcare sites together for real-time assessment and management of acute stroke patients. It is used primarily to extend access to thrombolytic treatment in healthcare facilities that do not have 24/7 on-site stroke expertise.

Scheduled service suspension refers to a planned interruption of service.

Unscheduled service suspension refers to an unexpected interruption of service.

Procedure:

The following process will ensure that Acute Stroke Protocol stakeholders will receive timely notification in the event of a scheduled or unscheduled downtime:

Service Suspended (section A):

1. Complete the Fax sheet titled Northwestern Ontario Telestroke Acute Stroke Protocol pertaining to Service Interruption: section A
2. Fax the completed form to all appropriate stakeholders to inform them of the protocol suspension. See appendix 2.
3. Verify that the afore mentioned fax was received with a phone call directly to the appropriate Central Ambulance Communication Centre (CACC)(s).

Service Resumed (section B):

1. Complete the Fax sheet titled Northwestern Ontario Telestroke Acute Stroke Protocol pertaining to Service Interruption: section B
2. Fax the completed form to all appropriate stakeholders to inform them of service resumed. See appendix 2.
3. Verify that the afore mentioned fax was received with a phone call directly to the appropriate Central Ambulance Communication Centre (CACC)(s).

Related practices and/or legislations:

Direct transport protocols must be in place to facilitate the transfer of suspected acute stroke patients who are potentially eligible for thrombolytic or endovascular therapy to the closest and most appropriate acute care hospital capable of providing services for the diagnosis and hyperacute treatment of stroke [Evidence Level C].¹

Appendixes:

Appendix 1: Paramedic Prompt Card for Acute Stroke Protocol, Version 2.0, February 2011

Appendix 2: Northwestern Ontario Telestroke Acute Stroke Protocol: Fax

References:

¹Casaubon, Leanne K. et al. *Canadian Stroke Best Practice Recommendations: Hyperacute Stroke Care Guidelines*, update 2015; 2.3 i. Transport of suspected stroke patients

**PARAMEDIC PROMPT CARD
FOR
ACUTE STROKE PROTOCOL**

Indications for Patient Redirect or Transport Under Stroke Protocol

Redirect or transport to a Designated Stroke Centre will be considered for patients who:*

Present with a new onset of at least one of the following symptoms suggestive of the onset of an acute stroke:

- unilateral arm/leg weakness or drift
- slurred speech or inappropriate words or mute
- unilateral facial droop

AND

Can be transported to arrive at a Designated Stroke Centre within 3.5 hours of a clearly determined time of symptom onset or the time the patient was "last seen in a usual state of health".

* **Note:** A Designated Stroke Centre is a Regional Stroke Centre, District Stroke Centre or a Telestroke Centre.

Contraindications for Patient Redirect or Transport Under Stroke Protocol


Any of the following conditions exclude a patient from being transported under Stroke Protocol:

- CTAS Level 1 and/or uncorrected Airway, Breathing or Circulatory problem
- Symptoms of the stroke resolved prior to paramedic arrival or assessment**
- Blood Sugar <3 mmol/L
- Seizure at onset of symptoms or observed by paramedic
- Glasgow Coma Scale <10
- Terminally ill or palliative care patient
- Duration of out of hospital transport will exceed two (2) hours

CACC/ACS will authorize the transport once notified of the patient's need for redirect or transport under the Acute Stroke Protocol.

** **Note:** Patients whose symptoms improve significantly or resolve during transport will continue to be transported to a Designated Stroke Centre.

Version 2.0 February 2011



FAX



**Northwestern Ontario
Telestroke Acute Stroke Protocol**

Date: _____ **Total number of pages sent: 1**

To: All stakeholders

From: _____ **Site:** _____

Subject: Important! Suspension of Northwestern Ontario Telestroke Acute Stroke Protocol

Please be advised that the **Northwestern Ontario Telestroke Acute Stroke Protocol** will be **suspended** at the above Telestroke site due to a scheduled or unscheduled service suspension. The site identified will be unable to provide hyperacute Telestroke care.

NWO Telestroke Acute Stroke Protocol suspension due to:

- Computerized Tomography Scanner (CT)
- Laboratory
- Ontario Telemedicine Network (OTN)

Service Interruption (Note: Complete appropriate section A or B)

A	<input type="checkbox"/> Service Suspended	From Date:	Time:
		To Date:	Time:
B	<input type="checkbox"/> Service Resumed	Date:	Time:

To: (check all appropriate stakeholders)	Phone Numbers	Fax Numbers
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CACC (Note: fax required first, followed by phone call)

<input type="checkbox"/> Kenora	1-807-468-4598	1-807-468-5984
<input type="checkbox"/> Thunder Bay	1-807-475-1500	1-807-475-1236

OCC (Note: fax required first, followed by phone call)

<input type="checkbox"/> Ornge Communication Centre	1-800-387-4672	1-866-301-5262
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Hospital Emergency Departments (Telestroke sites)

<input type="checkbox"/> Dryden Regional Health Centre	1-807-223-8865
<input type="checkbox"/> Lake of the Woods District Hospital	1-807-468-3638
<input type="checkbox"/> La Verendrye General Hospital, Riverside Health Care	1-807-274-4834
<input type="checkbox"/> Sioux Lookout Meno Ya Win Health Centre	1-807-737-5262

EMS Providers

<input type="checkbox"/> Naoakamegwaning EMS	1-807-226-9564
<input type="checkbox"/> Northwest EMS	1-807-223-6500
<input type="checkbox"/> Rainy River EMS	1-807-274-5637
<input type="checkbox"/> Superior North EMS	1-807-684-2657

Northwestern Ontario Regional Stroke Network

<input checked="" type="checkbox"/>	1-807-684-5883
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