THIS POLICY APPLIES ONLY TO THE TRANSFER OF ACUTE STROKE PATIENTS FROM A REFERRAL HOSPITAL TO A REMSA DESIGNATED STROKE RECEIVING CENTER FOR A HIGHER LEVEL OF CARE. IT IS NOT TO BE USED FOR INTERFACILITY TRANSFER OF PATIENTS.

PURPOSE
To establish standardized care that ensures the rapid transport of a stroke patient from a referral hospital to a stroke receiving center to achieve door-to-needle and/or door-to-intervention in a timely manner.

This policy shall be used for:
- Prehospital providers that are transporting unstable stroke patients to a stroke center but need to divert to the closest receiving center for stabilization before continuing to a designated Stroke Receiving Center.
- Rapid transport of a stroke patient from a referral hospital to the appropriate Stroke Receiving Center.
- Rapid transport of an identified large vessel occlusion stroke patient for higher level of stroke care.

AUTHORITY
California Health & Safety Code, Division 2.5, Sections 1797.220, 1798, 1798.170 and 1798.172

Referral Hospital Responsibilities
1. Stroke receiving centers are required to accept Stroke patients from referral hospitals if a stroke is suspected, confirmed as an acute stroke, or identified as a Large Vessel Occlusion (LVO) with a Last Known Well (LKW) < 24 hours.
2. The decisions on the need for emergency transport of a suspected / confirmed Stroke patient, and mode of transport, will be made by the referral hospital sending physician.
3. To facilitate and expedite the transport of Stroke patients, all Stroke referral hospitals are encouraged to make agreements with REMSA-permitted transport providers capable of transporting Stroke patients to Stroke receiving centers.
4. The Referral Hospital sending physician will notify the Stroke receiving center of the suspected / confirmed stroke patient and the need to re-triage / utilize Stroke continuation of care. The patient’s findings and/or reason for re-triage / continuation of care will be communicated.
   a. The referral hospital will stabilize the patient as clinically indicated and initiate resuscitative measures within their capability when warranted by the patient’s condition.
   b. The referral hospital will not delay transport by initiating unnecessary diagnostic procedures that will not immediately benefit the patient’s condition.
   c. If the referral hospital anticipates the need to utilize this policy, they should advise the transport provider as soon as possible; they are only permitted to hold the transport provider’s unit for twenty (20) minutes.
   d. The referral hospital will provide RN to RN report to the Stroke receiving center.
5. Paramedics may transport patients on REMSA-approved IV drips only. Unless medically necessary, the referral hospital should avoid using medication drips that are outside the paramedic scope of practice to avoid delay.
6. Copies of the medical records, radiologic evaluations, laboratory results, and any supporting documents shall be sent with the patient. DO NOT DELAY TRANSPORT - documents may be faxed or electronically transmitted.
Receiving Stroke Center Responsibilities
1. Stroke receiving centers will accept all referred suspected / confirmed Stroke patients < 24hrs LKW, unless they are on internal disaster.
2. Stroke receiving centers will have a physician immediately available to respond to Stroke patients from referral hospitals. These ED physicians have the authority to accept continuation of care Stroke transfer patients without consulting with the neurologist.
3. Higher level stroke centers are encouraged to meet a thirty (30) minute door-to-needle and/or door-to-puncture time goal.
4. Stroke receiving centers shall notify REMSA of all emergency Stroke patient continuations of care within sixty (60) days.

Transport Responsibilities
1. If an unstable stroke / suspected stroke patient arrives to a referral hospital by ambulance, the referral hospital ED physician may request that the transport provider’s unit remain in the ED and immediately transport the patient once minimal stabilization is completed.
   a. If the transport provider’s Communication Center is not notified directly by the referral hospital, the transport provider’s personnel will advise that they will be performing a continuation of care Stroke transfer.
   b. The referral hospital is only permitted to hold the transport provider’s unit for twenty (20) minutes.
2. Transport personnel shall contact the accepting Stroke Receiving Center en route to provide an update on patient status during transport.
3. Transport personnel shall complete an electronic patient care report (ePCR) for all continuation of care patients.

Procedure for Continuation of Stroke Care Transport
Facilities should have a mechanism in place to bypass their transfer center triage process and route stroke transfers through the emergency department physicians.

GUIDELINES FOR USE OF CONTINUATION OF CARE POLICY
- Less than twenty (20) minutes to complete ALS continuation of care transport
- Less than thirty (30) minutes (door-in / door-out) at non stroke designated referral hospital
- Less than sixty (60) minutes (door-in / door-out) for rapid identification of an LVO at a primary center

1. Once the decision to send the patient to a Stroke Receiving Center has been made, the ED physician at the referral hospital must contact the ED physician at the Stroke Receiving Center.
   a. The ED physician at each Stroke Receiving Center has the authority to accept a stroke patient from another ED without consulting with the neurologist.
2. The referral hospital must contact a REMSA permitted transport service to arrange for the immediate transport of the patient.
   a. Contact a REMSA permitted transport service to arrange for the immediate transport of the patient. Utilize the following verbiage to the transport dispatch: “This is a stroke continuation of care from (Referral Hospital) to (Stroke Receiving Center).”
   b. When continuation of Stroke care has been initiated, the ground transport ambulance will respond immediately to the requesting facility code 3.
3. A Stroke patient may be transported from a referral hospital to a Stroke receiving center by one of the following as determined by the sending physician to be the most appropriate:
   a. A REMSA permitted ALS ambulance, air ambulance, or Critical Care Transport (CCT).
   b. Current transporting ground ambulance may stand by on premises, not to exceed twenty (20) minutes, for immediate transport of the patient to a Stroke receiving center.