



Westchester Regional EMS Council

REMAC ADVISORY NYS STROKE CENTER DESIGNATIONS

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Issued: 09/02/2005

Updated: 11/30/2005

In February of this year, the New York State Department of Health Bureau of EMS (NYSDOH BEMS) distributed to every EMS agency in NYS a revised **NYS Suspected Stroke Protocol** that had been approved by the New York State Emergency Medical Advisory Committee (SEMAC) and the New York State Emergency Medical Services Council (SEMSCO)ⁱ. Executive EMS Officers were advised to replace the existing **NYSDOH BLS Protocol M – 17ⁱⁱ** in the NYS Basic Life Support (BLS) Protocols for Emergency Medical Technicians (EMT) and Advanced Emergency Medical Technicians.

While treatment of the suspected stroke patient remains the same, the revised NYSDOH BLS stroke protocol contains critical changes affecting transport decisions:

- Suspected stroke patients should be closely assessed to determine if possible the time of onset of stroke symptoms.
- Suspected stroke patients are to be diverted past a closer community hospital to a NYSDOH designated Stroke Center **only if the patient can arrive at the stroke center within 2 Hours of the onset of stroke symptoms.**

NOTE: *EMS personnel must contact the NYSDOH designated Stroke Center as soon as possible to advise them of the transport of a suspected stroke patient to their hospital. This will allow the Stroke Center time to assemble a Stroke Team.*

- Suspected stroke patients **MUST** be transported to **closest appropriate hospital emergency department (ED)** if any of the following apply
 1. Patient is in cardiac arrest
 2. Patient has an unmanageable airway

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- 3. Patient has (an) other medical condition(s) that warrant(s) transport to the closest appropriate hospital emergency department (ED) as per NYS and/ or Regional protocol
- 4. Total prehospital time (time from when the patient's symptoms and/or signs first began to when the patient is expected to arrive at the Stroke Center) is greater than 2 hours
- 5. On-line Medical Control so directs.

Although it was originally announced that only a number of hospitals in New York City (Kings and Queens Counties) had been designated Stroke Centers as part of the pilot study, the NYSDOH has subsequently approved additional facilities as Stroke Centers. There is now a designated Stroke Center in our Region, as well as some located in areas immediately adjacent to our Region.

Effective immediately the following Regional hospital(s) have received final designation as a NYS Stroke Center:

Hospital	City	Region (County)	As of REMAC Advisory Date
Hudson Valley Hospital Ctr	Cortlandt Manor	Westchester (Westchester)	11/30/2005

As announced in previous REMAC Advisory statement(s) the following Regional hospital(s) have received final designation as a NYS Stroke Center:

Hospital	City	Region (County)	As of REMAC Advisory Date
White Plains Hospital Ctr	White Plains	Westchester (Westchester)	9/2/2005

As announced in previous REMAC Advisory statement(s) the following hospital(s) in neighboring EMS Regions have received final designation as a NYS Stroke Center:

Hospital	City	Region (County)	As of REMAC Advisory Date
Good Samaritan	Suffern	Hudson Valley (Rockland)	9/2/2005
Nyack Hospital	Nyack	Hudson Valley (Rockland)	9/2/2005



Hospital	City	Region (County)	As of REMAC Advisory Date
NY Westchester Square Med Ctr	NYC (Bronx)	New York City (Bronx)	9/2/2005
St. Barnabas	NYC (Bronx)	New York City (Bronx)	9/2/2005

As with the preexisting NYSDOH Trauma Protocols and Regional / Area Trauma Center system, all Regional agencies should ensure that their members are aware of the NYSDOH BLS Suspected Stroke protocols and determine how these designations will now affect their individual EMS operations.

The NYSDOH continues to accept and process applications from facilities across the state. It is expected that more regional / area hospitals will be approved as a designated Stroke Centers in the next year making the impact to individual agency operations negligible. When the REMAC has been advised of further designations, an updated advisory will be issued to all regional EMS agencies.

Hospitals who have received designation as stroke centers are required to notify local EMS agencies and systems when they are approved and offer training specific to the recognition and treatment of stroke. If there are any questions on a hospital's approval to begin operation, please contact the Regional EMS Office at 914-231-1616.

Please refer all questions regarding this advisory to the Regional EMS Office Staff. Your anticipated cooperation is appreciated.

Issued by:

Dr. Nicholas DeRobertis, MD, FACEP
Chair, Westchester Regional Emergency Medical Advisory Committee
Regional Medical Director, Westchester Regional EMS Council

Attachments:

ⁱ Letter from NYSDOH BEMS Director Wronski (February 2005)

ⁱⁱ Updated NYSDOH BLS Protocol M-17 – Suspected Stroke (January 2005)



STATE OF NEW YORK
DEPARTMENT OF HEALTH

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Albany, New York

Antonia C. Novello, M.D., M.P.H., Dr.P.H.
Commissioner

Dennis P. Whalen
Executive Deputy Commissioner

February 20, 2005

Dear EMS Agency:

The Commissioner of Health is pleased to inform you that it is the intent of the Department of Health to establish State designated stroke centers statewide to improve the standard and access to quality of care for patients with a presumptive diagnosis of stroke. The Emergency Medical Services community will play an important role in the implementation of these stroke centers similar to the important role you now fill with state designated trauma centers.

Included in this package is a revised **NYS Suspected Stroke Protocol** that was approved by the New York State Emergency Medical Advisory Committee and the New York State Emergency Medical Services Council at their respective December 2004 meetings. The current stroke protocol can be found on page M – 17 of your current NYS Basic Life Support Protocols for Emergency Medical Technicians and Advanced Emergency Medical Technicians. The stroke protocol found in this mailing replaces all previous versions of the protocol. Please remove and destroy the previous stroke protocol and insert the current revised protocol.

The revised stroke protocol contains some critical changes that you should note:

1. Appropriate stroke patients will now be diverted past a closer community hospital to a state designated stroke center.
2. The appropriate stroke patient will be diverted only if the patient can arrive at the stroke center within **two hours of the onset of stroke symptoms**.
3. EMS personnel must contact the stroke center as soon as possible to notify them that they are transporting a stroke patient to their hospital. This will allow the stroke center time to assemble a stroke team.

While it is not anticipated that EMS agencies will identify large numbers of stroke patients that meet the requirements of the protocol for direction to a stroke center, the patients which EMS does identify can benefit from the enhanced care they will receive at the stroke center.

At the date of this mailing there are currently nineteen approved stroke centers, all operating in the City of New York. These hospitals were part of the recently completed NYC stroke center pilot study and remain approved to operate as State approved stroke centers. The Department of Health is currently accepting continual applications from hospitals across the state. It is expected that many hospitals will apply and be approved as stroke centers. The final approval requires a site visit by the Department of Health followed by a letter from the Commissioner of Health authorizing an opening date. The Bureau of Emergency Medical Services will notify your Regional EMS Council, REMAC and county EMS coordinators of approved centers and the centers will be posted on our Bureau of EMS web site. Hospitals who have received designation as stroke centers will also be asked to advise local EMS agencies and systems when they are approved. If there are any questions on a hospital's approval to begin operation, please contact your Regional DOH office or this office.

Training

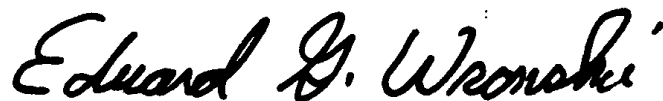
The Bureau of EMS is currently in the process of developing and ordering educational materials to be used in conjunction with the implementation of the Suspected Stroke Protocol. This training will be in the form of a Continuing Medical Education CD-ROM developed for pre-hospital providers by the American Heart Association. This CD has been ordered and will be mailed to every EMS ambulance service and all first response services. We ask that this training be provided by a certified EMS instructor if possible or your agency training officer. Each agency must maintain a record of in-house training with an attendance sheet signed by the member/employee. Hospitals who have been designated as stroke centers have been asked to assist with local training efforts and CME training provided by a local stroke center is acceptable. Attendance at such training must be maintained by the agency for each member/employee.

Please continue to check our web site for additional updates at: <http://www.health.state.ny.us/nysdoh/ems/main.htm>. Until the Bureau of EMS educational materials become available, we encourage institutions, agencies, and hospitals to develop and attend stroke CME programs.

If you have any questions please contact our Education Unit at (518) 402-0996, *Ext. 1 & 4*, or call your Regional DOH EMS Representative.

Thank you again for your assistance in implementing this new health care initiative and protocol that will improve care for your stroke patients.

Sincerely,



Edward G. Wronski
Director
Bureau of Emergency Medical Services

Enclosure

cc: Regional EMS Councils
Regional Emergency Medical Advisory Committee
DOH Regional Offices
SEMAC
State EMS Council
HANYS
Bureau of Hospital Services
All NYS Hospitals

Suspected Stroke (Stroke)

Note:

This protocol is for patients who have an acute episode of neurological deficit without any evidence of trauma.

Note:

**Request Advanced Life Support if available.
Do not delay transport to the nearest appropriate hospital.**

- I. Perform initial assessment.
- II. Assure that the patient's airway is open and that breathing and circulation are adequate.

Caution:

Consider other causes of altered mental status, i.e. hypoxia, hypoperfusion, hypoglycemia, trauma or overdose.

- III. Administer high concentration oxygen, suction as necessary, and be prepared to assist ventilations.
- IV. Position patient with head and chest elevated or position of comfort, unless doing so compromises the airway.
- V. Perform Cincinnati Pre-Hospital Stroke Scale:
 - A. Assess for facial droop: have the patient show teeth or smile,
 - B. Assess for arm drift: have the patient close eyes and hold both arms straight out for 10 seconds,
 - C. Assess for abnormal speech: have the patient say, "you can't teach an old dog new tricks".

- VI. If the findings of the Cincinnati prehospital stroke scale are positive, establish onset of signs and symptoms by asking the following:
 - A. To patient – “When was the last time you remember before you became weak, paralyzed, or unable to speak clearly?”
 - B. To family or bystander – “When was the last time you remember before the patient became weak, paralyzed, or unable to speak clearly?”
- VII. Transport of patient’s with signs and symptoms of stroke to the appropriate hospital:
 - A. Transport the patient to the closest New York State Department of Health designated Stroke Center if the total prehospital time (time from when the patient’s symptoms and/or signs first began to when the patient is expected to arrive at the Stroke Center) is less than two (2) hours.
 - B. Transport the patient to the closest appropriate hospital emergency department (ED) if:
 - 1. The patient is in cardiac arrest, *or*
 - 2. The patient has an unmanageable airway, *or*
 - 3. The patient has (an) other medical condition(s) that warrant(s) transport to the closest appropriate hospital emergency department (ED) as per protocol, *or*
 - 4. The total prehospital time (time from when the patient’s symptoms and/or signs first began to when the patient is expected to arrive at the Stroke Center) is greater than two (2) hours, *or*
 - 5. An on-line medical control physician so directs.
- VIII. Maintain normal body temperature; do not overly warm the patient.
- IX. Protect any paralyzed or partially paralyzed extremities.
- X. Ongoing assessment. Obtain and record the patient’s initial vital signs, repeat enroute as often as the situation indicates.
- XI. Notify the receiving hospital as soon as possible of your impending arrival with an acute stroke patient, Cincinnati Stroke Scale findings, and time signs and symptoms began.
- XII. Record all patient care information, including the patient’s medical history and all treatment provided, on a Prehospital Care Report (PCR).