



The NECC EMS Stroke Feedback Study

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The NECC EMS Workgroup

Issue: EMS providers are an important link in reducing the time to tPA. Informing them what went well when tPA was given and educating them when not, strengthens the continuum of stroke care

Background:

- NECC EMS Stroke Screening Consensus Statement
 - Identification of stroke patients is complex, accuracy rate is variable
- Prior performance improvement projects in the NECC region
 - Examples of EMS feedback letters
 - Rhode Island standardized Feedback Form
 - NJ and NYC Mission: Lifeline STEMI project Feedback Forms



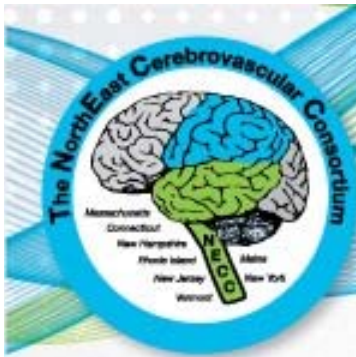
Solution

- Communication between EMS and ED is a key ingredient to improving time to treatment, standardizing the message supports consistency in care
- Create a standardized feedback loop, exchange of important information to refine stroke systems of care



Feedback Form Information

- What information is the most important to feedback to EMS?
- Pre-hospital information
- In-hospital information
- System Goals
- Provider contact information
- Optional: Imaging to further engage pre-hospital providers
- One page standardized form allows for easy reading of information
- Detailed coding instructions will be provided to create data consistency and quality

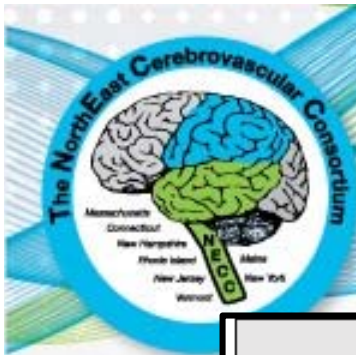


Stroke EMS Feedback Form

Date of Service: _____ Level of Service Provided: _____

Hospital Name: _____	Patient initials: _____
EMS Agency Name: _____	EMS Run Number: _____
Pre-Hospital Diagnosis: _____	ED Disposition Diagnosis: _____

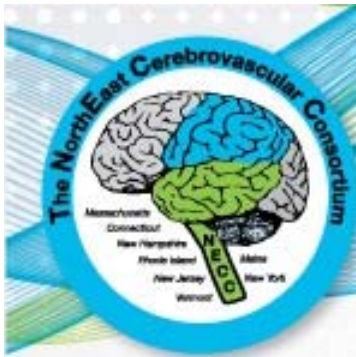
Pre-Hospital Care Quality	
Pre-hospital stroke screen performed and communicated	<input type="radio"/> YES <input type="radio"/> NO
If YES , Indicate type	<input type="checkbox"/> CPSS <input type="checkbox"/> LAPSS <input type="checkbox"/> MASS <input type="checkbox"/> FASTER <input type="checkbox"/> NIHSS <input type="checkbox"/> Other _____
Last Known Well Documented by EMS	<input type="radio"/> YES <input type="radio"/> NO Date/Time: _____
Advanced Pre-Notification to Hospital of Possible Stroke Patient	<input type="radio"/> YES <input type="radio"/> NO
Pre-Activation of Hospital Stroke Team	<input type="radio"/> YES <input type="radio"/> NO



In-Hospital Care Quality	
Last Known Well Documented by Hospital	<input type="radio"/> YES <input type="radio"/> NO Date/Time: _____
Brain Image Completed	<input type="radio"/> YES <input type="radio"/> NO
Date/Time: _____	
Interpretation of First Brain Image (Indication of Hemorrhage?)	_____
IV-tPA administered?	<input type="radio"/> YES <input type="radio"/> NO
	Date/Time: _____
IF NO-WHY:	_____

System Goals	Time	Goal
1. Door to Stroke Team (Physician)	_____	Goal = < 15 minutes
2. Door to CT/MRI	_____	Goal = < 25 minutes
3. Door to IV-tPA	_____	Goal = < 60 minutes

Parties Involved & Contact Information	
Emergency Physician:	_____
Neurologist:	_____
Outcome/Discharge Disposition:	_____



**NEUROIMAGING
(OPTIONAL)**

PRE-INTERVENTION

POST-INTERVENTION

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**All Patient Identifiers Should Be Removed*



Project and Study Design

1 Year Pilot Project: March 1st 2015-February 29th 2016

Hospitals complete the NECC EMS Stroke standardized feedback form and send back to EMS personnel

Patient Population:

- Acute stroke patients (patients arriving to the hospital within 3.5 hours of Last Known Well Time)
- Patients suspected of having a stroke by EMS

Data Collection:

- Collect data into the GWTG-Stroke tool
 - Standard GWTG-Stroke Patient Management Tool
 - 2 GWTG-Stroke EMS data elements
 - 3 Optional Field data elements
- Pre-post data analysis to study the effects of implementing the feedback form



Data Collection: EMS Data Elements

GWTG-Stroke Standard Form

Admin	Admission	Hospitalization	Discharge	Optional	Measures	Special Initiatives	Historic
Arrival & Admission Information							
Patient location when stroke symptoms discovered:		<input type="text" value="Not in a healthcare setting"/>					
How patient arrived at your hospital		<input checked="" type="radio"/> EMS from home/scene <input type="radio"/> Private transport/taxi/other from home/scene <input type="radio"/> Transfer from other hospital <input type="radio"/> ND or Unknown					
Where patient first received care at your hospital:		<input checked="" type="radio"/> Emergency Department/Urgent Care <input type="radio"/> Direct Admit, not through ED <input type="radio"/> Imaging suite <input type="radio"/> ND or Cannot be determined					
Advanced notification by EMS?		<input type="radio"/> Yes <input type="radio"/> No/ND <input type="radio"/> N/A <input checked="" type="radio"/>					



GWTG-Stroke EMS Form

Patient care record available at time of patient arrival? Yes No/ND

Patient care record available at a later time during hospitalization? Yes No/ND

EMS agency name or number Unknown

Run/Sequence number Unknown

Date/Time call received by responding EMS agency: MM/DD/YYYY HH:MI

Dispatched as suspected stroke? Yes No Not Documented

Arrival at scene by EMS responding agency, Date/Time: MM/DD/YYYY HH:MI

Blood Glucose level (mg/dL): Not Documented Glucometer Not Available Too High Too Low

Date/Time patient last known to be well as documented by EMS: MM/DD/YYYY HH:MI

Date/Time of discovery of stroke symptoms as documented by EMS: MM/DD/YYYY HH:MI

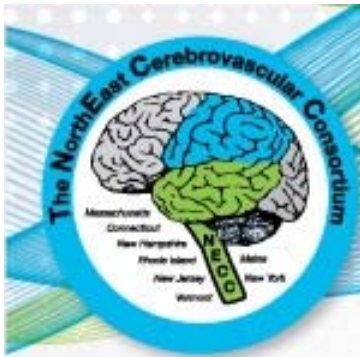
Pre-hospital stroke screen performed? Yes No Not documented

Suspected stroke? Yes No Not documented

Was a Thrombolytic Checklist used? Yes No/ND

How was destination decision made? Directed to designated stroke center by protocol Directed to nearest facility by protocol Patient/Family choice Online Medical Direction Closest facility Other Unknown/Not Documented

If Other, Specify:



GWTG-Stroke Standard Tool- Optional Tab

Admin Admission Hospitalization Discharge **Optional** Measures Special Initiatives Historic

NOTE: Please do not enter patient identifiers in these optional free text fields.

Optional Fields

Field 1:	Field 2:	Field 3:	Field 4:	Field 5:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Field 6:	Field 7:	Field 8:	Field 9:	Field 10:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Field 11:

Field 12:

Field 13: MM/DD/YYYY HH:MI

Field 14: MM/DD/YYYY HH:MI

Additional Comments:

- Field 8: Pre-Activation of Stroke Team (For New York State Hospitals, this element will be in the “Special Initiatives” Tab) (Yes/No/Not Applicable)
- Field 9: Pre-Hospital Diagnosis (List of possible diagnoses)
- Field 10: ED Disposition Diagnosis (List of possible diagnoses)



Study Participant: Eligibility Criteria

1. Only hospitals are eligible to participate in this study
 - If you are an EMS provider and would like to receive this form, speak to your hospital's stroke coordinator about participating in this study
2. Complete EMS Feedback Form and collect data in GWTG-Stroke Patient Management Tool
3. Hospital currently uses GWTG-Stroke. Entered at least full six months of stroke data prior to March 1st 2015
4. Currently not using a feedback form or other formal feedback mechanism (e.g. EMS Feedback Letter)



Frequently Asked Questions

- If my hospital is not eligible to participate in the project, can I still use the feedback form?
 - **Yes**, the feedback form is available for use and will be posted on the NECC website
- Is sending patient information back to EMS a HIPAA violation?
 - **No**, this is a quality assurance project where the hospital will be sending information back to the provider that was involved in the patient's care, this is permitted under HIPAA.



NECC EMS Workgroup Members

State Specific Questions

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New York: Anna Colello and Ethan Brandler

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Please complete hospital questionnaire
to participate in the study:

<https://www.surveymonkey.com/s/NECCEMSFeedback>

Site Training Call- Wednesday, February 18th at 1pm



Thank You!

To ask an Audio Question, Press *1

To write in questions, use the Q&A
functionality and type in your
question