Pre-Hospital Triage and Tool "A" Level Recommendations

A1 Recommendations: High Impact, High Feasibility	**n**	**%**
1. Online medical control: to assist with the decision making process concerning transport to a PSC versus CSC	5	5.6
A2 Recommendations: High Impact, Moderate Feasibility	**n**	**%**
1. Regional transportation strategy: based on pre-hospital diagnosis to the most appropriate center	28	31.1
2. Standardized checklist for EMS: for assessment of a stroke patient, inclusive of information such as last known well, family/witness contact information, contraindications to tPA, etc.	16	17.8
3. Standardized pre-hospital stroke screening tool: to assess for LVO; determine the most appropriate screening tool and standardize its use by region (perhaps statewide).	12	13.3
4. Quality metrics: to assess pre-hospital performance	13	14.4
5. Feedback for performance improvement	6	6.7
A3 Recommendations: High Impact, Low Feasibility	**n**	**%**
1. Smartphone application: to assist with the screening and decision-making process for transportation that involves an algorithm that accounts for stroke scale score, geography, time of day, etc.	5	5.6
2. Telemedicine: to assist with the decision-making process concerning transport to a PSC versus CSC.	5	5.6

Inter-facility Transfer "A" Level Recommendations

A1 Recommendations: High Impact, High Feasibility	**n**	**%**
1. Standardized process for transfer: includes automatic activation of an inter-facility transfer unit and pre-established "packaging" list for patient transfer.	14	31.8
2. Established transfer timing goals: set expectations for transfer timing goals between agencies and hospitals; clearly delineate an EMS unit's capacity for transfer including upgrading a unit capable of transfer if necessary.	7	15.9
3. Regionalized stroke systems: establish stroke systems that complement pre-established patterns of patient transfer within facilities in the region building on trauma and STEMI models.	5	11.4
4. Metrics for performance: to assess performance at stroke centers including door-in-door-out and timing goals for EMS transfer.	5	11.4
5. Image-sharing capabilities: establish capabilities between facilities.	3	6.8
A2 Recommendations: High Impact, Moderate Feasibility		
1. EMS and ED education: on the transfer process, including standardization of content and means of peer-to-peer support.	4	9.1
2. Stroke Tool Box: that lists necessary information and equipment for the safe and expeditious transfer of patients between facilities.	2	4.5
A3 Recommendations: High Impact, Low Feasibility		
1. Telemedicine: to assist with the decision-making process to increase the speed of transfer between facilities.	3	6.8
2. Follow-up and feedback system: to institutions and EMS for performance improvement.	1	2.3