

Results of the New York City Stroke Task Force Emergency Medical Services Stroke Prenotification Survey



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Purpose/Background

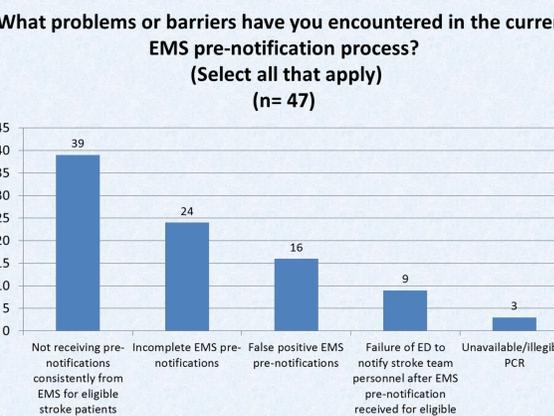
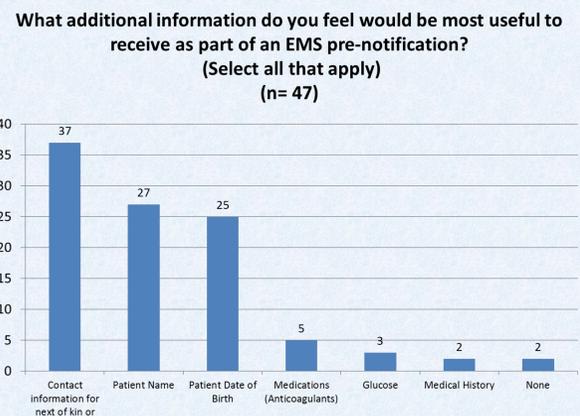
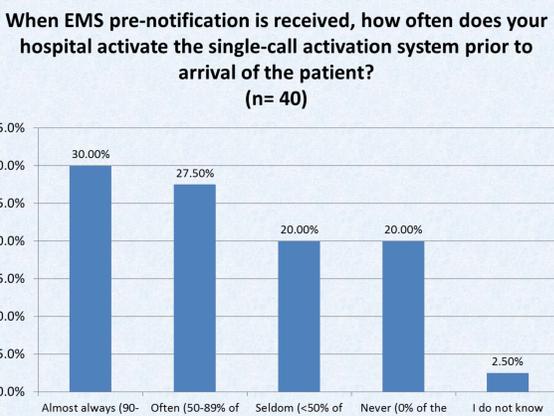
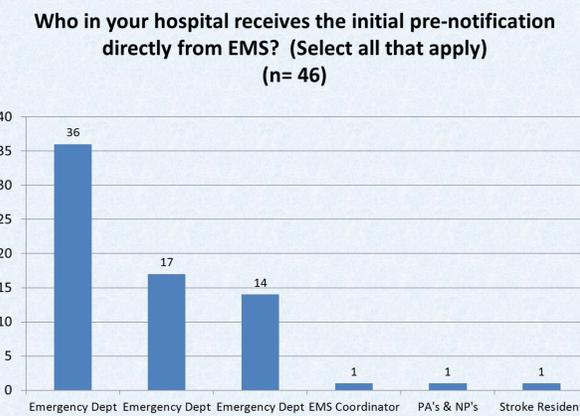
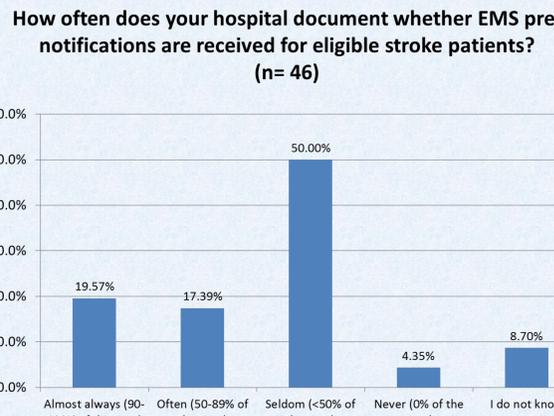
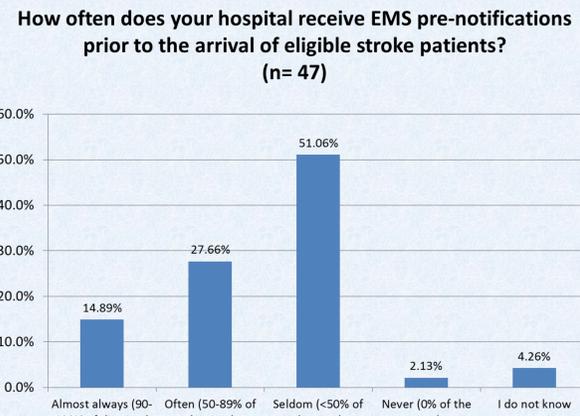
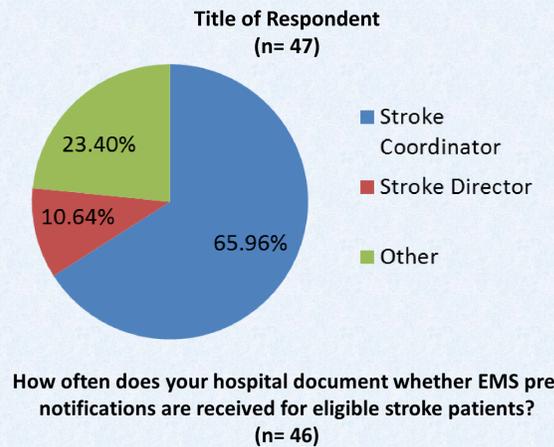
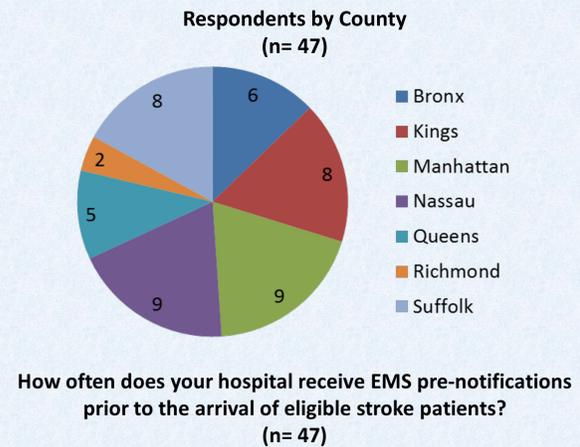
- EMS stroke prenotification expedites treatment and increases the use of tPA
- In 1/2015, the New York State Department of Health (NYS DOH) launched a quality improvement initiative requiring NYS DOH designated stroke centers to report prenotification data
- At that time, the baseline frequency of prenotifications and stroke teams' prenotification experiences in New York City and Long Island had not been established

Objectives

- The American Heart Association | American Stroke Association New York City Stroke task Force (NYC STF), a multidisciplinary panel of stroke clinicians from New York City and Long Island, sought to assess current, regional EMS stroke prenotification experiences and identify best practices

Design/Methods

- An online survey developed by the NYC STF was opened to the NYS DOH designated stroke centers in New York City and Long Island from 12/8/2014 to 1/12/2015
- Hospitals were instructed to have the most qualified person respond based on the previous 12 months, using data if available or best estimation
- De-identified results were analyzed using frequency distributions



Results

- Response rate= 75.8% (47/62 hospitals)
- Most hospitals received patients from the Fire Dept., City of NY (FDNY) (n=38) and other private/municipal EMS
- Many (53.2%) reported receiving EMS stroke prenotifications for eligible patients <50% of the time
- The majority of hospitals in counties besides Bronx and Suffolk reported receiving prenotifications <50% of the time
- Hospital size did not affect prenotification rate
- Only 37.0% reported documenting receipt of prenotifications >50% of the time; these with more consistent documentation reported twice as often that they received prenotifications >50% of the time
- Most common documentation site: ED chart (n=27)
- ED nurses most often received initial EMS prenotification (n=36), followed by ED clerks (n=17); 80.4% of hospitals provided stroke triage training to these personnel
- Most (91.5%) used a single-call activation system for stroke team/radiology; only 57.5% reported activating it >50% of the time before patient arrival
- Most hospitals (65.8%) perceived a positive impact of prenotifications; 34.2% perceived no impact/too early to tell

Conclusions/Practice Implications

- In 2014, stroke teams in New York City and Long Island perceived wide variations in the rate of EMS stroke prenotification due to inconsistent pre- and in-hospital communication and documentation
- Best practices: Consistently document prenotifications, provide stroke triage education to ED nurses and clerks, provide contact/identifying data with prenotification if possible
- Results were shared with Greater NY Stroke Coordinators Consortium and NYS DOH and FDNY leadership to provide baseline for future quality improvement and to develop EMS feedback and education