

South Florida partnership using data to guide stroke triage decisions

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A progressive Emergency Medical Services (EMS)-driven partnership in South Florida has expedited access to lifesaving care for stroke patients. This groundbreaking effort to optimize the likelihood of recovery from a "brain attack" was showcased this week at the Society of NeuroInterventional Surgery's (SNIS) 16th Annual Meeting.

To form the South Florida Stroke Coalition (SFSC), regional EMS agencies and neuro-interventionalists collaborated with the University of Miami's Florida Stroke Registry (UMFSR) team to establish a regional quality assurance dashboard. The novel dashboard enables area hospitals to share quality metrics and outcomes with EMS medical directors about time-sensitive treatments administered to acute [stroke patients](#).

Acute strokes due to large vessel occlusion, a leading cause of disability in Florida and worldwide, can now be reversed in many cases when patients quickly receive endovascular thrombectomy—an image-guided procedure for removing clots from blocked arteries that restores vital blood flow to the brain. Recognizing that not all hospitals offering this procedure are equal, the dashboard helps EMS medical directors identify the most appropriate hospital destinations for a given [stroke](#) patient with the goal of directly transporting the patient to the center that can provide appropriate treatment—right away, even if it means having to bypass other facilities to do so.

"Over the past decade in South Florida, there has been a proliferation of stroke centers. However, the resources and capabilities that each offer

have been extremely variable," said Brijesh P. Mehta, MD, lead author of the study and a neurointerventional surgeon at the Memorial Neuroscience Institute in Hollywood, Florida. "Currently, EMS transports stroke patients to the nearest hospital rather than using data to make informed triage decisions. This dashboard will be instrumental for benchmarking the quality of stroke care across the region and ushering in hospital-level accountability."

Part of a statewide effort to improve outcomes, the initiative aimed to optimize both pre-hospital (EMS) and in-hospital processes. A core tenet of the SFSC was that stroke centers could no longer simply provide thrombectomy through self-attestation; instead, they needed to apply for Joint Commission certification to verify their capabilities and performance.

"Every minute counts when brain cells are dying—the earlier the intervention, the better the results," said Dr. Paul Pepe, a study co-author and head of the U.S. Metropolitan EMS Medical Directors Consortium. "This vanguard South Florida experience is compelling and serves as a model for progressive stroke care around the world."

In June, bolstered by the efforts of the national SNIS Get Ahead of Stroke campaign, Florida Governor Ron DeSantis signed "CS/CS/SB 1460: Stroke Centers," a bill that will improve first responders' identification of hospitals that can reliably provide rapid access to thrombectomy when needed. The law not only aims to reduce disability and death as a result of severe stroke but also is intended to stem the immense long-term costs for ongoing, complex health care and the unrelenting need for specialized caretakers to support daily activities of living for severely disabled stroke patients.

Provided by Society of NeuroInterventional Surgery

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