

MEMORANDUM OF UNDERSTANDING

For

MEDICAL REDIRECT &

REPATRIATION OF STROKE PATIENTS

IN THE WEST GTA REGION

December 2012



MEMORANDUM OF UNDERSTANDING FOR MEDICAL REDIRECT & REPATRIATION OF ACUTE STROKE PATIENTS WITHIN THE WGTA STROKE REGION

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Purpose of Memorandum of Understanding

This memorandum of understanding has been developed to ensure that individuals residing in the West GTA Stroke Region who sustain a stroke have timely access to the services of the Regional Stroke Centre and are transferred back to their community hospital once medically stable. This voluntary agreement will serve to guide ongoing collaboration amongst the parties to ensure that stroke patients receive integrated and coordinated services based on evidence and best practices across the continuum of care.

The following agreement is based on the principles of mutual respect, trust, understanding and a shared commitment to providing excellence in patient care. Parties will work together to lead, plan and manage the work associated with this agreement through the West GTA Stroke Network.

Parties to the Memorandum

The following parties are included in this Memorandum of Understanding

Regional Stroke Centre, hereafter “Regional Stroke Centre” (RSC)

- Trillium Health Partners – Mississauga Hospital

Acute Hospital Centres within the West GTA Stroke Network, hereafter “participating hospitals”

- Halton Healthcare (3 sites)
 - Halton, Milton, Georgetown
- Headwaters Health Centre
- William Osler Health System (2 sites)
 - Brampton, Etobicoke

Dufferin County Ambulance Services (EMS)

Halton Emergency Medical Services (EMS)

Peel Regional Paramedic Services (EMS)

Mississauga Ambulance Communication Centre (CACC)

- Serves Halton and Peel EMS

Note: Burlington is not part of the WGTA Stroke Network catchment area.

Evaluation

Data will be collected and analyzed to monitor the effectiveness of the medical redirect and repatriation agreements within the West GTA Stroke Network region. Data may be available through the Registry of the Canadian Stroke Network and the Ontario Stroke System, the Regional Stroke Centre, participating hospitals and EMS services.

The Memorandum of Understanding will be reviewed every two years by the WGTA Regional Stroke Steering Committee to ensure that the agreement meets the needs of all regional stakeholders.

Elements of the Memorandum of Understanding

It is understood that:

- Patients will be screened by paramedical staff trained in the use of the Acute Stroke Protocol and transported to Trillium Health Partners (RSC) for further assessment and consideration of hyperacute stroke therapy (thrombolytic therapy-tPA) if appropriate.
- The “home hospital” is defined as the hospital serving the community where the patient resides or to which the patient’s family physician has admitting privileges. Determination of the home hospital will occur in consultation with the patient and family.
- Each participating hospital is responsible for developing a process of care to facilitate the transfer of patients from the Regional Stroke Centre.
- Ongoing communication between the RSC and the home hospital is encouraged to facilitate smooth transitions and transparency for the stroke survivor and family.

Medical Redirect of Acute Stroke Patients to Regional Stroke Centre

- All acute stroke patients presenting to EMS and meeting eligibility criteria in the Paramedic Prompt Card for Acute Stroke protocol will be transported directly to Trillium Health Partners and care of the patient will be expediently transferred to the emergency staff at the RSC.
- Participating hospitals understand and agree that patients meeting the required clinical criteria in the Paramedic Prompt Card for Acute Stroke Protocol will be transported directly to the RSC, bypassing their hospital. Participating hospitals agree to be designated as the home hospitals for the purpose of repatriation of patients once medically stable.
- Patients meeting the criteria for consideration of treatment with thrombolytic therapy or other acute stroke interventions and those medically unstable for transfer will be admitted to the RSC.
- Patients arriving at the local hospital emergency department using personal transport may be transported by EMS as an emergency transfer to the RSC if criteria for thrombolytic therapy are indicated. The RSC stroke physician on call is available to consult regarding this decision should it be necessary.

Repatriation of Admitted Patients from Regional Stroke Centres to Home Hospitals

- Upon admission to the RSC, the clinical team leader (or designate) in consultation with patients and families will identify the appropriate home hospital.
- All participating hospitals will designate an appropriate contact person(s) and provide appropriate education regarding the repatriation protocol.
- The clinical team leader at Trillium will connect with the contact person at the home hospital to advise them of the stroke admission and tentative transfer plans.
- Once the patient is deemed medically stable, Trillium's designate will contact the home hospital designate to arrange transfer to an inpatient bed under the care of the admitting physician.
- The home hospital will ensure that an inpatient bed is available within 48 hours of notification from the RSC.
- Appropriate documentation including history, diagnostic tests, medical management, and medication orders will accompany the patient to the home hospital.

Repatriation of Non Admitted Patients from Regional Stroke Center to Home Hospitals

- Medically stable patients who were redirected to the RSC and do not receive t-PA but require hospitalization will be transferred directly to the home hospital ER department.
- Acute care management will be initiated in the emergency department at the RSC while the patient is waiting for transfer.
- A physician from Trillium Health Partners (ER physician or neurologist on call) will provide a verbal report to the most appropriate physician or designate at the receiving hospital. Relevant documentation will be transferred with the patient.
- Out of region patients will be admitted to Trillium; transfers to home region will be arranged as appropriate.

**Acute Stroke Protocol Clinical Guidelines for tPA
Inclusion/Exclusion Criteria**

PARAMEDIC PROMPT CARD
FOR
ACUTE STROKE PROTOCOL

Indications for Patient Transport to a Designated Stroke Centre

Transport to a Stroke Centre must be considered for patients who present with a new onset of at least one of the following symptoms suggestive of the onset of an acute stroke.

- Unilateral arm/leg weakness or drift
- Slurred speech or affected speech
- Facial droop

AND

- Can be transported to arrive within two (2) hours of a clearly determined time of symptom onset or the time the patient was “last seen in a usual state of health”.

Contraindications for Patient Transport Under Stroke Protocol

Any of the following conditions exclude a patient from being transported under Stroke Protocol

- CTAS Level 1 and/or uncorrected Airway, Breathing or significant Circulatory problem
- Symptoms of the stroke have resolved
- Blood sugar ≤ 4 mmol/l
- Seizure at onset of symptoms or observed by paramedic
- Glasgow Coma Scale < 10
- Terminally ill or palliative care patient

CACC will authorize the transport once notified of the need for transport under the Stroke Protocol.

If patient meets eligibility criteria, Ambulance dispatch to notify Regional Stroke Centre that the patient meets Acute Stroke Protocol criteria and is being transported to them. Ambulance personnel to report BP systolic >185 and diastolic >110 in order that stroke team may treat BP when the patient arrives in ER.

Note: Burlington patients are excluded from the by-pass functions of this agreement and will be directed to the closest appropriate emergency department.

It is assumed that the most current provincial version of the paramedic prompt card will be utilized without the need to revisit the Memorandum of Understanding.

Signatories to this Agreement

This Memorandum of Understanding will be signed by President and Chief Executive Officers of the hospitals and Directors of Emergency Medical Services.

Accepted by:

Accepted on:

Trillium Health Partners (RSC)

Signing Officer: Michelle DiEmanuele

Halton Healthcare Services

Signing Officer: John Oliver

Headwaters Health Care Centre

Signing Officer: Liz Ruegg

William Osler Health System

Signing Officer: Matthew Anderson (Supervisor)

Emergency Medical Services

Signing Officer: Tom Reid
Dufferin County Ambulance Service

Signing officer: Greg Sage
Halton Emergency Medical Services

Signing Officer: Ben Addley
Peel Regional Paramedic Services