

**MEMORANDUM OF UNDERSTANDING**

**For**

**MEDICAL REDIRECT &**

**REPATRIATION OF STROKE PATIENTS**

**IN THE WEST GTA REGION**

**December 2017**



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

**September 2017**

## 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 “RSC”

- Trillium Health Partners – Mississauga Hospital

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

- THP-CVH
- Halton Healthcare (3 sites)
  - Oakville, 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 Regional Stroke Centre, participating hospitals and EMS services.

The Memorandum of Understanding will be reviewed every three years or as needed 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) and or Endovascular Thrombectomy (EVT) 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.
- As per Best Practices for Stroke Care, all post tPA and/or EVT stroke patients need to be repatriated to the nearest stroke unit within their residing catchment.
  - i.e.: Post tPA/EVT stroke patients from Halton Hills would be repatriated back to Halton Healthcare – Oakville Hospital
- 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 requiring EMS and meeting Paramedic Prompt Card for Acute Stroke protocol eligibility criteria will be transported directly to Trillium Health Partners Mississauga Hospital 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 such as Endovascular Thrombectomy (EVT) 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 tPA and or EVT are indicated. The RSC stroke physician on call is available 24/7 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.
- 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.
- As per best practice and provincial requirements, all post tPA/EVT stroke patients will be repatriated to the nearest stroke unit within their residing catchment.
- 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 Centre to Home Hospitals***

- Medically stable patients who were redirected to the RSC and do not receive tPA / EVT 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) or designate 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 / EVT  
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 **six (6) 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  $\leq 4$  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:

#### Halton Healthcare Services

\_\_\_\_\_  
Signing Officer:

#### Headwaters Health Care Centre

\_\_\_\_\_  
Signing Officer:

#### William Osler Health System

\_\_\_\_\_  
Signing Officer:

#### Emergency Medical Services

\_\_\_\_\_  
Signing Officer:  
Dufferin County Ambulance Service

\_\_\_\_\_  
Signing officer:  
Halton Emergency Medical Services

\_\_\_\_\_  
Signing Officer:  
Peel Regional Paramedic Services