



## **Regional Patient Care Procedures- for Emergency Cardiac & Stroke System**

### **I) Purpose:**

1. To implement regional policies and procedures for all cardiac /stroke patients who meet criteria for cardiac /stroke triage activation as described in the Washington Pre-Hospital Cardiac/Stroke Triage Procedure.
2. To ensure that all cardiac/stroke patients are transported to the most appropriate categorized facility as described in RCW 70.168.150
3. To allow the receiving facilities adequate time to activate their Cardiac/Stroke response team.

### **II) Standards:**

1. All ambulance & aid services shall comply with the Washington Pre-hospital Cardiac / Stroke Triage Procedures.
2. All ambulance services shall transport patients to the most appropriate categorized cardiac or stroke facility as identified in County Operating Procedures (COPS).
3. All categorized receiving facilities will determine when it is appropriate to divert ambulances to another categorized facility.

### **III) Procedure:**

1. The first certified EMS provider determines that a patient:
  - a. Presents with signs, symptoms, or past medical history suggesting a cardiac or stroke (in accordance with the Washington Cardiac/Stroke Pre-hospital Triage Procedure).
  - b. Meets the cardiac/stroke triage criteria.
2. The provider provides care for the patient as described in the Medical Program Director's (MPD) patient care protocol for cardiac or stroke patients.
3. The provider then determines destination based upon the criteria identified and the following:
  - a. For patients meeting Cardiac/Stroke Triage criteria, transport destinations will comply with the triage tool and COP's.
  - b. Agencies unable to meet the transport destination criteria will utilize On-line Medical control for determination of transport mode.
  - c. On-line medical control for all counties shall be accessed per County Operating Procedures (COP's).



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- d. The EMS provider will initiate communication with the receiving facility as soon as possible to allow the receiving facility adequate time to activate their cardiac/stroke response teams.
  - e. The receiving facility will notify the transporting ambulance service about diversion according to COP's.
4. Medical control and/or the receiving facility will be provided with patient information, as outlined in the Pre-hospital Destination Tool and COPs:
  5. All information shall be documented on:
    - a. An appropriate medical incident report (MIR) form approved by the County MPD

#### **IV) QUALITY IMPROVEMENT:**

1. The North Central Regional EMS Council will review this PCP upon receipt of suggested modifications from a local provider, the North Central Regional QI Committee, the Department of Health, or any other entity suggesting modifications to the document, at least annually.
2. The Regional Quality Improvement Program shall develop a written plan for implementation to address issues of compliance with the above standards & procedures.
  - a. All EMS providers are encouraged to use the "North Central Regional Cardiac / Stroke EMS Data Form" to capture QI data to identify areas for system improvement.
  - b. All hospital providers are encouraged to utilize the "North Central Regional Cardiac / Stroke Hospital Data Collection Tool" to capture QI data to identify areas for system improvement