

# Inter-Facility Stroke Transfer Guideline

The Inter-facility Transfer Guideline serves to outline best practices that will facilitate the rapid transfer of stroke patients requiring an emergent higher level of care. The goal for establishing and implementing inter-facility transfer criteria in NCTTRAC is to ensure that stroke patients requiring additional or specialized care and treatment beyond a facility's capability are identified and transferred to the most appropriate facility as rapidly as possible.

## Regional Facility Care Recommendations for Inter-Facility Transfer\*:

- Develop, adopt and adhere to **care protocols** that reflect current care guidelines.
- Establish approved transfer protocols and procedures with **receiving hospitals**, so that efficient patient transfers can be accomplished at all hours of the day and night.
- Establish transfer protocols, terminology (code stroke), agreements and procedures that ensure safe and efficient patient care with **EMS agencies** that are capable of **emergent transportation** via ground and air.
- In all patients within 24 hours from last known well that are suspected of having an acute ischemic stroke early identification of possible LVO is recommended.
  - Consider utilizing a stroke severity scale (**CSTAT, FAST-ED, LAMS, RACE, VAN**) or NIHSS upon arrival to the emergency room to identify possible LVOs.

**If LVO screen is positive and patient meets established criteria for transfer, notify CSC (Level 1) and dispatch EMS transport team, crew should be on standby for transfer (prior to imaging).**

- It may be useful for healthcare facilities to develop the capability of performing emergency **CT angiogram head and neck** to most appropriately select patients to transfer for thrombectomy.
  - Consider performing **concurrent vascular imaging with the noncontrast head CT** to avoid delay to administering IV alteplase when indicated.
  - **6-24 hours** from last known well consider adding CT perfusion, DW-MRI or MRI perfusion if capable without significantly delaying transfer.
- Per 2018 ASA guidelines: it is reasonable to proceed with CT angiogram if indicated before obtaining a serum creatinine in patients with suspected LVO who are without a history of renal impairment.
- If **LVO is identified** on imaging: **immediate transfer with goal metrics** as outlined below.
- If **no LVO is identified** on imaging: notify receiving hospital and transportation crew.
- All related documents should accompany stroke patient transfers:
  - **Electronic copies of diagnostics scans (CT, CTA, MRI, X-ray, etc.) and reports if available**
  - **Hospital records**
  - **Medication Administration Record**
- Regional facility transferring stroke patients to a higher level of care, for the purposes of endovascular revascularization therapy, an urgent neurosurgical procedure or other urgent treatment, should establish goal Door-In Door-Out (DIDO) time for patients arriving to the emergency department as well as Picture to Door-Out time for inpatients as outlined below.
  - **DIDO of 60 minutes for patients not receiving IV rt-PA**
  - **DIDO of 90 minutes for patients who receive IV rt-PA**
  - **Picture to Door-Out of 60 minutes for patients not receiving IV rt-PA**
  - **Picture to Door-Out of 90 minutes for patients who receive IV rt-PA**
- EMResource (<https://emresource.juware.com/login>), a web-based regional medical capabilities application, is available to assist you in determining current capabilities at hospitals near you. Please contact NCTTRAC staff at (817) 607-7075 or NCTTRAC\_EMCC@NCTTRAC.org for assistance with access credentials if needed. For additional information regarding NCTTRAC, please contact NCTTRAC at 817- 608-0390 or visit [www.NCTTRAC.org](http://www.NCTTRAC.org).

## TSA-E Comprehensive Stroke Center Transfer Hotlines

<b>Baylor Scott &amp; White</b>	<b>214.820.6444</b>
<b>Children's Medical Center Dallas (Pediatric)</b>	<b>888.730.3627</b>
<b>Cook Children's Medical Center (Pediatric)</b>	<b>800.543.4878</b>
<b>John Peter Smith Hospital</b>	<b>817.702.8417</b>
<b>Medical City (HCA)</b>	<b>877.422.9337</b>
<b>Methodist Dallas Medical Center</b>	<b>214.947.2003</b>
<b>Parkland Hospital</b>	<b>214.590.6690</b>
<b>Texas Health Resources</b>	<b>888.782.8233</b>
<b>UT Southwestern Medical Center</b>	<b>214-645-FAST(3278)</b>

*\*Refer to NCTTRAC Regional Stroke Plan for detailed recommendations for hospital triage from inpatient service and emergency department, and EMS transportation for inter-hospital care.*

*Large vessel occlusion (LVO), Comprehensive Stroke Center (CSC), American Stroke Association (ASA), Cincinnati Stroke Triage Assessment Tool (CSTAT), Field Assessment Stroke Triage for Emergency Destination (FAST-ED), Los Angeles Motor Scale (LAMS), Rapid Arterial Occlusion Evaluation Scale (RACE) or Vision, Aphasia, Neglect (VAN) assessment, diffusion weighted (DW)-MRI*