STROKE WITNESS QI INITIATIVE

Data Collection Update

BACKGROUND

Purpose

- To improve the availability of witness information and the last known well times to initiate time-critical treatment

Goals (December 2025)

- Decrease time to treatment by 10 minutes
- Increase availability of witness information to stroke receiving centers to 75%
- Increase documentation of witness information in ePCR to 50%
- Increase documentation of last known well time in the stroke registry to 90%

Approach

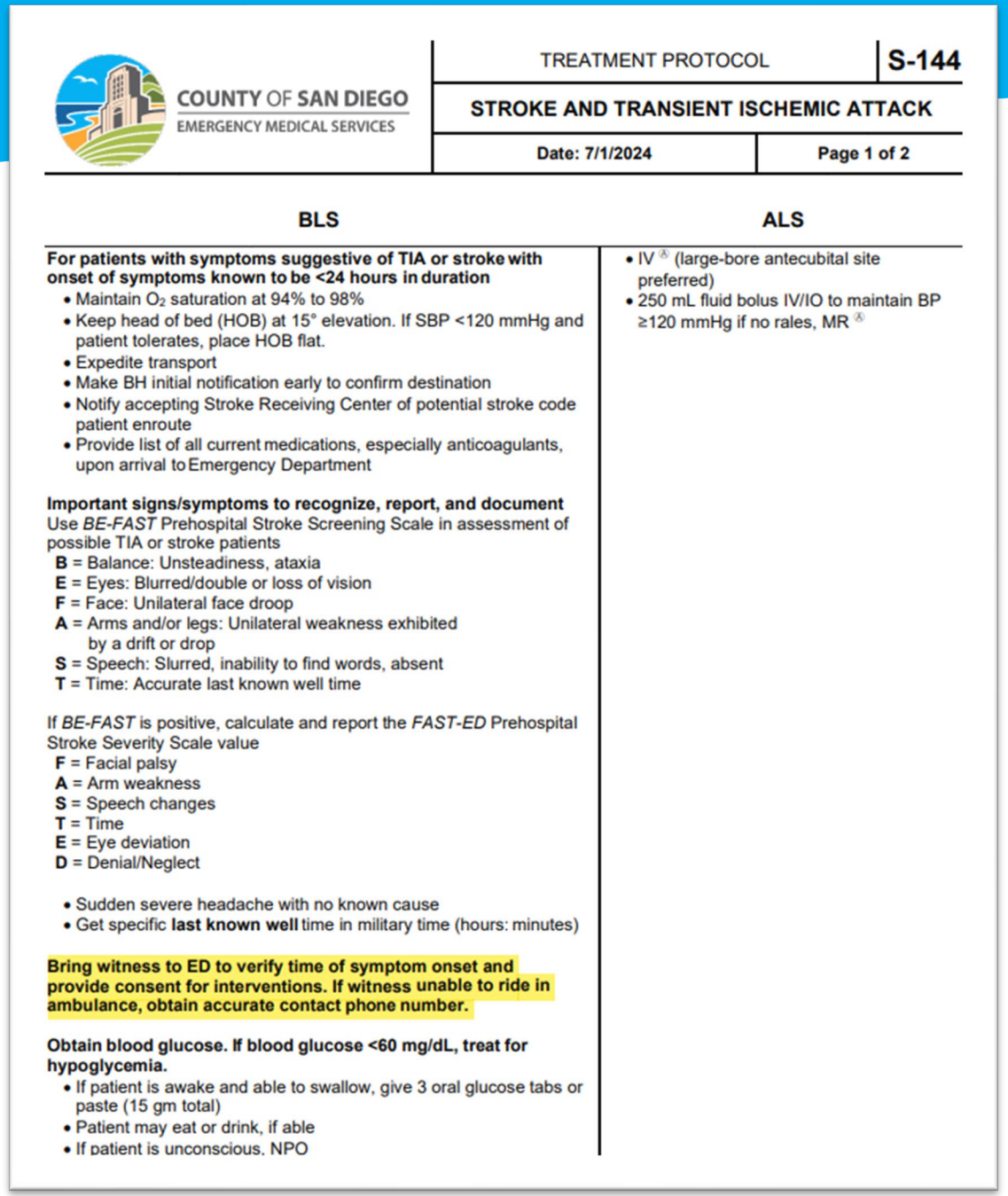
- Implement a small pilot among select stroke receiving centers and EMS agencies that focused on providing stroke witness information in real-time

Timeline

- First phase of the pilot was scheduled from March to May

PROTOCOL S-144

"Bring witness to ED to verify time of symptoms onset and provide consent for interventions. If witness unable to ride in ambulance, obtain accurate contact phone number."



COUNTY OF SAN DIEGO
EMERGENCY MEDICAL SERVICES

TREATMENT PROTOCOL | S-144

STROKE AND TRANSIENT ISCHEMIC ATTACK

Date: 7/1/2024 | Page 1 of 2

BLS

For patients with symptoms suggestive of TIA or stroke with onset of symptoms known to be <24 hours in duration

- Maintain O_2 saturation at 94% to 98%
- Keep head of bed (HOB) at 15° elevation. If SBP <120 mmHg and patient tolerates, place HOB flat.
- Expedite transport
- Make BH initial notification early to confirm destination
- Notify accepting Stroke Receiving Center of potential stroke code patient enroute
- Provide list of all current medications, especially anticoagulants, upon arrival to Emergency Department

Important signs/symptoms to recognize, report, and document

Use *BE-FAST* Prehospital Stroke Screening Scale in assessment of possible TIA or stroke patients

B = Balance: Unsteadiness, ataxia
E = Eyes: Blurred/double or loss of vision
F = Face: Unilateral face droop
A = Arms and/or legs: Unilateral weakness exhibited by a drift or drop
S = Speech: Slurred, inability to find words, absent
T = Time: Accurate last known well time

If *BE-FAST* is positive, calculate and report the *FAST-ED* Prehospital Stroke Severity Scale value

F = Facial palsy
A = Arm weakness
S = Speech changes
T = Time
E = Eye deviation
D = Denial/Neglect

- Sudden severe headache with no known cause
- Get specific **last known well** time in military time (hours: minutes)

Bring witness to ED to verify time of symptom onset and provide consent for interventions. If witness unable to ride in ambulance, obtain accurate contact phone number.

Obtain blood glucose. If blood glucose <60 mg/dL, treat for hypoglycemia.

- If patient is awake and able to swallow, give 3 oral glucose tabs or paste (15 gm total)
- Patient may eat or drink, if able
- If patient is unconscious, NPO

ALS

- IV Ⓐ (large-bore antecubital site preferred)
- 250 mL fluid bolus IV/IO to maintain BP ≥120 mmHg if no rales, MR Ⓐ

STROKE WITNESS QI PILOT

Participants

- Stroke Receiving Centers
  - Scripps Memorial Hospital La Jolla
  - Palomar Medical Center Escondido
  - Sharp Memorial Hospital
- EMS Agencies
  - Oceanside Fire Department
  - San Marcos Fire Department
  - San Diego Fire-Rescue

Process

- EMS clinicians would obtain stroke witness information and verbally provide it at the “stroke pit stop” as part of the turnover.

NEXT STEPS

- Continue to analyze the data from first phase
- Work with participating agencies on education and extending the pilot timeline
- Consider other change theories for potential implementation
- Include systemwide education in the 2026-2027 protocol cycle