# EMS System Change: Great Falls Stroke Project



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### Current EMS Activities

- Stroke protocol for emergency responders
  - BOME approval
  - Training
- Statewide EMS data system pilot
- EMS survey



# Great Falls Fire and Rescue Stroke Project

- Background
  - Task force
  - Partnership
- Environment
  - GFFR staffing
  - Average response time
  - Non-transporting agency



### Objectives

#### Stroke screening tool

- Implement the stroke screening tool in Great Falls
- Increase the percentage of Benefis Healthcare stroke or TIA patients who receive a pre-hospital stroke screen by GFFR from 0% to 50% by December 2004.

#### Pre-hospital (mode of arrival)

 Increase the percentage of stroke patients arriving to the ED via EMS from 26% to 34% by December 2004.

### Five-step planning process

#### 1. Identification

Delays in treatment, recognition of symptoms, first responder evaluation

#### 2. Selection

Education audiences, methods, resources

#### 3. Design

Pre-hospital protocol and training program

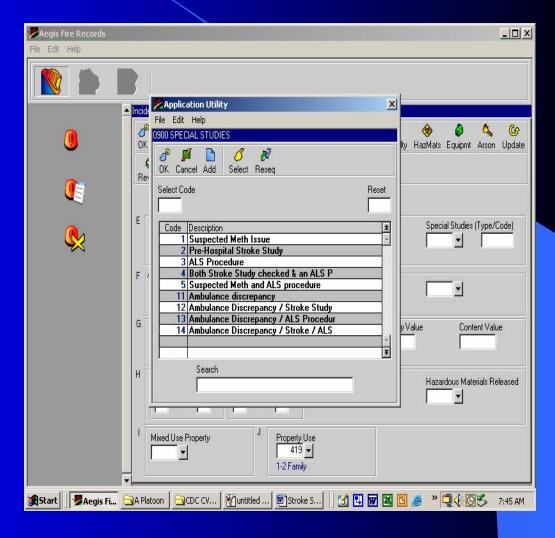
### Design

 Modification of EMS Trip Sheet & patient reports

RUN#	FFR EMS 1	TRIP SHEET		
INCIDENT ADDRESS	G		<b>Date</b>	1 1
NAME/LAST	FIRST		MI DOB /	1
PHONE ( )	Pt ADDRESS			Vitals
NATURE OF ILLNESS & ONSET (Complaint)				
			ВР	
			PULSE	
SECONDARY ASSMT ( N eck, Spine, etc.	)		PESP	
НХ				
ALLERGIES				
MEDS		Blood Thinne	rs	
Cincinnati Stroke Scale	Facial R L	Arm R L	Abnormal Y	
Onset of symptoms	Droop	Drift	Speech	
Name/Phone # of person giving consent			IN	
Enc. Veh. Seat Belt	Air Bag	Fall	Airway	
Pass Space Intrusion	Assault	>15Ft	.02	
Ejected from Veh.	With Blunt inst.	Electric Shock	C-Spine / Manual	<u>(</u>
Extrication Required	Stabbing	Hazmat Exposure	1	<u># c</u>
Ped / Bike-vs-Ve hicle	GSW	Thermal Burn	IV:	_
Motorcycle/Scooter	Trunk	Work Related	Drug:	
vs- Veh	S.I. Accidental	Unknown	Drug:	
Helmet	S.I. Intentional	Other	Monitor:	
AMB Officer				

### Design

- NFIRS
- Pre-hospital stroke study
- Approval process



### Planning process (cont'd)

#### 1. Identification

Delays in treatment, recognition of symptoms, first responder evaluation

#### 2. Selection

Education audiences, methods, resources

#### 3. Design

Pre-hospital protocol and training program

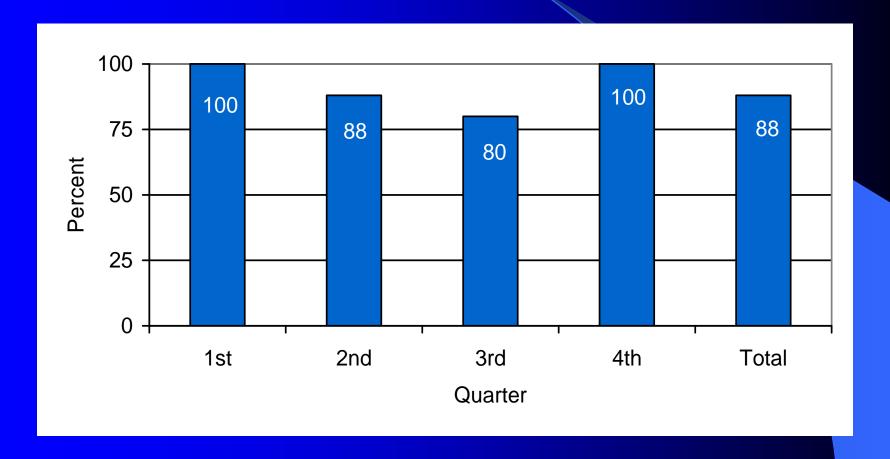
#### 4. Implementation

- Staff training and ongoing monitoring
- 5. Evaluation

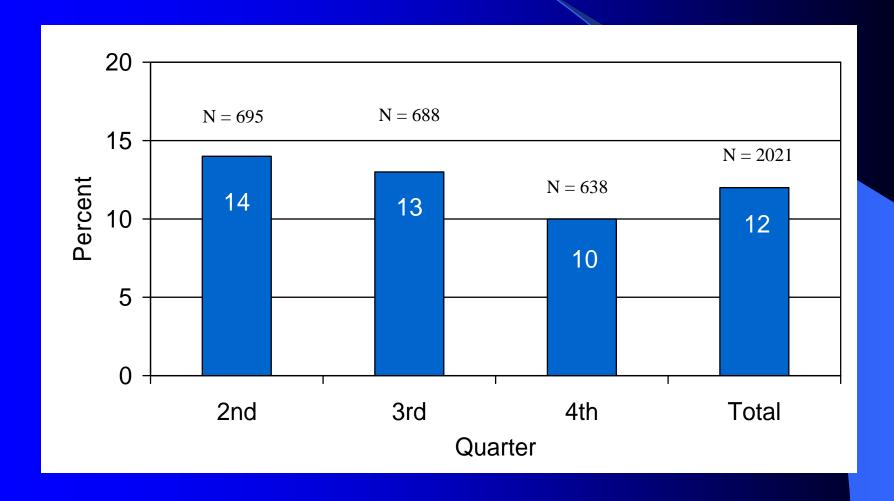
### **Project Evaluation**



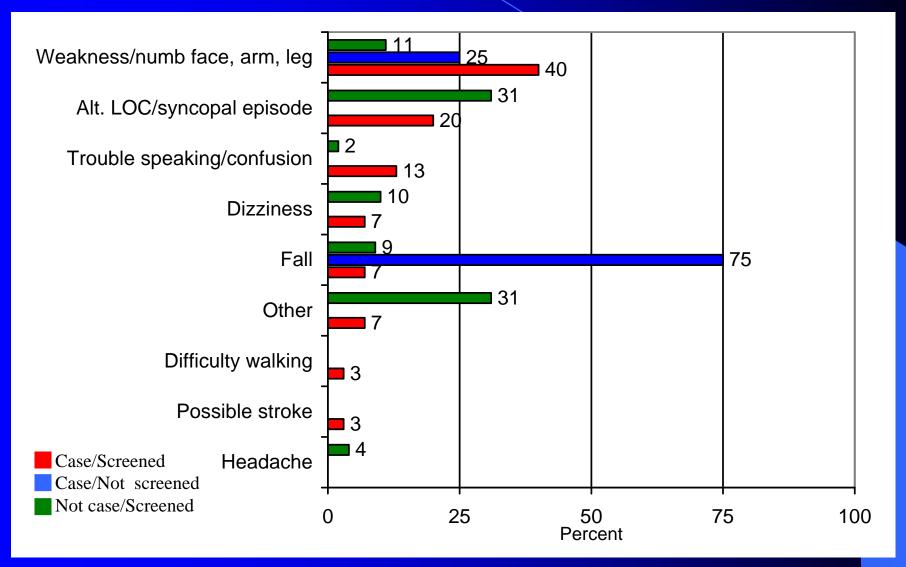
Percent of stroke and TIA cases screened by Great Falls Fire and Rescue, Great Falls, Montana, February – December 2004.



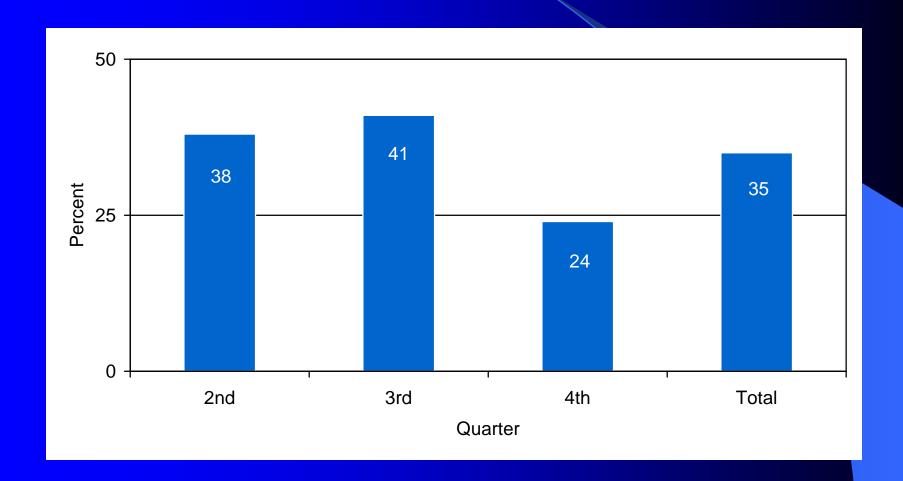
## Percent of medical emergencies that were screened for stroke by GFFR, Great Falls, Montana, April – December 2004



## Frequency of chief complaints from medical emergencies assessed by GFFR, Great Falls, Montana, February – December 2004.



Percent of Benefis Healthcare stroke and TIA patients arriving to the Emergency Dept. by EMS, by quarter, Great Falls, Montana, April – December 2004.



### Lessons Learned

- Private ambulance
  - Difficulty implementing tool
  - High staff turnover
- Communication re: data entry
- Software for data collection



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