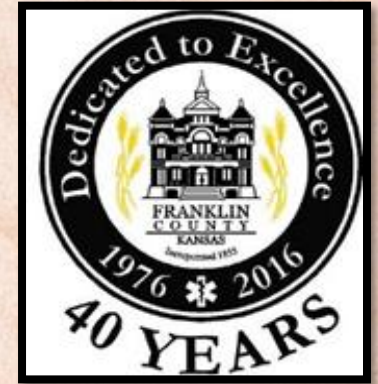


START TO FINISH STOKE CARE HOSPITAL AND EMS COLLABERATION



**NICK ROBBINS, MICT
CHIEF
EMERGENCY MEDICAL SERVICES
FRANKLIN COUNTY KS**



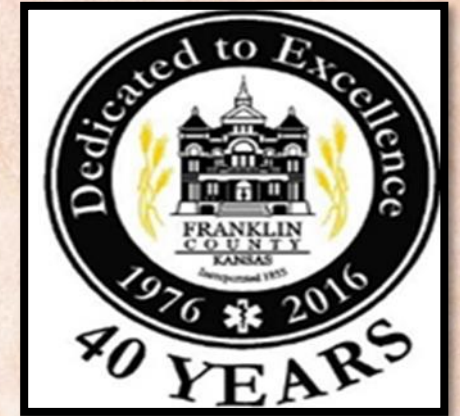
PRESENTER DISCLOSURE INFORMATION

FINANCIAL DISCLOSURE:

No relevant financial relationship exists



Objectives



- **Discuss: Franklin County Stoke program**
- **Discuss: Collaboration between Hospitals and EMS for Stoke Care**



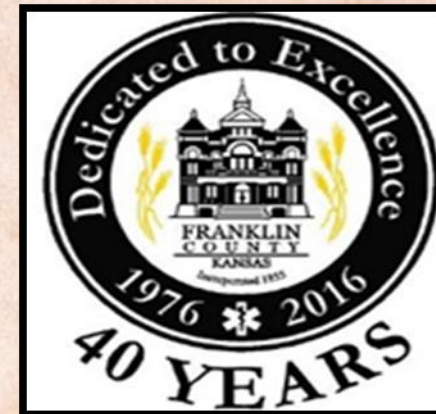
HOW OUR PROGRAM STARTED



- 1. Decision to fix a broken system**
- 2. Brain stormed ideas, and consulted other hospital and EMS systems**
- 3. Put together a program**
- 4. Got both Hospital and EMS employees together for the roll out**
- 5. Watch the magic happen**



Protocol The Beginning To Present

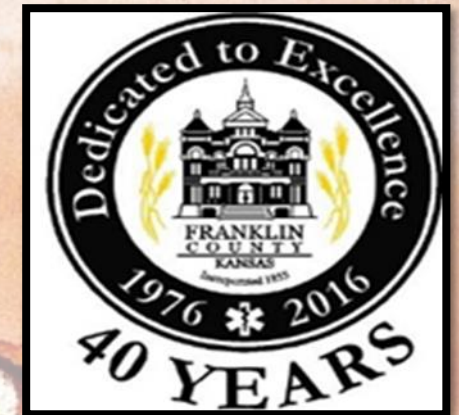


First Protocol:

- **Onset of symptoms < 2 hrs, transport to RMH**
- **Onset of symptoms > 2 hrs, transport to Comprehensive Stroke Center**
- **All EMS employees became certified in NIHSS, This was completed in the field if time allowed during transport**

EMS Changes:

- **All Suspected strokes are transported to RMH < 3.5hrs**
- **Suspected strokes > 3.5hrs are transported to Comprehensive Stroke Center**
- **Fast-ED is the LVO screening used by FCEMS**
- **Even strokes with suspected LVO are taken to RMH for tPA, prior to going to comprehensive center**

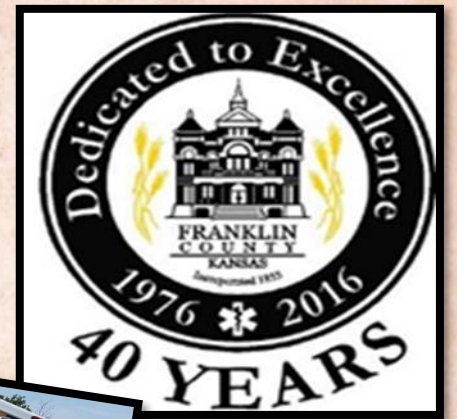


2017 Mission Lifeline Gold Plus Award Recipient





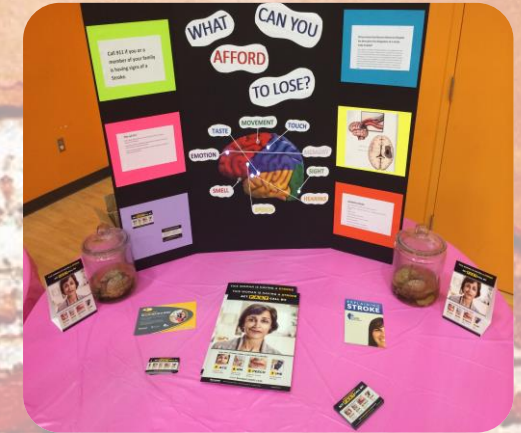
The University of Kansas Hospital



COLLABORATION

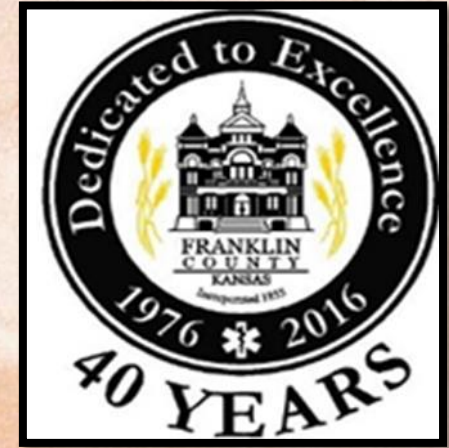


Community Education





Collaboration between Hospitals and EMS for Stroke Care



- 1. Hospitals and EMS have to sit at the same table to discuss Stroke topics**
- 2. Patient outcomes have to be focus**
- 3. All groups have to have a understand of the total process**
- 4. Speak the same language (KNOW WHAT ALL PLAYERS CAN DO!)**
- 5. Follow up needs to be provided to everyone involved**



DREAM BIG

LIVE LARGE

**AND ALWAYS REMEMBER
WHERE YOU CAME FROM**

QUESTIONS?

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