START TO FINISH STROKE CARE
HOSPITAL AND EMS COLLABERATION

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

Nick Robbins EMS Chief
nrobbins@franklincoks.org
Angie Welch, RN
angelaw@ransom.org