

Stroke Care Comments

After reviewing the draft rules for the Stroke Care Rulemaking, please provide any comments or concerns you may have on the substance of the rules:

Tue, Feb 5, 2013 10:26 PM

Comment: Thank you very much for undertaking this project. I wanted to discuss the paragraph R9-25-603 section B3 in regards to the transport of patients with suspected or confirmed stroke. My name is Dr. Condie, and I am the director of the Stroke service at Phoenix Children's Hospital and am on the International Pediatric Stroke Committee. Pediatric stroke is frequent neurological emergency that is poorly understood even recognized in the community. We are seeing and treating around 4-6 acute cerebrovascular incidents a month at Phoenix Children's Hospital. It is more common than most people are aware and is actually the 6th most common cause of death in children and infants.

Phoenix Children's Hospital supports a 24 hour Stroke team that is available 365 days a years, staffed by a Neurologist and 2 Neuro-Intensivists. Our Emergency room department will contact the rapid response pediatric stroke team if there is any concern of a stroke and we will be at the bedside, directing care within 1 hour. We have all necessary ancillary services including 2 stroke hematologists, 24 hour access to neuro-imaging including MRI technology, neuro-vascular interventional procedures, and in house neuro-rehabilitation. We recently compared our 2012 stroke mortality to the rest of the published studies and we were pleased to see that our survival rate of greater than 98% was significantly higher than any other published series.

I feel very strongly that time is brain for these children and we have worked very hard at Phoenix Children's Hospital to streamline our work-up, diagnosis and treatment of pediatric stroke. We are the only such service in the state of Arizona, and I feel it is would be a disservice not to transport any and all children with a suspected stroke to a hospital with a dedicated and full time pediatric stroke service. As such, I would like to suggest that the stroke rules should state that any hemodynamically stable pediatric patient (regardless of GCS) with symptoms suggestive of a stroke should be taken to a pediatric stroke center, even if it means bypassing other hospitals en route. They will be seen and treated sooner by stroke professionals even if it means a longer transit time.

If you have any questions regarding these suggestions, please feel free to contact me,

Sincerely,

John Condie MD.

jcondie@phoenixchildrens.com

Response: Thank you for reviewing the draft rules. Although there is no Arizona designation as a pediatric stroke center, the rules already require that emergency stroke care protocols provide for transport to the most appropriate emergency receiving facility, taking into consideration the needs of a patient as well as other factors. In some situations, it may be appropriate to bypass one hospital in favor of another hospital with greater capabilities. In other situations, the nearest hospital may be the most appropriate emergency receiving facility. No change will be made to the rules at this time but we encourage you to attend the EMS Council meetings to share your comments.

Mon, Feb 4, 2013 1:43 PM

Comment: None

Response: Thank you for reviewing the draft rules.

Mon, Feb 4, 2013 8:31 AM

Comment: In section C it states that the protocols will be reviewed every three years. However, there may be critical lessons/issues that come up during the three year period. Could something be added that indicates "or as critical issues are identified by the Bureau of EMS" Wording is poor, but the idea is that if something important is recognized during the three year period the protocols should be reviewed and potentially changed.

Also, is there a mechanism for those not on the council to bring to the council concerns about the protocols? That may not have to be part of rules, but seems important.

Response: Thank you for reviewing the draft rules. The draft rules state that the "council shall review and update, as necessary, the emergency stroke care protocols...at least once every three years." Therefore, if critical issues come up, the council may consider changes at any time. An individual who is not on the council may bring issues to

the council's attention by contacting the Bureau of Emergency Medical Services and Trauma Systems. No change will be made to the rules.

Tue, Jan 22, 2013 3:15 PM

Comment: I have no disagreement with current draft.

Response: Thank you for reviewing the draft rules.

Mon, Jan 21, 2013 3:42 PM

Comment: I strongly encourage the use of the draft rules. I would recommend also establishing an oversight group to set the guidelines for each level of service available.

Response: Thank you for reviewing the draft rules. Laws 2011, Ch 47, § 1, (1) provides for the Arizona emergency medical services council to provide oversight for emergency stroke care protocols. No additional oversight group is necessary. No change will be made to the rules.

Tue, Jan 1, 2013 10:24 AM

Comment: No comments

Response: Thank you for reviewing the draft rules.

Fri, Dec 28, 2012 10:43 AM

Comment: The purpose of this rule making is to obtain goals, the goal of this rule should be to stabilize and transfer stroke patients from a non-stroke categorized facility to the appropriate stroke center, with that in mind, I recommend to strike on page 2, B(3)(f) or substitute "admit" with "transfer"

Fri, Dec 28, 2012 10:21 AM

Comment: Page 2 R-9-25-602 B (3) (f) Strike (f), the main goal is to transfer a stroke patient to an appropriate facility, not admit. Orlando

Response: Thank you for reviewing the draft rules. While the goal is to ensure that a stroke patient receives treatment at an emergency receiving facility complying with national stroke care standards, the Department recognizes that a hospital that is not a primary stroke center, while seemingly not optimal, may in fact be the most appropriate emergency receiving facility for that patient at that time. No change will be made to the rules.