

SOUTHEASTERN ONTARIO REGIONAL ACUTE STROKE PROTOCOL REPATRIATION AGREEMENT

Section One: Transfer of tPA Candidates to Southeastern Ontario Regional Stroke Centre (KGH)

- Patients who access Emergency Medical Services (EMS) will be assessed by paramedics as candidates for tPA.
- "Walk-in" patients (those who do not access EMS) will be assessed by their local hospital as candidates for tPA (as per the existing Regional Acute Stroke Protocol for transfer of acute stroke tPA Candidates to KGH).
- Patients who are candidates for tPA will be transported to the Regional Stroke Centre Emergency Department at KGH, Code 4
- Patients who receive tPA will be admitted to KGH.

Section Two: Repatriation of tPA Patients to Local Hospitals from Stroke Centre

- Medically stable patients who receive tPA will be transferred to the next available bed at the local hospital inpatient unit, within 2 - 5 days of receiving tPA providing the following criteria have been met:
 - the patient no longer needs tertiary care
 - medical diagnosis has been established
 - investigations NOT available at the local facility are complete
 - full communication has occurred with the patient and family/significant others
- Upon admission to the Stroke Centre, a physician from the stroke team or attending service will contact the physician "most responsible" for the patient at the local hospital, advising of the admission and tentative transfer plan.
- The local hospital may be defined as the facility to which their family physician admits, or in the absence of a family physician, the facility that serves the community where the patient resides.
- For those patients who do not have a family physician or referring physician, the local hospital shall put in place a mechanism whereby responsible physicians can be immediately identified to the KGH physician making the request for transfer.
- Where medical instability precludes transfer to the local hospital, patients will remain at KGH until medically stable.
- A physician from the stroke team or attending service at KGH will notify the receiving physician as soon as possible of the patient's readiness for return.
- Anti-Microbial Resistance: The Stroke Centre, KGH and local hospitals will follow Ministry of Health and Long Term Care recommendations for screening anti-microbial resistant organisms (e.g., MRSA, VRE) so as not to delay patient transfer and admission.

Section Three: Repatriation of Non-tPA Patients

- Medically stable patients who do not receive tPA, but require hospitalization, will be transferred as soon as possible to the Emergency Department at the local hospital to which their family physician or referring physician admits, or if they do not have a family physician, the facility that serves the community where the patient resides providing the following criteria have been met:
 - the patient no longer needs tertiary care
 - medical diagnosis has been established
 - investigations NOT available at the local facility are complete
 - full communication has occurred with the patient and family/significant others
- A physician from the stroke team or attending service at KGH will contact the Emergency Department personnel at the receiving hospital and provide a verbal report to the appropriate physician. Appropriate documentation will be transferred with the patient.
- If transfer cannot be arranged from the KGH Emergency Department, then the patient will either be held in Emerg, or admitted to KGH until transfer can be arranged, depending on the circumstances in the KGH Emerg and bed availability. If admitted, repatriation would then occur as per section two above.
- The Emergency Department physician at the receiving hospital will review patient status and refer the patient to an appropriate on call physician for inpatient care.
- Patients not requiring admission to a local hospital will be discharged home using appropriate transport service. Investigation and treatment documentation will be forwarded to their family physician with follow-up arrangements in place.