


Texas Stroke Program Update

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SBC 10/27/12

Texas Stroke Facts

- Stroke is the 3rd leading cause of death in Texas
- Stroke is the leading cause of long term disability
- 400,000 will have a stroke
- 12,000 will die
- 2% will receive treatment
- 20% of Texas State budge is Medicaid, \$7B/yr
- Texas Medicaid nursing home cost \$43K/yr



Health and Safety Code: §773.201

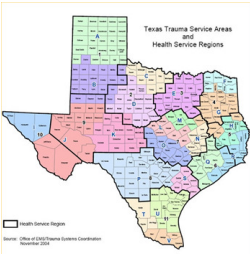
- **The 79th legislature (2005)** found that a strong system for stroke survival is needed in the state's communities in order to treat stroke victims in a timely manner and to improve the overall treatment of stroke victims.
- In **SB 330** that was enacted, the legislature intends to construct an emergency treatment system in this state so that stroke victims may be quickly identified and transported to and treated in appropriate stroke treatment facilities.

Texas Administrative Code 157.133

- SB 330 created the GETAC Stroke Committee and tasked it with the development of a statewide stroke emergency transport plan and stroke facility criteria.
- Took effect September 1, 2005
- Completed January 1, 2007 (TAC 157.133)

Four Part RAC-centric Program

- Multilevel Stroke Center Certification
- Treatment/Rapid Transport Protocols
- Emergency Medical Services Training
- DSHS/TCCVD Coordination and Community Education



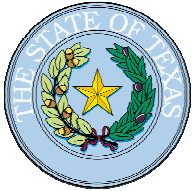
Texas Stroke Center Designations

- **Level I:** Comprehensive Stroke Centers
- **Level II:** Primary Stroke Centers
- **Level III:** Support Stroke Facilities

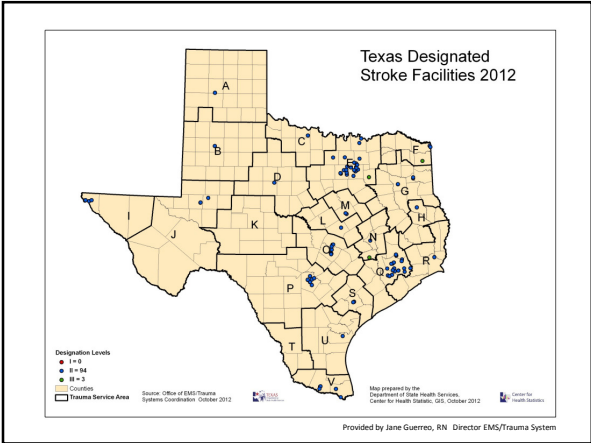


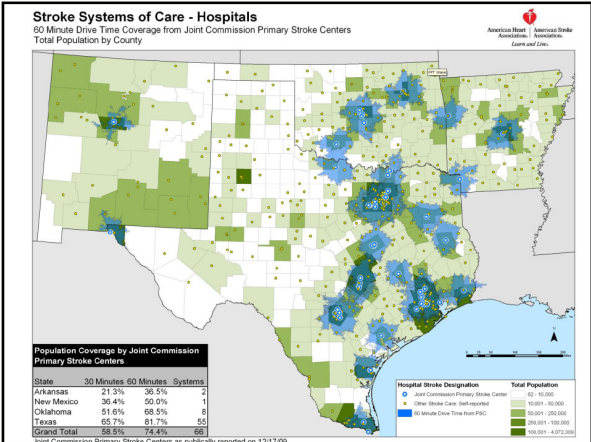
Stroke Center Designation

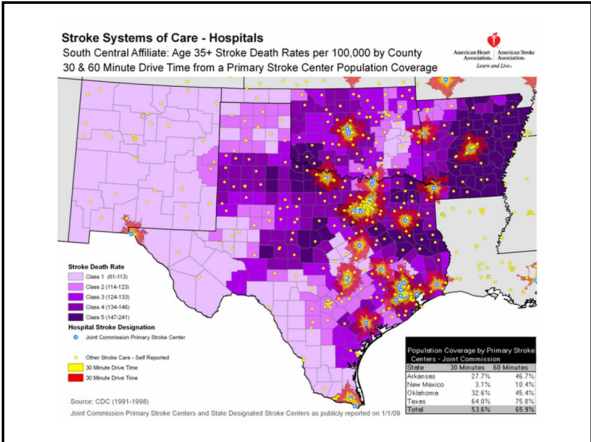
- First phase - submit application DSHS, \$100, RAC participation evidence
- Second phase – review of survey report
- Third phase – commissioner approval
- Survey certification: Joint Commission, Der Norte Veritas, TETAF



<http://www.dshs.state.tx.us/wellness/stroke.shtm>







Treatment/Rapid Transport Protocols

- Each RAC appoints a “stroke committee” to develop and oversee a region-specific stroke transport plan.
- The regional plan conforms to the following:
 - A written triage plan
 - Transportation for FDA approved treatments (out to 8 hours from symptom onset).
 - Transportation to the highest level Stroke Center with a bypass plan (current recommendation - no more than a 15 minute delay)
 - Fair distribution of patients among qualified Centers/Facilities

Emergency Medical Services Training

- 1) Recommended training for all EMS providers is the “Cincinnati Stroke Scale”.
- 2) That EMS provider training will be equivalent to the current “ACLS Case 10 stroke scenarios”.
- 3) That EMS providers will have documented familiarity with the Stroke Center Certification and the Emergency Transport Protocol in their RAC.
- 4) Documentation of stroke training is overseen by the Medical Director supervising the EMS personnel on a yearly basis.
- 5) Current ACLS certification will be recognized as documentation of that training.

GETAC 2010 RAC Survey

- Regional Stroke Transport plan – most RACs report multiple ways that their transport practices are implemented. Proximity, EMS director oversight/ order, transport plan, patient choice
- Stroke Medical Direction, Review and Oversight – most RACs have not made changes as a result of reviews conducted by hospital and EMS medical directors
- Stroke Data Reporting – mixed
- Stroke Activation Process – FAST recommended
- Stroke Education – ASA, NSA, NINDS

State Overview

- Preventative – Texas Cardiovascular Disease and Stroke Partnership
- Acute Care – GETAC, RAC, EMS
- State Planning – TCCVDS, DSHS
- Chronic Care/Rehab – Planning stages

