Success With Paramedic Diagnosis of Stroke

To the Editor:

We read with interest the recent article by Frendl et al,\(^1\) the first study to demonstrate a lack of improvement in paramedic stroke diagnosis after training and implementation of a prehospital stroke scale. Having implemented a similar program to Australian paramedics with success (stroke detection improved from 78% to 94%),\(^2\) we thought it important to present the reasons we believe our program was successful.

For 1-year, after education sessions on stroke and use of the Melbourne Ambulance Stroke Scale (MASS), we provided paramedics with a monthly bulletin reiterating the need for rapid transport, and presenting data on the proportion of stroke patients with MASS complete and patients treated with thrombolytic therapy at our hospital. In addition to this, we also sent letters to individual paramedics transporting patients receiving thrombolytic therapy informing them of the outcome of the patient. This last action, which we have continued, does not take up much time and assisted with the integration of paramedics into the acute stroke team. Furthermore, programs planning on implementing such programs must first or simultaneously address in-hospital delays. Paramedics repeatedly reported frustrations with programs that implement fast-track transports without addressing diagnostic and treatment delays.

Presently, we are conducting an audit determining whether our initial improvement is sustained 2-years after citywide EMS education and implementation of MASS. The preliminary findings are positive, (92% of confirmed stroke patients with paramedic diagnosis of stroke, \(n=75\)) and we look forward to presenting the full results.

Disclosures

None.

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