

1-2018

# Compliance and Real Life Performance of a FAST-ED Scale Based Pre-Hospital Stroke Initiative

Felipe De Los Rios La Rosa

*Baptist Hospital of Miami; Baptist Neuroscience Center, felipedl@baptisthealth.net*

Maygret Ramirez

*Baptist Hospital of Miami, maygretr@baptisthealth.net*

Jayne Strauss

*Baptist Hospital of Miami; Baptist Neuroscience Center, jaymes@baptisthealth.net*

Ivis Gonzalez

*Baptist Hospital of Miami, IvisGo@baptisthealth.net*

Amy Starosciak

*Baptist Health South Florida, amyst@baptisthealth.net*

Follow this and additional works at: <https://scholarlycommons.baptisthealth.net/se-all-publications>

---

## Citation

De Los Rios La Rosa, Felipe; Ramirez, Maygret; Strauss, Jayme; Gonzalez, Ivis; and Starosciak, Amy, "Compliance and Real Life Performance of a FAST-ED Scale Based Pre-Hospital Stroke Initiative" (2018). *All Publications*. 2878.

<https://scholarlycommons.baptisthealth.net/se-all-publications/2878>

This Conference Poster -- Open Access is brought to you for free and open access by Scholarly Commons @ Baptist Health South Florida. It has been accepted for inclusion in All Publications by an authorized administrator of Scholarly Commons @ Baptist Health South Florida. For more information, please contact [Carrief@baptisthealth.net](mailto:Carrief@baptisthealth.net).



Stroke Nursing Symposium: January 23  
 ISC Pre-Conference Symposia: January 23  
 International Stroke Conference: January 24-26  
 Los Angeles, CA



[Print this Page for Your Records](#)

[Close Window](#)

**Control/Tracking Number:** 18-ISC-A-3420-AHA

**Activity:** Abstract ISC

**Current Date/Time:** 7/25/2017 1:44:04 PM

**Compliance and Real Life Performance of a FAST-ED Scale Based Pre-Hospital Stroke Initiative**

**Author Block:** Felipe De Los Rios La Rosa, Maygret Ramirez, Jayme Strauss, Ivis C Gonzalez, Baptist Health Neuroscience Ctr, Miami, FL; Camila Tocre Carrion, Univ Peruana de Ciencias Aplicadas, Lima, Peru; Amy K Starosciak, Baptist Health Neuroscience Ctr, Miami, FL

**Abstract:**

**Introduction:** In March 2017 Miami-Dade Fire Rescue (MDFR) started to use the FAST-ED score (FES) as the tool to triage those with possible large vessel occlusions (LVO). All suspected of having a stroke should have the score calculated. Those with a score  $\geq 4$  bypass for a comprehensive stroke center (CSC). Those with a score  $\geq 6$  have the interventional team activated from the field. We sought to describe basic compliance and performance measures of this initiative. **Methods:** All acute stroke patients brought to our CSC by MDFR during the months of March, April, and May were included. Patients were identified based on stroke ICD-10 codes. Study variables are obtained prospectively as part of our internal quality monitoring protocol. FES was obtained from 3 sources: run sheet, medical record, and retrospectively calculated from the first hospital NIHSS performed by trained stroke nurses. An LVO is present if there is an occlusion of the internal carotid artery, middle cerebral artery (M1 or M2 segments), or basilar artery on initial imaging. **Results:** We identified 320 stroke alerts, 164 from EMS of which 139 were from MDFR and subject to our analysis. The average age was 72 years, 52% female, average NIHSS of 10.3. A total of 79% had an FES described in the run sheet. The field score varied by  $\geq 2$  points on 51% of patients when compared to the calculated score. Of all stroke alerts 60% were ultimately coded as stroke or TIA. If restricted to run sheet FES  $\geq 4$  or  $\geq 6$ , the number of patients coded as stroke or TIA were 69% and 58%, respectively. The number of patients found to have a large vessel occlusion was 13 (29%) for FS  $\geq 4$  and 6 (32%) for  $\geq 6$ . The number of patients undergoing endovascular treatment was 10 (22%) for a FS  $\geq 4$  and 5 (26%) for FS  $\geq 6$ . **Discussion:** Protocol compliance was good. We found significant differences in the run sheet FES compared to the calculated score. Because these scores are calculated at two different time points the finding could be explained by changes in the patient's symptoms or to inter-rater variability. In a real life scenario, 2 out of 5 patients with a FS  $\geq 6$  have an ischemic stroke mimic and only 1 out of 4 will undergo a thrombectomy. Further improvements are required to minimize unnecessary hospital bypass and interventionist field activations.

:

Author Disclosure Information:

**F. De Los Rios La Rosa:** None. **M. Ramirez:** None. **J. Strauss:** None. **I.C. Gonzalez:** None. **C. Tocre Carrion:** None. **A.K. Starosciak:** None.

**Category (Complete):** Emergency Care/Systems

**Keyword (Complete):** Stroke ; Emergency medical services (EMS) ; Systems of care ; Healthcare delivery systems

**Presentation Preference (Complete):** Oral or Poster

**Additional Information (Complete):**

**Yes or No:** No

**\*Segment of Science:** Clinical Science

**Is this your first time submitting an abstract to ISC?:** No

**\* Are you and AHA member?:** Yes

**If yes, please select which primary council:** Stroke

**\*Disclosure:** There are no unlabeled/unapproved uses of drugs or products.

**Abstract Copyright Transfer Agreement:** Yes

**AHA/ASA Awards (Complete):**

: No, I will not apply for any award.

**Marketing Survey Question (Complete):**

: E. Word of Mouth

\*: American Heart Association (AHA)

: American Academy of Neurology (AAN)

**Payment (Complete):** Your credit card order has been processed on Tuesday 25 July 2017 at 1:36 PM.

**Attached Files:** No Files Attached

**Status:** Complete

[American Heart Association](#)  
7272 Greenville Avenue  
Dallas, Texas 75231

[Leave OASIS Feedback](#)

---

Powered by [cOASIS](#), The Online Abstract Submission and Invitation System <sup>SM</sup>  
© 1996 - 2017 [CTI Meeting Technology](#). All rights reserved.