Effect of FAST-ED Implementation and Age on Distance Patients Travel from Scene to Comprehensive Stroke Center

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Effect of FAST-ED Implementation and Age on Distance Traveled by Stroke Patients

Travel from Scene to Comprehensive Stroke Center

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INTRODUCTION

The Field Assessment Stroke Triage for Emergency Destination (FAST-ED) is a pre-hospital screening algorithm developed to detect large vessel occlusion (LVO) strokes (Table below). FAST-ED was implemented by Miami-Dade Fire Rescue (MDFR) in March 2017 with a goal to bring potential LVOs directly to a Comprehensive Stroke Center (CSC) by bypassing Primary Stroke Centers and Acute Stroke Ready Hospitals. We assessed whether use of the FAST-ED increased the distance patients traveled to a medical facility.

<table>
<thead>
<tr>
<th>Item</th>
<th>Score</th>
<th>Item</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arm Weakness</td>
<td></td>
<td>Denial/Neglect</td>
<td></td>
</tr>
<tr>
<td>No drift</td>
<td>0</td>
<td>Absent</td>
<td>0</td>
</tr>
<tr>
<td>Drift or some effort against gravity</td>
<td>1</td>
<td>Extinction to bilateral simultaneous stimulation in one sensory modality</td>
<td>1</td>
</tr>
<tr>
<td>No effort against gravity or no movement</td>
<td>2</td>
<td>Does not recognize own hand or orients only to one side of the body</td>
<td>2</td>
</tr>
<tr>
<td>Speech Changes</td>
<td></td>
<td>Eye Deviation</td>
<td></td>
</tr>
<tr>
<td>Absent</td>
<td>0</td>
<td>Absent</td>
<td>0</td>
</tr>
<tr>
<td>Mild to moderate</td>
<td></td>
<td>Partial</td>
<td>1</td>
</tr>
<tr>
<td>Severe global aphasia or mute</td>
<td>2</td>
<td>Forced deviation</td>
<td>2</td>
</tr>
<tr>
<td>Facial Palsy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Normal or minor paralysis</td>
<td>0</td>
<td>Partial or complete paralysis</td>
<td>1</td>
</tr>
</tbody>
</table>

METHODS

Data from three periods were compared: (A) Mar-Aug 2017 after implementation of FAST-ED, (B) Mar-Aug 2016, the year before implementation, and (C) Sept 2016-Feb 2017, just before implementation (Fig. 1). Distance traveled in miles from scene to our CSC was obtained from MDFR incident reports. Data also were broken down by age (<80 vs. ≥80 years).

RESULTS

- 825 acute stroke alerts were reviewed
- 279 cases in Period A, 259 in Period B, 287 in Period C

A two-factor ANOVA with time period (A, B, C) and age group (<80, ≥80) as independent variables determined if FAST-ED implementation and age affected how far patients traveled via ambulance

- Patients ≥80 years traveled shorter distances than those <80 years regardless of time period [F(1,5)=16.124, p<0.001] (Fig. 2)

CONCLUSIONS

- Using three months of data in each period, there was a marginally significant age x time interaction, but it was non-significant with six months of data in each period.
- No clear pattern for effect of sex was found using a three-factor ANOVA

DISCLOSURES

There are no financial disclosures related to this study.