



Hudson Valley Regional Emergency Medical Advisory Committee
Memorandum

To: Regional EMS Agencies, Coordinators, and Hospitals
From: Regional Emergency Medical Advisory Committee (REMAC)
Subject: NYS Stroke Centers and Utilization by EMS
Date: September 12, 2005 (Updated November 2006)

In February of this year, the New York State Department of Health Bureau of EMS (NYSDOH BEMS) released a revised **NYS Suspected Stroke Protocol** that was approved by the New York State Emergency Medical Advisory Committee (SEMAC) and the New York State Emergency Medical Services Council (SEMSCO)ⁱ. Executive EMS Officers were advised to replace the existing **NYSDOH BLS Protocol M – 17ⁱⁱ** in the NYS Basic Life Support (BLS) Protocols for Emergency Medical Technicians and Advanced Emergency Medical Technicians.

While treatment of the suspected stroke patient remains the same, the revised NYSDOH BLS stroke protocol contains critical changes affecting transport decisions:

- Suspected stroke patients should be closely assessed to determine if possible the time of onset of stroke symptoms.
- Suspected stroke patients are to be diverted past a closer community hospital to a NYSDOH designated Stroke Center **only if the patient can arrive at the stroke center within 2 Hours of the onset of stroke symptoms.**

NOTE: *EMS personnel must contact the NYSDOH designated Stroke Center as soon as possible to advise them of the transport of a suspected stroke patient to their hospital. This will allow the Stroke Center time to assemble a Stroke Team.*

- Suspected stroke patients **MUST** be transported to **closest appropriate hospital emergency department (ED)** if any of the following apply:
 1. Patient is in cardiac arrest;
 2. Patient has an unmanageable airway;
 3. Patient has (an) other medical condition(s) that warrant(s) transport to the closest appropriate hospital emergency department (ED) as per NYS and/ or Regional protocol;
 4. Total prehospital time (time from onset of patient's signs and symptoms to arrival at the Stroke Center) exceeds 2 hours;
 5. On-line Medical Control so directs.

Although it was originally announced that only a number of hospitals in New York City (Kings and Queens Counties) had been designated Stroke Centers as part of the pilot study, the NYSDOH has subsequently approved additional facilities as Stroke Centers. There are now designated Stroke Centers in our Region, as well as some located in areas immediately adjacent to our Region.



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Effective immediately the following Regional hospital(s) have received final designation as a NYS Stroke Center:

Hospital	City	Region (County)	As of REMAC Advisory Date
Good Samaritan Hospital	Suffern	Hudson Valley (Rockland)	9/12/05
Nyack Hospital	Nyack	Hudson Valley (Rockland)	9/12/05
St. Francis Hospital	Poughkeepsie	Hudson Valley (Dutchess)	12/19/05
Benedictine Hospital	Kingston	Hudson Valley (Ulster)	01/24/06
St. Luke's/Cornwall Hospital	Newburgh	Hudson Valley (Orange)	04/17/06
The Kingston Hospital	Kingston	Hudson Valley (Ulster)	05/30/06
ORMC – Horton Campus	Middletown	Hudson Valley (Orange)	06/05/06
Northern Dutchess Hospital	Rhinebeck	Hudson Valley (Dutchess)	06/09/06
Vassar Brothers Medical Center	Poughkeepsie	Hudson Valley (Dutchess)	06/09/06
St. Luke's/Cornwall Hospital – Cornwall Campus	Cornwall	Hudson Valley (Orange)	11/13/06
Putnam Hospital Center	Carmel	Hudson Valley (Putnam)	06/01/07

Effective immediately the following hospital(s) in neighboring EMS Regions have received final designation as a NYS Stroke Center:



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Hospital	City	Region (County)	As of REMAC Advisory Date
White Plains Hospital	White Plains	Westchester (Westchester)	9/12/05
Hudson Valley Hospital Center	Cortland Manor	Westchester (Westchester)	11/30/05
Westchester Medical Center	Valhalla	Westchester (Westchester)	01/24/06
Albany Medical Center	Albany	REMO (Albany)	9/12/05
Albany Memorial	Albany	REMO (Albany)	9/12/05
Samaritan	Rensselaer	REMO (Rensselaer)	9/12/05
Ellis Hospital	Rensselaer	REMO (Schenectady)	9/12/05

As with the preexisting NYSDOH Trauma Protocols and Regional / Area Trauma Center system, all Regional agencies should ensure that their members are aware of the NYSDOH BLS Suspected Stroke protocols and determine how these designations will now affect their individual EMS operations.

The NYSDOH continues to accept and process applications from facilities across the state. It is expected that more regional / area hospitals will be approved as designated Stroke Centers in the next year making the impact to individual agency operations negligible. When the REMAC has been advised of further designations, an updated advisory will be issued to all regional EMS agencies.

Hospitals who have received designation as stroke centers are required to notify local EMS agencies and systems when they are approved and offer training specific to the recognition and treatment of stroke. If there are any questions on a hospital's approval to begin operation, please contact the Regional EMS Office at 845-567-6740

Please refer all questions regarding this advisory to the Regional EMS Office Staff at 845-567-6740. Your anticipated cooperation is appreciated.

Issued and Authorized by:
Craig van Roekens, M.D.
REMAC Chair

ⁱ Letter from NYSDOH BEMS Director Edward Wronski (February 2005)

ⁱⁱ Updated NYSDOH BLS Protocol M-17 – Suspected Stroke (January 2005)