

Montana 2024 Q1 EMS Data Report: Coverdell Pre-Hospital Stroke Measures

According to 2021 Get With the Guidelines data collected at participating Montana hospitals, 36% of stroke patients arrived at the emergency department via EMS. EMS is a key component of the stroke system of care, efficiently triaging patients, asking important questions about stroke symptoms, and expediting patient transport to the appropriate hospital. This report uses pre-hospital patient care data from Montana's statewide EMS incident dataset to monitor 7 standardized metrics derived from the Paul Coverdell National Acute Stroke Program, which can be used to improve pre-hospital care for stroke patients, evaluate the impact of Stroke Workgroup activities, and identify opportunities for better data consistency.

Figure 1. Trends in pre-hospital stroke care performance measures, Ground transporting agencies, Montana 2024

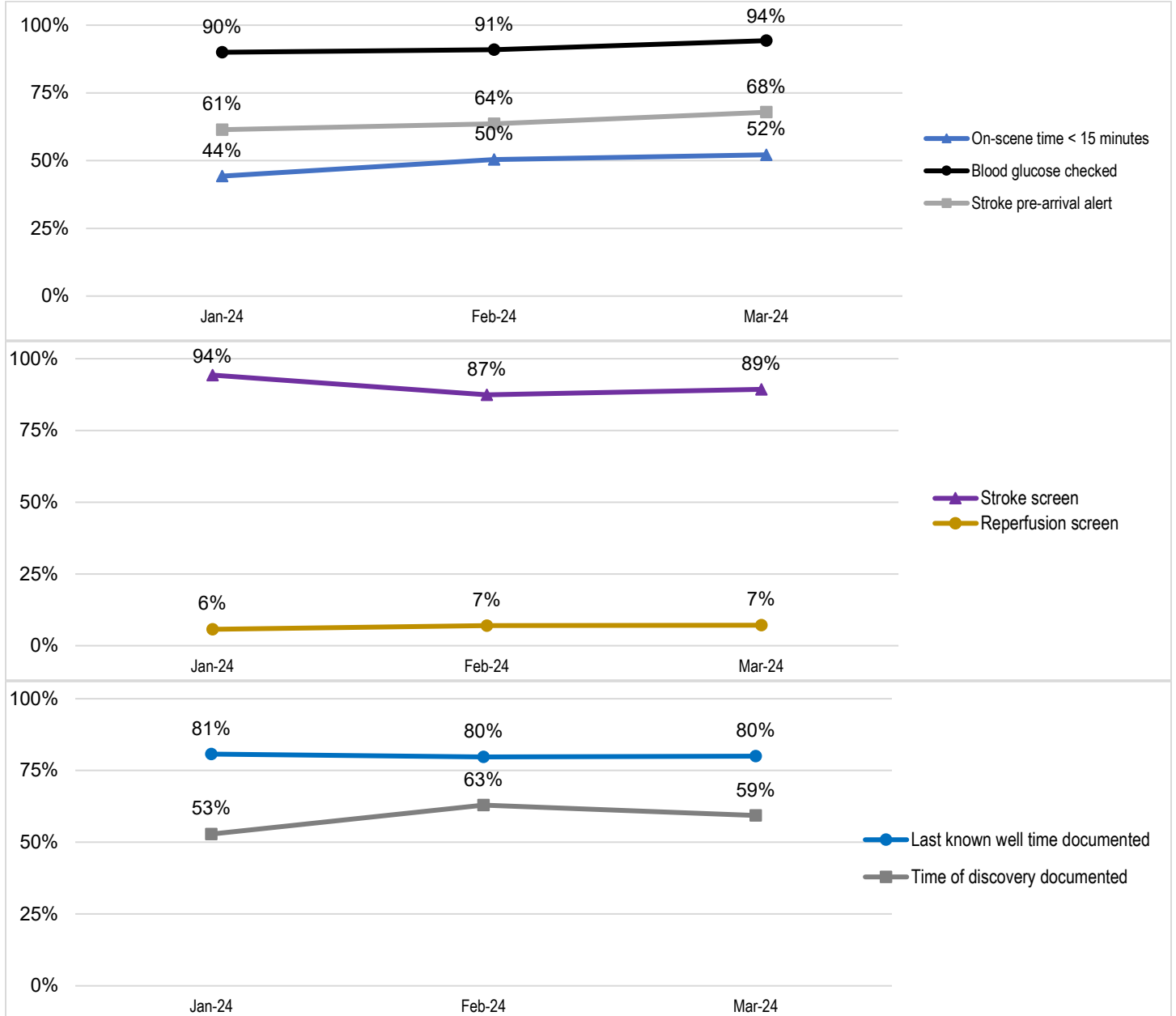


Table 1. Pre-hospital stroke care performance measures, Ground transporting agencies, Montana 2024

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Total number of suspected stroke 911 transports ¹	140	143	140										423
1. On-scene time <15 minutes	62	72	73										207
2. Blood glucose checked	126	130	132										388
3. Stroke pre-arrival alert	86	91	95										272
4. Stroke screen	132	125	125										382
5. Last known well time documented	113	114	112										339
6. Time of discovery documented	74	90	83										247
7. Reperfusion screen	8	10	10										28

Description of Pre-hospital Stroke Measures

- Coverdell 1 – On-Scene Time <15 Minutes:** AHA recommends an on-scene time of less than 15 minutes because timeliness of pre-hospital care is an important link in the stroke chain of survival.
- Coverdell 2 – Blood Glucose Checked:** At least one blood glucose level checked and recorded. Assessment of blood glucose as an important pre-hospital intervention in the stroke chain of survival. Hypoglycemia is frequently found in patients with stroke-like symptoms; administering glucose may resolve neurological deficits.
- Coverdell 3 – Stroke Pre-Arrival Alert:** EMS providers are expected to provide early notification, when possible, to the receiving hospital when stroke is recognized in the field. Stroke pre-notification is an important factor in reducing elapsed time before treatment and ensuring appropriate hospital resources are mobilized before patient arrival to the hospital.
- Coverdell 4 – Stroke Screen:** Use of stroke screening tools in the pre-hospital setting is important to ensure priority triage of suspected stroke patients.
- Coverdell 5 – Last Known Well Time Documented:** Last known well time is critical to determining next treatment steps, including eligibility for thrombolytic therapy. Must be prior to the documented incident date and time
- Coverdell 6 – Time of Discovery Documented:** time of discovery (symptom onset). is critical to determining next treatment steps, including eligibility for thrombolytic therapy. prior to the documented incident date and time
- Coverdell 7 – Reperfusion Screen:** Use of reperfusion screen (thrombolytic stroke checklist) tools in the pre-hospital setting may help determine next treatment steps, including eligibility for thrombolytic therapy.

About the Data Source

The State of Montana’s EMS Incident Dataset consists of patient care documentation collected by emergency care providers. Montana statute requires all licensed ground and air transporting EMS agencies to submit a patient care report (PCR) for each patient encountered during an EMS activation. (PLEASE NOTE: Montana began transitioning from [NEMSIS 3.4](#) to [NEMSIS 3.5](#) in Sept 2023. While this report includes records from both data standards, the transition is ongoing, and some data aberrations are expected until it is complete.) Note that the dataset is a registry of EMS activations; it is not a “patient-based” dataset. Numbers in this report are provisional and subject to change due to latent record submissions or updates, as well as data quality issues. This report includes records with incident location in Montana and incident date between 1/1/2023 – 9/30/2023, where response type = 911 Response (Scene) and [patient disposition = “Patient transported” (NEMSIS 3.4) OR (transport disposition = “Transported by this EMS unit”. & patient evaluation/care = “evaluated and care provided”/“evaluated and no care required” (NEMSIS 3.5))

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¹ Any provider impression of ICD-10-CM codes I60, I61, I63, G45, G46.3, G46.4 OR a positive stroke scale score