

Provincial Acute Stroke Patient Repatriation Process for Endovascular Treatment (EVT)

PURPOSE: *To outline the repatriation process for acute stroke patients who have been transferred to an EVT Centre for treatment.*

What is EVT?

EVT involves mechanical clot disruption (embolectomy) and is carried out by specialists with neurointerventional expertise (e.g. neuroradiologist, neurosurgeons, and neurologists).

Eligible patients are those who present with potentially disabling, acute neurological symptoms suggestive of an acute stroke within 6.0 hours of symptom onset and in some cases within 12 hours. *Time-is-brain* in acute stroke treatment, so rapid triage, assessment, and CT/CTA is required to determine eligibility for EVT.

How do I access EVT?

Given EVT is a highly specialized procedure and available at a limited number of sites in Ontario, a provincial process has been established to support regional access to EVT centres. The process builds on systems in place for accessing tissue Plasminogen Activator (tPA) and uses Critical Care Ontario to coordinate referrals and transfer (from tPA sites).

How does the *Life and Limb* policy apply to EVT patients?

Due to the time sensitive nature of EVT, patients identified as **potential EVT candidates** are considered under the provincial [Life and Limb](#) policy. During the referral process, EVT candidates should be identified as “Life and Limb” patients. This will trigger the policy to support expedient transfer and repatriation as appropriate. Repatriation may be initiated as soon as the patient is medically stable. The repatriation can be done from the emergency department or after the patient has been admitted, depending on patient need. For patients that are admitted the provincial *Life and Limb* policy Guiding Principle and Responsibilities state:

“Repatriation within a best effort window of 48 hours once a patient is deemed medically stable and suitable for transfer is key to ensuring ongoing access for patients with life or limb threatening conditions”

The Life and Limb policy regarding repatriation states, if the referring hospital “cannot provide the patient with the clinical services required or is not in the LHIN geographic areas where the patient resides, the patient will be sent to the hospital closest to the patients home that can provide the clinical services required.”

What kind of care is required after EVT?

Patients receiving EVT will receive care on an intensive care or step down unit immediately following the intervention. The Updated Quality Based Procedures [Clinical Handbook for Stroke \(Acute and Post Acute\)](#) recommends: **For ongoing acute care admission, patients receiving EVT should be admitted to a stroke unit¹**. Therefore patients receiving EVT should be repatriated back to the closest hospital with a stroke unit [for usual stroke unit care](#). A list of stroke unit hospitals based on geography has been compiled. Please contact the Regional Director in your stroke network for an updated copy of this list.

To facilitate a smooth transition, EVT Centres should send inter-hospital documentation with the patient outlining: the treatment received including procedure note where applicable, patient outcome and functional status (e.g. NIHSS score, Modified Rankin Scale Score, AlphaFIM®), medications, and recommended/planned follow-up including recommendations for rehabilitation or Stroke Prevention Clinic follow-up.

¹ A geographical unit with identifiable co-located beds (e.g. 5A-7, 5A-8, 5A-9, 5A-10, 5A-11) that are occupied by stroke patients 75% of the time and has a dedicated inter-professional team with expertise in stroke care with the following professionals at a minimum nursing, physiotherapy, occupational therapy, speech language pathologist