Regional Acute Care Plan

PURPOSE

The mission of the East Texas Gulf Coast Regional Trauma Advisory Council Acute Care Committee is to facilitate coordination among stroke, sepsis, and chest pain care providers to ensure the most efficient, consistent, expeditious, effective, and innovative care for every individual experiencing acute stroke, sepsis, or chest pain. This is achieved by developing, implementing, and maintaining integrated quality processes in prevention, early recognition, rapid assessment, comprehensive management, and seamless hospital-to-hospital transfers for these critical conditions.

The regional plan and guidelines are meant to provide guidance to healthcare providers and facilities within the RAC-R region.

GOALS

- Identify and integrate our resources to obtain commitment and cooperation.
- Collaborate and identify tactics/strategies to increase EMS engagement in stroke, sepsis, and cardiac care.
- Establish system coordination relating to access, protocols/procedures and referrals. These structures will establish continuity and uniformity of care among the providers of stroke, sepsis, and cardiac care.
- Promote internal communication as the mechanism for system coordination which will include the EMS providers, hospitals, and members of the RAC-R.
- Set goals to share QI Projects between members of the RAC-R.
- Institute an understanding of the guidelines for stroke center designation, sepsis care, and cardiac center designation as dictated by the Texas Department of State Health Services.

OBJECTIVES

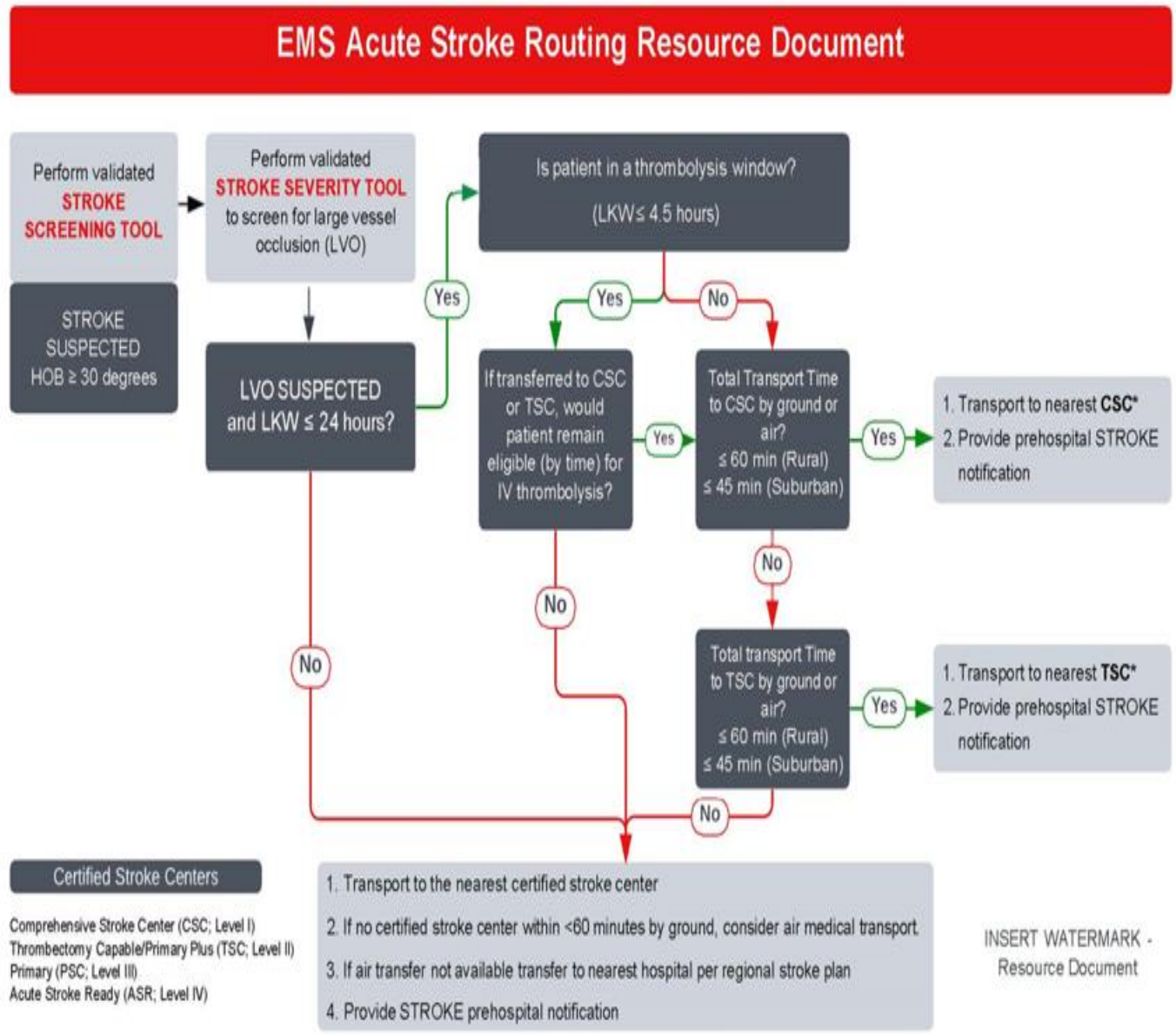
RAC-R will develop and support leadership and innovation within our region, state, and nation regarding the care of patients with stroke, sepsis, and chest pain, striving for solutions to preventable mortality and morbidity. Through collaboration, education, and continuous quality improvement, RAC-R aims to set the standard for excellence in critical care and to reduce the impact of these life-threatening conditions across our communities.

SPECIAL CONSIDERATIONS FOR FACILITY BYPASS

All RAC-R centers must utilize communication methods such as EMResource to notify pre-hospital providers when there are changes in their capabilities requiring bypass.

The RAC-R Acute Care Committee has developed and adopted transfer protocols/algorithms (see Exhibit 1 and Exhibit 2) for pre-hospital providers as guides. Any pre-hospital provider may use these algorithms for reference, but their medical directors have ultimate authority over their transfer protocols.

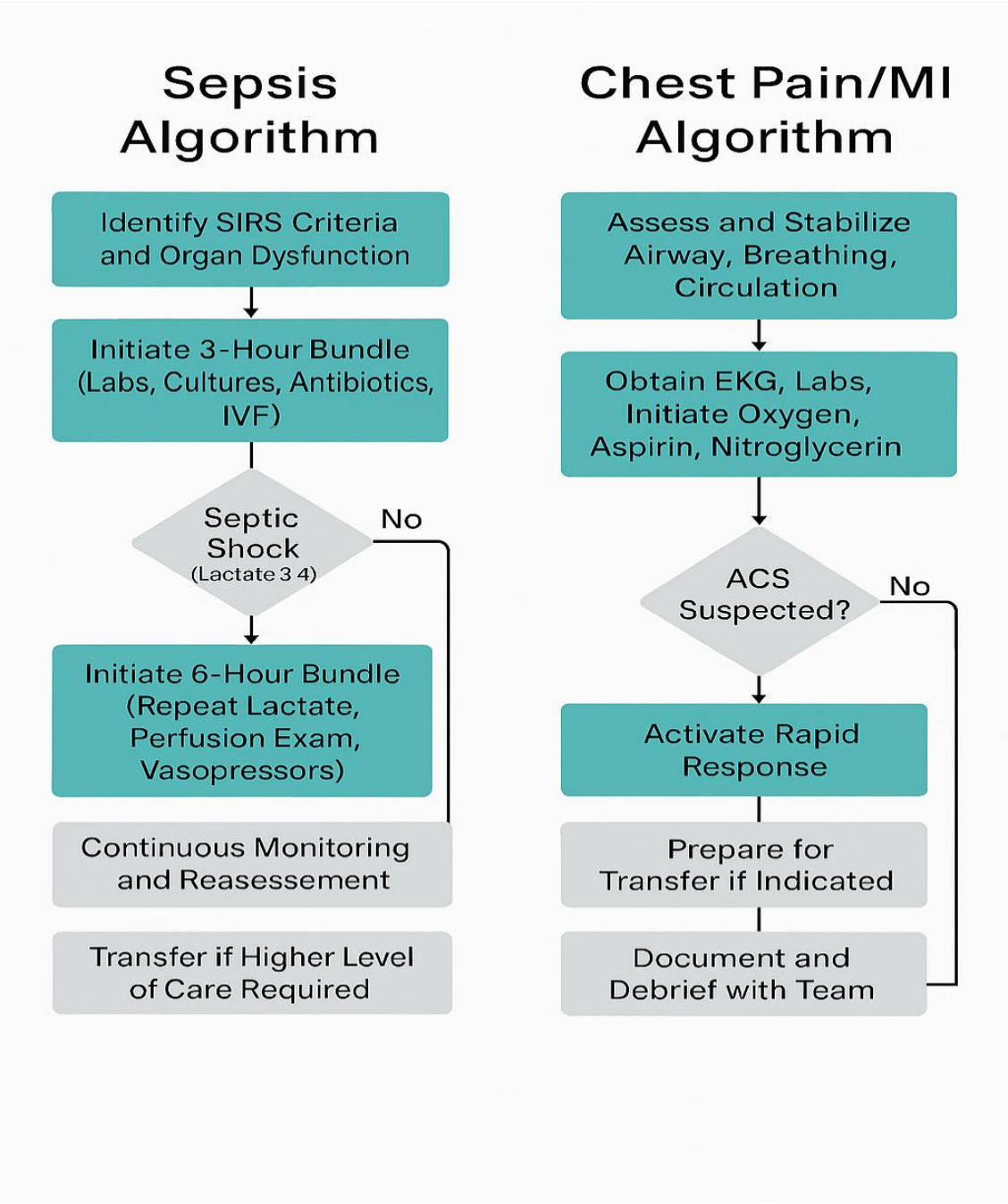
Exhibit 1: Stroke Transfer Algorithm



LKW - Last known well; LVO - Large Vessel Occlusion;* If LVO suspected, consider air transport from scene response to CSC/TSC.

Disclaimer: Regional stroke protocols are developed and implemented based on local guidelines, medical directors' recommendations, and Regional Advisory Councils (RACs). Variations in protocols may exits between different regions. For the most accurate and applicable guidelines, please consult the specific protocols established by your local health authorities and medical professionals.

Exhibit 2: Sepsis and Chest Pain Algorithm



AIR MEDICAL ACTIVATION

Consider air medical activation based on previously defined criteria.

STROKE FACILITY DEFINITION/DESIGNATION

DSHS maintains a list on its website of hospitals or centers meeting state approved criteria and their Stroke Center designation. For more information visit Texas Health and Human Services: https://www.dshs.texas.gov/dshs-ems-trauma-systems/stroke-system-development

The Department of State Health Services (DSHS) Stroke Committee recognizes stroke centers/facilities as follows:

Level I – Comprehensive Stroke Centers (CSC)
Comprehensive Stroke Centers deliver the highest level of care to the most complex stroke cases. With 24/7 neurology, neurosurgery, IR, and OR availability, these facilities can diagnose and treat a wide range of neurovascular diseases from TIA to ischemic and hemorrhagic strokes.

Intervention key words: thrombolytics, TNK, TPA, ventriculostomy, endovascular thrombectomy, large vessel occlusion (LVO), craniotomy, aneurysm clipping/coiling

Level II – Advanced Stroke Center or Thrombectomy Stroke Center (TSC) or Primary Stroke Center Plus (PSC+)
Thrombectomy Stroke Centers have personnel and infrastructure to treat and diagnose high acuity ischemic stroke and hemorrhagic stroke patients. These facilities will have 24/7 neurology and IR availability. TSCs may facilitate transfer to a higher level of care for patients who may need interventions not provided by the TSC, when indicated.

Intervention key words: thrombolytics, TNK, TPA, endovascular thrombectomy, large vessel occlusion (LVO)

Level III – Primary Stroke Center (PSC)
Primary Stroke Centers have personnel and infrastructure to treat and diagnose acuity ischemic stroke patients. These facilities will have 24/7 neurology and critical care availability. PSCs may facilitate transfer to a higher level of care for patients who may need interventions not provided by the PSC, when indicated.

Intervention key words: thrombolytics, TNK, TPA

Level IV – Acute Stroke Ready (ASR)
Acute Stroke Ready Centers have protocols and infrastructure to evaluate, stabilize, and treat ischemic stroke patients with IV thrombolytics. ASRs will stabilize and facilitate transfer to a higher level of care for patients who may need interventions not provided by the ASR, when indicated.

Intervention key words: thrombolytics, TNK, TPA, “Drip and Ship”, Acute Stroke-Ready Center

PREVENTION EDUCATION AND QUALITY IMPROVEMENT

Stroke remains a leading cause of serious, long-term disability in the United States, where someone suffers a stroke every 40 seconds, on average, and dies every 4 minutes (Benjamin et al., 2018). It is one of the primary conditions contributing to functional disabilities, which involve difficulties performing daily activities that require vision, hearing, and speech—impacting work, business, and everyday chores. Stroke is the fifth most common cause of death nationally, responsible for nearly 130,000 deaths each year (Benjamin et al., 2018). By 2030, an estimated 3.4 million U.S. adults will have experienced a stroke, representing a 20.5% increase from 2012 (Benjamin et al., 2018). In Texas, stroke ranked as the third leading cause of death in 2015 (Kus, Bhakta, Bullis, Baudoin, & Auzenne, 2017).

Recognizing the complexity and urgency of stroke care, the RAC-R region has developed comprehensive plans to address stroke, sepsis, and chest pain—three critical conditions requiring rapid, coordinated response. Central to this approach is a hospital-to-hospital transfer system that ensures patients needing specialized or advanced care are identified and transferred to appropriate facilities as quickly as possible. Standardized triage criteria, clear stabilization guidelines, and efficient communication between hospitals help minimize delays and optimize patient outcomes.

The Sepsis Plan emphasizes early recognition, rapid intervention, and seamless coordination among EMS and hospital providers. Protocols include prompt identification of sepsis symptoms, initiation of evidence-based treatment bundles—such as IV fluids, antibiotics, and lactate checks—and escalation to higher levels of care when necessary. Continuous quality improvement and adherence to state and national guidelines are foundational to this effort.

Similarly, the Chest Pain Plan aims to reduce morbidity and mortality from acute cardiac events through rapid assessment, diagnosis, and treatment. EMS and hospital teams collaborate to ensure early recognition, immediate intervention—including oxygen, aspirin, and nitroglycerin—and activation of rapid response protocols for high-risk patients. Transfers to specialized cardiac centers are expedited when advanced care is required.

Together, these integrated plans reflect the RAC-R region’s commitment to delivering efficient, consistent, and innovative care for stroke, sepsis, and chest pain. By fostering collaboration among EMS, hospitals, and advisory council members, and by sharing best practices and quality improvement initiatives, the region strives to improve outcomes and reduce preventable mortality and morbidity for all patients.

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