

HOSPITAL LETTERHEAD

Date

Chief Ambulance service
<Address>

Dear <NAME OF CHIEF>:

On behalf of the <Hospital>, I would like to take this opportunity to provide feedback on the triage and transportation services provided to a patient with stroke symptoms. This feedback is to assist you in assessing the care provided and for use in your quality assessment and improvement efforts. On <Tuesday>, <September X, 20..>, EMS provider <Jane Doe> and <John Smith> responded to a call for an <AGE> year-old <MALE/FEMALE> with <SYMPTOMS>.

The patient:

- Was diagnosed with a stroke.
- Was diagnosed with a condition that often resembles a stroke.
- Was diagnosed with a non-stroke /non-stroke related event.

The EMS providers:

- Immediately notified the ED of an incoming potential stroke patient.
- Initiated the EMS stroke protocol.
- None of the above.

As you know, given the time sensitive nature of treating stroke patients, it is critical for several key processes to occur and data elements documented. This includes the time hospital pre-notification occurred; the time the stroke scale completed; the stroke scale score and time last known well.

As a result the notification and the documentation by EMS providers contributed to the following outcome:

- Due to the prompt notification the acute stroke team was present at the patient's arrived in the ED.
- The patient was treated in a timely manner.

The following documentation was provided on the run report:

- | | |
|--|--|
| <input type="checkbox"/> IV prior to arrival | <input type="checkbox"/> Stroke scale score or stroke symptoms |
| <input type="checkbox"/> Pre-notification | <input type="checkbox"/> Last known well time |
| <input type="checkbox"/> Onset time | <input type="checkbox"/> Stroke team alert |
| <input type="checkbox"/> Blood glucose | |

Please feel free to share this information with the providers involved in the care. In addition, should you have any questions or have specific educational needs, do not hesitate to contact _____ at _____.

Respectfully,

< Doctor's name >
Director Stroke Service

Confidential Information: To be used for quality improvement purposes.