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Commissioner Robbie Goldstein, MD

c/o William Anderson,

Office of the General Counsel,

Department of Public Health,

250 Washington Street,

Boston, MA 02108.

Reg.Testimony@mass.gov

10/27/2024

RE: Healthcare Facility Licensure Regulations 105 CMR 130.000: *Hospital Licensure* regarding tiering of stroke services

Dear Commissioner Goldstein, MD

My name is Tina Dixson. I am the executive director of Central Mass EMS, the Region 2 EMS Council. I have had the pleasure of serving as a co-chair on the Mass Stroke Systems of Care for the last several years, representing EMS. I am also am an Advanced EMT working for a small town, combination fire department for 26 years. All of these roles have allowed me the opportunity to advocate for updated stroke protocols to improve the systems of care for someone who suffers a stroke. As a provider in a small town, I often know the patients I transport. I have seen some miraculous recoveries of patients that were able to be transported directly to a comprehensive stroke center. But I also must question if there could have been a better outcome for those that, due to location per transported to a community hospital and later transferred to definitive care. The outcome of a stroke, in large part depends on how and when the patient is treated so I appreciate the opportunity to comment on the department’s update to 105 CMR 130.000: *Hospital Licensure*, in accordance with Section 90 of the Massachusetts FY24 budget, approved August 2023, which requires the Department to promulgate regulations that create statewide criteria for designating hospitals in a tiered system.

Time is brain and different strokes need different emergency treatments. Advanced treatments for patients with the most severe ischemic stroke (large vessel occlusions, or LVO) and hemorrhagic strokes are not available or feasible at many hospitals in the Commonwealth, but the Commonwealth has advanced stroke centers that can provide these treatments. A tiered stroke system of care can significantly increase the proportion of patients who receive time-sensitive, right-sized stroke care while also encouraging continued improvement in the quality of care. Less need of secondary transfers also leaves more ambulances available for 911 calls.

I want to take this opportunity to highlight concerns and ask for some clarification to ensure that the regulations are following the intent of the statute. I will keep my comments to those related to emergency medical services (EMS). I must state these things in first person and not collectively from the regional council. Our regional medical services advisory committee that meets monthly has not had the opportunity to review the proposed changes.

The Point of Entry (POE) Plan that allows EMS to transport directly to a tertiary care center must include a list of recognized Comprehensive Stroke Centers, Thrombectomy-Capable Stroke Centers, Primary Stroke Centers and Acute Stroke Ready Hospitals. The POE Plan should also adopt and distribute a nationally recognized standardized stroke triage assessment tool for use statewide which is designed to detect patients with suspected large vessel occlusions, and that the stroke severity tool determines bypass. Currently EMS is utilizing Field Assessment Stroke Triage for Emergency Destination (FAST ED) with good success. Studies show a FAST ED “⩾4 revealed very good accuracy to detect large vessel occlusion–related acute ischemic stroke with a sensitivity of 82.4%” with a 95% confidence interval. (Frank, et al. 2021). I am concerned that the POE has not been released along with the regulation changes. The recommendations presented to the MA Stroke Advisory Committee, which I also serve on, offered a FAST ED of ⩾6. I am concerned that this could render the changes much less effective for improving stroke care.

If you have any questions, please don’t hesitate to reach out to us, I appreciate your consideration of this lifesaving policy.

Sincerely,

Tina Dixson, NR-AEMT

Executive Director, Central Mass EMS Corp

Co-Chair, MA Stroke Systems of Care

Frank B, Lembeck T, Toppe N, Brune B, Bozkurt B, Deuschl C, Nogueira RG, Dudda M, Risse J, Kill C, Forsting M, Kleinschnitz C, Köhrmann M. FAST-ED scale smartphone app-based prediction of large vessel occlusion in suspected stroke by emergency medical service. Ther Adv Neurol Disord. 2021 Nov 14;14:17562864211054962. doi: 10.1177/17562864211054962. PMID: 34804205; PMCID: PMC8597063.