

**FERNE / EMRA 2007 Acute Ischemic Stroke Patients :  
The Role of Emergency Medicine in Neurologic Emergencies  
Andy Jagoda, MD, FACEP**

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## **The Role of Emergency Medicine in Neurologic Emergencies**

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## **EMS / EM and Neuro-resuscitation**

- 15 million ED visits / year for neurologic emergencies
- Potential disability is high
- Potential benefit to outcome is time dependent
  
- Great opportunity to become involved and establish a career pathway

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## **Getting Involved**

- Clinical Policy Development
- The Brain Attack Coalition
- The Brain Trauma Foundation
- The NETT

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## **NINDS Trial**

- Successful management of acute stroke depends on emergency medicine
  - Coordinate pre-hospital care
  - Coordinate ED care
- NINDS – SPOTRIAS
  - 10 Stroke Treatment Centers
  - Successful applicant for NINDS funding must have an emergency physician as a primary investigator

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Brain Attack Coalition:  
Promoting the EM / Neurology Interface



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## **BAC Mission**

- Formed in 1997
- A group of professional, voluntary and government groups
- Dedicated to reducing the occurrence, disabilities and death associated with stroke
- Goal is to strengthen the relationship between its member organizations and to provide a forum to discuss mechanisms for improving stroke outcomes

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**BAC Members**

- NINDS
- American Academy of Neurology
- American College of Emergency Physicians
- American Assn of Neurological Surgeons
- American Stroke Association
- National Stroke Association
- Am Soc of Intervent and Therap Neuroradiology
- American Society of Neuroradiology
- Congress of Neurological Surgeons
- Stroke Belt Consortium
- Veterans Administration
- National Association of EMS Physicians
- Centers for Disease Control and Prevention
- American Assn of Neuroscience Nurses

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**JCAHO Disease Specific  
Care Certification**

- Joint initiative between ASA and JCAHO
- Voluntary participation
  - Approx 400 accredited hospitals
- Premise is that accreditation process will drive quality measures and improve outcomes
- No emergency medicine society has endorsed this initiative
  - t-PA controversy
  - Overcrowding
  - Medical legal implications

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**EM Position Statements**

- Emergency physicians were concerned of being isolated care providers in acute stroke with the inherent liability
- The EM community was skeptical of the NINDS trial's external validity
- The EM community was not convinced that the risk/benefit of t-PA merits its use in all settings

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**What are the questions to be answered in the new ACEP stroke patient clinical policy?**

- When the NINDS criteria are met, is IV t-PA safe and effective for acute ischemic stroke presenting within 3 hours of symptom onset?
- Is there a subset of patients presenting with a TIA that can be effectively and safely managed as outpatients?

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**What are the questions to be answered in the new ACEP stroke patient clinical policy?**

- Initiative started with AAN in 2005
- Three ACEP members, 3 AAN members
- Evidence based methodology
- Initial MEDLINE search had over 3000 citations
- Approx 200 abstracts reviewed
- Approx 60 articles being graded

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**Neurological Emergencies  
Treatment Trials Network**

- Background: Neurologists and / or neurosurgeons are not present when many neurologic emergencies present
- Concept: A neurologic emergencies network that is not disease specific but would open opportunities for clinical research on neurologic emergencies in the prehospital and ED arenas
- A network would allow for pooling of resources

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## **The Hub and Spoke Model**

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- **Clinical Coordinating Center** – provides executive and steering committee governance, and management services to research centers. Facilitates rapid and rigorous completion of trials
- **Hub** – (10 – 20 per CCC) backbone of the network; regional and provide research and clinical infrastructure for collaborating centers (spokes)
- **Spoke** – (2 – 10 per hub) smaller centers which either provide on site research or refer to a hub

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## **NETT Research Agenda**

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- **High prevalence neurologic diagnoses**
  - Stroke / SAH
  - Seizures
  - TBI
- **Low prevalence but high morbidity and high mortality neurologic diagnoses**
  - Spinal cord injury
  - Meningitis

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## **Summary**

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- **EMS and Emergency Medicine** are on the front line for diagnosing and managing neurologic emergencies
- **Outcomes in these patients** are dependent on the quality of the initial resuscitative care provided
- **We are entering a new era** in research that will benefit our specialty
- **There is a great need** from our specialty to take a leadership role in clinical care, research, and education in neurologic emergencies

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## **Questions?**

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