

Welcome to Aspirus Langlade Hospital Your Hospital

Date of Your JC Certification



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Empower. Unite. Care.

Aspirus Langlade Hospital



Aspirus Langlade Hospital



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Aspirus (Langlade) Mission

As a Ministry of Jesus we heal people,
promote health and strengthen
communities.

Aspirus Vision

Aspirus is a catalyst for creating healthy,
thriving communities, trusted and engaged
above all others.



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Aspirus

One of the nation's Top 15 Health Systems



- Better Survival Rates
- Fewer Complications and Infections
- Shorter Stays
- Shorter Emergency Department Wait Times
- Lower Costs
- Higher Patient Satisfaction

Aspirus Langlade Hospital



- A top 20 Critical Access Hospital award is a prestigious honor in the midst of unprecedented change in healthcare. We were selected as a Top 20 Hospital out of 1,300+ Critical Access Hospitals in 2018 & 2019.



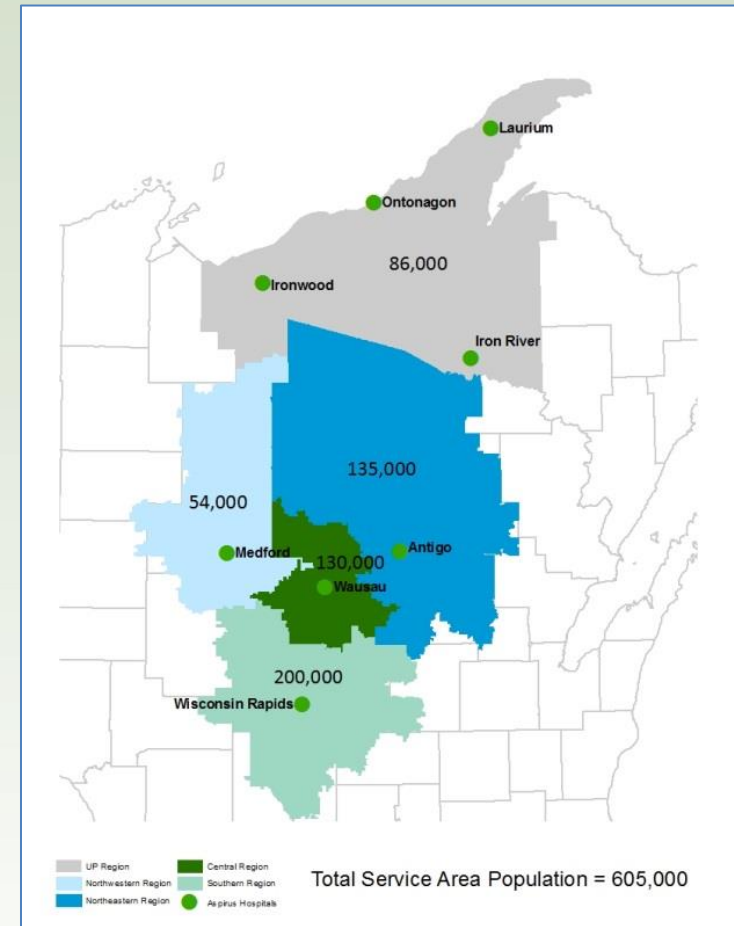
Aspirus Langlade Hospital Pathway to Excellence Hospital



- Pathway designation November 2018.
- Pathway standards are benefitting nurses, patients and the communities we serve
 - Improving nurse satisfaction
 - Retaining the best staff and nursing leaders
 - Cultivating inter-professional teamwork
 - Championing high quality nursing practice
 - Supporting business growth

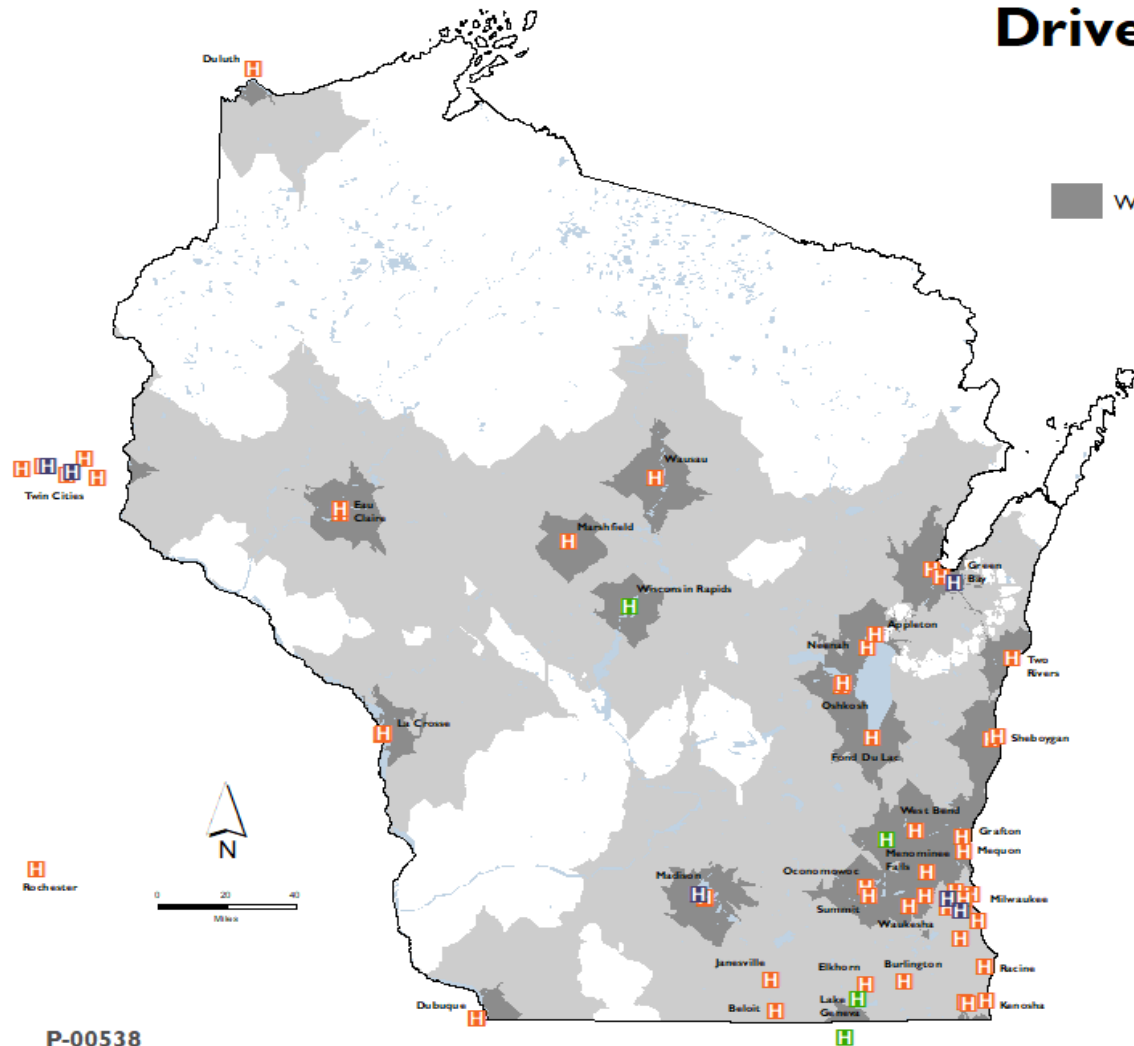
Stroke Care: A Complex Regional Approach

- 600,000 lives cared for by Aspirus
- ALH is an access point for a catchment area that exceeds a population of 20,000 people. It is critical to our patients that we provide the best stroke care possible with the availability of a Primary Stroke Center within 40 miles.






Drive Time to Hospital Stroke Centers

Within 20-minute drive
 20- to 60-minute drive



Health Care Provider Locations

-  Comprehensive Stroke Centers
-  Primary Stroke Centers
-  Acute Stroke Ready Hospital



**WISCONSIN COVERDELL
STROKE PROGRAM**



Map created by the WI Department of Health Services, Bureau of Information Technology Services, GIS Program
December 2018

P-00538

Source: Coverdell Stroke Program, Wisconsin Department of Health Services & The National Stroke Association, December 2018

Guiding Principles Aspirus System Neuroscience Care

- A clinical base of knowledge for neurology care with a hub in Wausau that will address the entire system's needs for inpatient and outpatient neurology and the enormous demand created by our aging population.
- A consistent, high quality process for stroke care across the system.
- A Neuroscience structure that supports the knowledge base and process.

Aspirus System Neurology care

- Aspirus Wausau - Primary Stroke Center
 - Aspirus Riverview - Acute Stroke Ready
 - Aspirus Langlade - Acute Stroke Ready (February 14, 2020)
 - Aspirus Medford - Acute Stroke Ready (February 15 & 16 - Send good thoughts to them!)
 - Aspirus UP CAH's - Acute Stroke Ready (coming soon!)
-
- Regional Stroke Coordinator - Assisting in advancing stroke care across the Aspirus System.
 - Transition of care work between Aspirus Inpatient Rehab, Skilled Nursing Facilities, Swing Bed, Home Health, Palliative and Hospice Care Programs.

ALH - Clinical services available

- General Medical/ICU
- Specialists On Call
- Emergency
- Orthopedics
- OB/GYN
- Pharmacy
- Spiritual Care
- Swing Bed
- Nursing
- Imaging
- Laboratory
- Surgical Services
- Social Work/Case Management
- Respiratory Therapy
- Speech Therapy
- Physical Therapy
- Occupational Therapy
- Three primary care clinics
- Registered Dietician
- Hospitalist group

Multidisciplinary Rounding Monday - Friday

- *Physician
- *Therapies
- *Dietician
- *Spiritual Care

- * Nursing
- * Case Management
- * Respiratory Therapy
- * Pharmacy



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Spine & Neurosciences

Back Pain

Stroke Care

Locations

- Find Locations with this service

Stroke Care

KNOW THE SIGNS OF A STROKE! BE FAST!

Aspirus Wausau Hospital is a Primary Stroke Center. To learn more, [click here](#).

A stroke occurs when the flow of blood to a portion of the brain is interrupted. A reduction in blood flow can occur because of a clot that blocks a blood vessel or because of bleeding in the brain. The extent of irreversible cell death that occurs from the lack of blood supply depends on the duration of the reduced blood flow. Stroke is the No. 5 leading cause of death in the United States and is a leading cause of serious, long-term disability. **Stroke needs immediate medical attention.**

Symptoms of a stroke include:

- **B**alance – Sudden loss of coordination or balance
- **E**yes – Sudden change in vision
- **F**ace – Sudden weakness on one side of the face or facial droop
- **A**rm – Sudden arm or leg weakness or numbness
- **S**peech – Sudden slurred speech, trouble speaking, trouble understanding speech
- **T**errible Headache – Sudden onset of a terrible headache

If you experience symptoms of stroke:

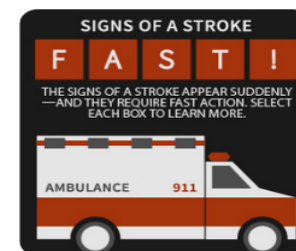
- Call 9-1-1 immediately.
- Do not drive.

Ways to prevent strokes:

- Maintain a healthy weight
- Maintain good blood sugar control
- Stop smoking
- Maintain normal blood pressure

Stroke Support Groups

- **Antigo** – The Aspirus Langlade Hospital Stroke Support Group is open to anyone in the community, outpatients, stroke survivors and those who have experienced traumatic brain injury. The group meets on the second Wednesday of each month from 9-10:30 a.m. at St. Joseph Outpatient Center located at 501 Aurora Street in Antigo. The group meets in St. Joseph's Conference Room B on the second floor. Contact [Jessica Brandt](#) at 715-623-9449 to register.
- **Medford** – The Stroke Support Group offers emotional, educational and social support for stroke survivors as well as their family members and caregivers. Individuals are encouraged to attend to receive encouragement from others coping with similar issues. The group meets the third Tuesday of the month (except on holidays) at 1 pm. Meetings are held in the Community Education Room at Aspirus Medford Hospital. For more information, call Aspirus Medford Hospital at 715-748-8100.
- **Wausau** – The Stroke Club is a support group for stroke patients and their families. The group meets the second Monday of even numbered months. Meetings are held in the Birthing Center Classroom at Aspirus Wausau Hospital. Please use Entrance C for parking and access to the Birthing Center entrance. For more information, call Aspirus Outpatient Therapies at 715-847-2827.



Click on image for interactive infographic

Know your risk

Take our stroke health assessment now.

[Learn More](#)

Test Your Knowledge

Take a stroke quiz, find out your risk factors for stroke and get more valuable stroke information.

[See resources](#)

Related Links

- [American Stroke Association](#)
- [American Heart Association](#)
- [American Diabetes Association](#)
- [Inpatient Rehabilitation at Aspirus Wausau Hospital](#)
- [Aspirus Cardiology](#)
- [Aspirus Memory Clinic](#)

ALH Stroke Committee Purpose/Mission

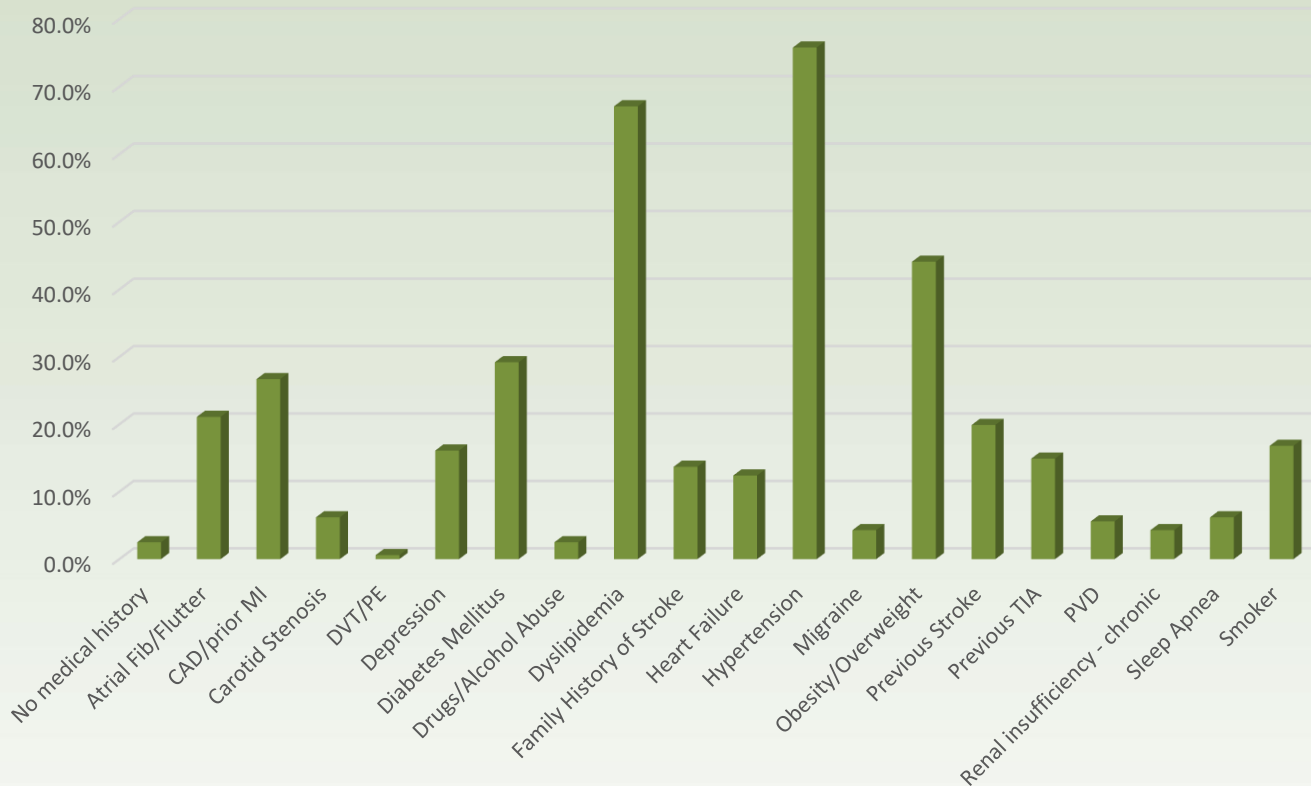
Develop and maintain an Acute Stroke Ready Certified program that provides adequate and appropriate resources for the optimal care of our stroke patients.

Stroke Demographics

January 2018-December 2019

- **Age**
 - 18-65 = 25%
 - >65 = 75%
- **Gender**
 - Male = 54%
 - Female = 46%
- **Race**
 - White = 97%
 - Black or African American = .6%
 - American Indian or Alaska Native = 2.4%

Target Stroke Population January 2018-December 2019



Stroke Volumes

Calendar Year 2018

Total ED Volume - 11,254

Ischemic - 39

Hemorrhagic - 7

TIA- 23

Total Strokes - **69**

Admissions - **33**

Alteplase volume - **3**

Calendar Year 2019

Total ED Volume - 10,997

Ischemic - 46

Hemorrhagic - 11

TIA - 36

Total Strokes - **93**

Admissions - **52**

Alteplase volume - **10**

Aspirus Langlade Stroke Committee

- Physician - Medical Director of Stroke Program
- Registered Nurse - Stroke Program Coordinator
- Quality - Quality Improvement Director
- Physician - Emergency Medicine
- Registered Nurse - Director of Organizational Development/Nursing Administration
- Registered Nurse - Director Inpatient Services
- Registered Nurse - Manager of Med-Surg, ICU
- Registered Nurse - Coordinator/Educator Emergency Services
- Registered Nurse - System stroke coordinator
- Registered Nurse - Executive Sponsor
- Pharmacist - Pharmacy Director
- Registered Nurse - Hospital Supervisor
- EMS - City of Antigo EMS
- Imaging - Director of Imaging
- PT-OT-Speech - Therapist

Core Stroke Core Team Members

- Dr. Daniel Salinsky, MD
 - Stroke Medical Director
- Cathy Connor, MSN RN CEN
 - Stroke Coordinator

Stroke Data

- Stroke data is abstracted retrospectively (many times almost concurrently) on all patients with a stroke diagnosis.
- All data is shared:
 - ALH Stroke Committee meetings
 - Abstractor to Provider (real-time positive & negative)
 - Medical Director to Provider
 - Quality Assurance Performance Improvement (QAPI) team
- Data from all Code Stroke patients is analyzed and summarized into a Code Stroke Summary. Emergency Department metrics are shared on each Code Stroke patient with:
 - Emergency Department Staff and Physicians

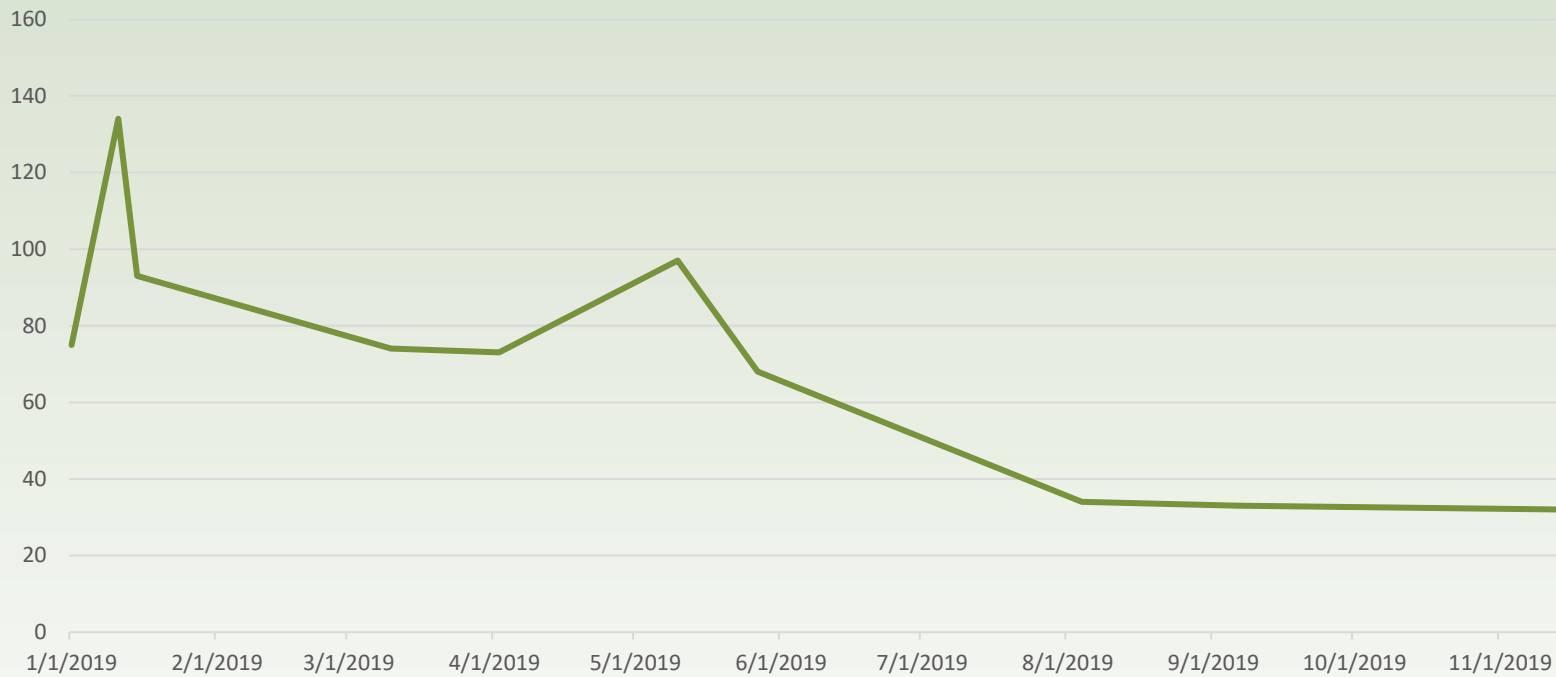
DATA ABSTRACTION

DATA ABSTRACTION

** Provider	** Discharge Date/Time	** Final clinical Diagnosis related to stroke	** Discharge Disposition
** Gender	** Age	** Advance notification by EMS	** Arrival Date/Time
** Time from LKW to Arrival (Min)		** Total NIHSS	**Had Sx resolved on arrival
** Door to Brain Image Initiated		** IV tPA initiated at ALH (Door to Needle)	** SOC utilized
** EMS Service		** Transfer Time	** Arrival to CT
** CT done to Interpretated and reported		** Door to MD exam	** Reason for no tPA
** Stroke Order Set used		** SOC response time	** Arrival to lab complete
** IP Care Plans		** Follow up D/C phone call	** Neuro/Vitals q15 min
** GWTG Education Guidelines		** Arrival to Code Stroke Activation	
** Education with individual risk factors addressed			
** Risks and benefit of tPA documented		** MD comments	

Door to needle (time to Alteplase)

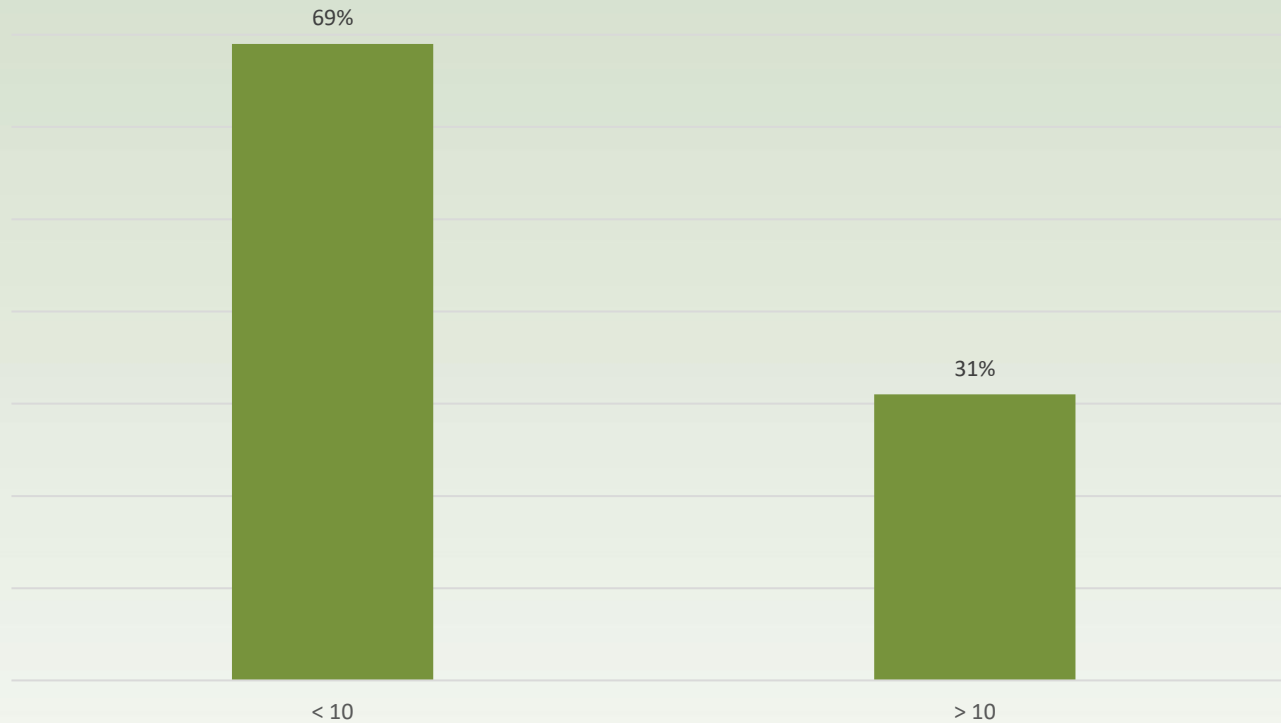
January – December 2019



Door to Physician \leq 10 minutes

* TARGET STROKE GOAL

September – December 2019



29 Patients

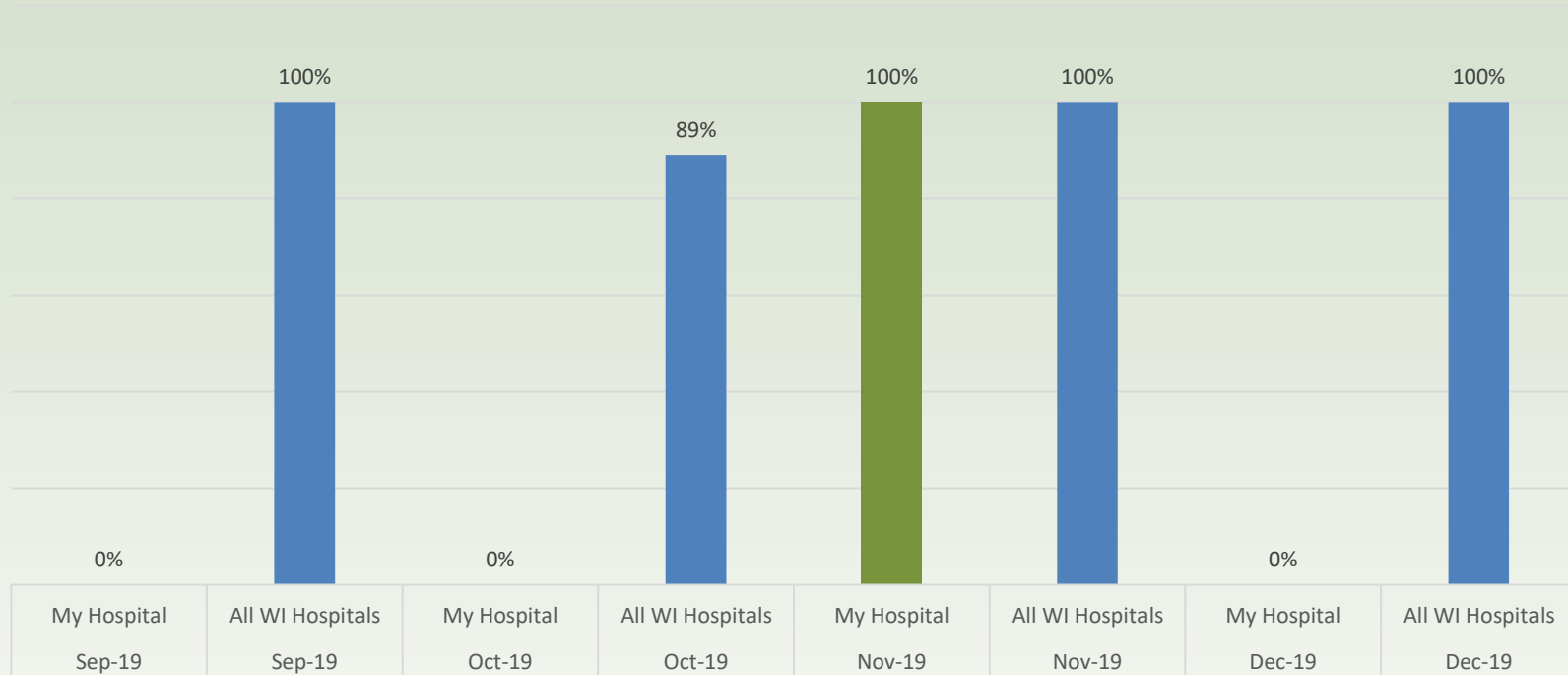


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ASR-OP-1 Thrombolytic RX: Drip 'n Ship

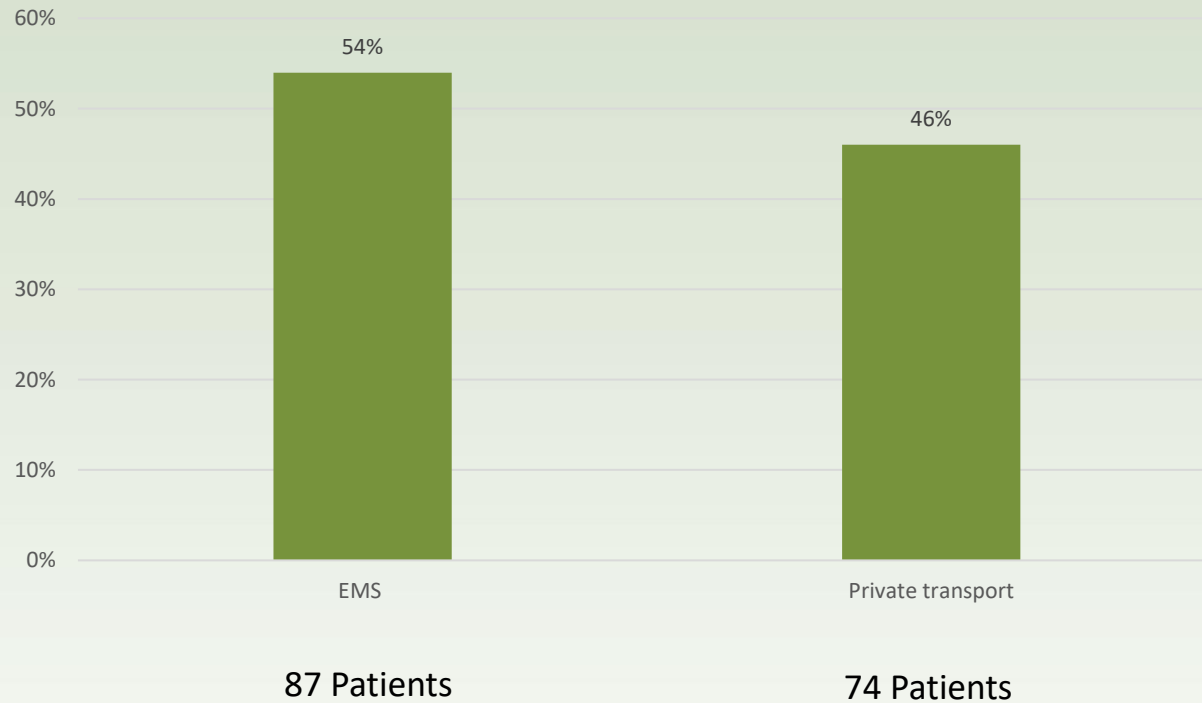
Acute ischemic stroke patients who arrive at this hospital within 2 hours of time last known well and for whom IV t-PA was initiated at this hospital within 3 hours of time last known well.



1 Patient

Green Aspirus Langlade Hospital
Blue All Wisconsin's Hospitals

Stroke Arrival Mode January 2018- December 2019



Aspirus Stroke Program Neurologists

- Dr. Deb Mojumder MD, PhD
 - Aspirus System Stroke Medical Director
- Dr. Farrukh Khan
- Dr. Nicholas King
- Sara Starr APNP
- Dana Stuard APNP

- Neurology available 24/7

Stroke Program Neurosurgery

- Dr. Andrew Beaumont
- Dr. Craig Kelman
- Dr. Christopher MacKay

- Neurosurgery available 24/7

Code Stroke Process

- Inclusion Criteria
- B(balance) - E(eyes) - F(facial symmetry) - A(arms)
S(speech) - T(terrible headache; time to call 911)
 - Sudden confusion, trouble speaking or understanding speech
 - Sudden numbness or weakness of face, arm, or leg. Especially on one side of the body.
 - Sudden trouble seeing in one or both eyes.
 - Sudden trouble walking, dizziness, loss of balance or coordination
 - Sudden severe headache with no known cause.
- Last Known Well Time < 24 hours

Code Stroke Process

- Code Stroke Notification
 - CT tech
 - Laboratory
 - Pharmacist (During open hours)
 - Hospital Supervisor
 - ED Provider
 - ED RNs
 - ICU RN
 - Hospitalist

- Specialist on Call (SOC) telestroke Neurologist

TELESTROKE PROCESS

- Patient presents with stroke symptoms.
- Head CT without contrast is priority once patient is initially assessed by provider
- Telestroke services can be accessed while patient is in CT so it's ready when the patient returns.
 - Demographic info, pertinent history, etc. can be shared if patient not back from CT



TELESTROKE PROCESS

- Every 15-minute vital signs including neuro checks
- RN needs to be in room with tele-neurology to assist with exam.
- Provider in room also
- Once exam completed and tele-neurology has reviewed films, plan of care will be discussed with the patient/family and the provider

REAL-TIME STROKE RN REVIEW

CHART AUDIT - STROKE REVIEW	MR#	DOS	Reviewer Name	RN Assigned to Patient
	Yes	No	N/A	Comments
Last Known Well Time				
Documented How Patient Presented				
NIHSS Completed				
Blood Sugar Documented				
MD Exam Less Than 10 min				
To CT in Less Than 25 Min				
Temp done on arrival and within 30 minutes of Disposition (Admit/Transfer/Discharge)				
Order to D/C Neuro Checks and Code Stroke Status if Applicable				
Vital Signs and Neuro Checks every 15 min				
TPA Started within 60 minutes				
Blood Pressure Control Required				

Code Stroke Process

- Code Stroke Order sets entered by RN or MD
- Code Stroke Green Folders
 - Goals for Code Stroke Patient
 - Code Stroke Nursing Checklist
 - NIH Stroke Scale
 - Alteplase Inclusion / Exclusion Criteria

Brain Pin Recognition

- Door to Alteplase \leq 60 minutes
- Started at AWH with ED nurses, ED physicians
- Evolving to include EMTs
- Where's my brain?
- Coveted award!



Sample Code Stroke Summary

58 year old female 9/6/2019

Last Known Well < 24 hours 142 minutes
Door to ED MD: <10 minutes 3 minutes
Door to CT: <25 minutes 18 minutes
Door to CT resulted: <45 minutes 26 minutes
Door to Alteplase: < 60 minutes 33 minutes
NIHSS documented Yes (4)
NPO until bedside swallow assessment Yes
Vitals and Neuro checks Q15 Yes
Comments:

Awesome job!

EMS Partners



EMS Partners

- City of Antigo EMS (Critical Care Paramedic)
- Medevac ground and Air (Transfer Partner)
- Pickerel EMS (EMT-A)
- Birnamwood EMS (EMT-A) - includes Mattoon
- Wabeno - (EMT-A)
- Lakewood - Townsend (EMT-A)
- Mountain - (EMT-A)
- Laona EMS (EMT-A)
- Crandon EMS (EMT-B)

EMS System Overview

911 EMS Transport

Provide 911 Ambulance Coverage in local area. Often done by local municipality or a private service contracting with municipality. This service can be provided at varying levels including First Responder, EMT-B, or Paramedic.

Non-Emergent Transport

Consists of returns to Nursing Homes, Home, and some other basic transfers, which may or may not require an ambulance but may require a stretcher or wheelchair transfer.

Medical Transport

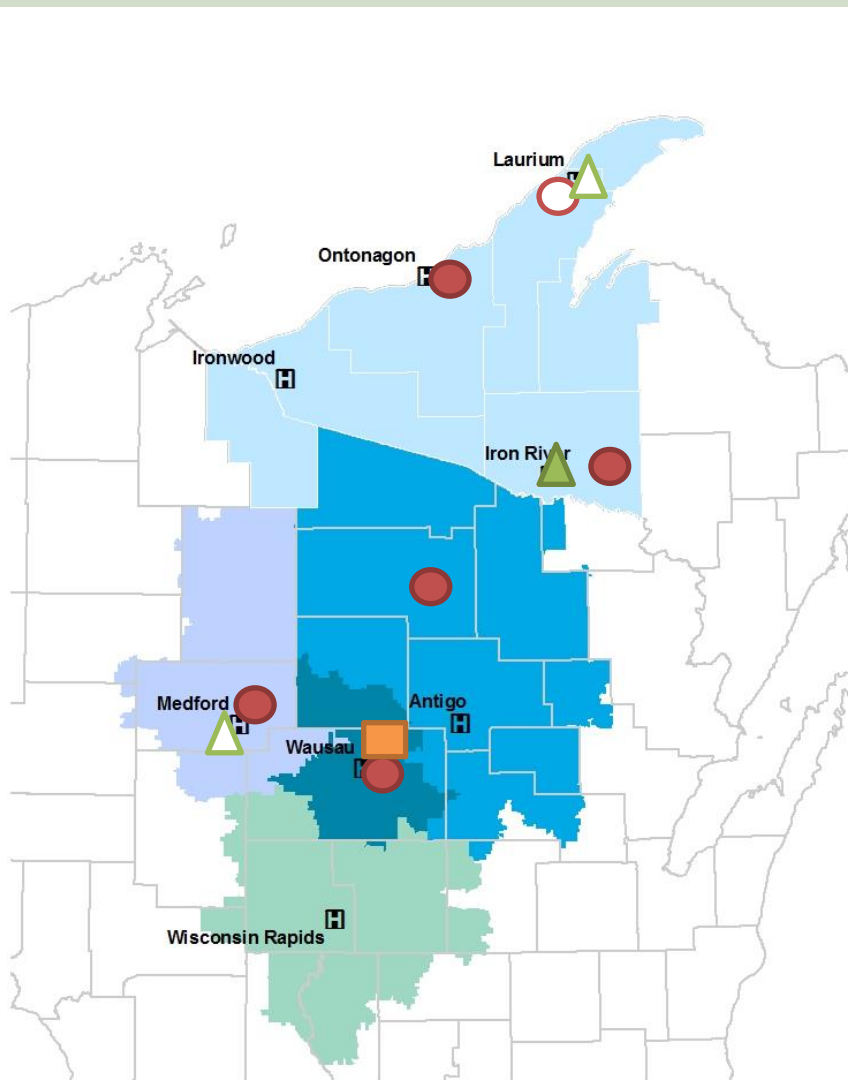
Ground Interfacility Transport

Ambulance transfers between two healthcare facilities. Typically for specialty care not available at a referring facility.

Air Medical Transport

Helicopter or Fixed Wing transport of patients in critical condition, require ICU level care, require time sensitive intervention, or a reduction in out of hospital time.

What do we have access to?



H Aspirus Hospitals

▲ 911 Aspirus

▲ 911 Aspirus Partnered

■ Air Medical (helicopter)

● Aspirus Interfacility

○ Aspirus Interfacility Partnered

- Interfacility Transport
 - City of Antigo EMS - Critical Care Paramedic service
 - Aspirus MedEvac Bases in Weston, Medford, Rhinelander, Iron River, Crystal Falls, & Ontonagon.
 - Crew Configuration either
 - EMT-B, Paramedic, RN (Weston, Rhinelander)
 - EMT-B, Paramedic (all other bases)
- Air Medical
 - Bell 407 Helicopter based in Wausau
 - Staffing- RN/Critical Care Paramedic
 - 300 transports per year
 - Specialty and Critical Care Transports



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Community Education

- EMS Chiefs Quarterly meetings
- Print media
- Posters
- Aspirus Website
- Stroke Support Group
- Daily Safety Huddle (share with family/friends)

Staff Stroke Education

- Nursing Symposiums Department Skills Days
- Department Unit Meetings
- Huddles
- Newsletters
- Nurse Residency
- All ALH quiz

EDUCATION INVOLVES EVERYONE

Which of these is a symptom of stroke?

- a. Sudden confusion
- b. Sudden weakness in an arm or leg
- c. Sudden severe headache with no cause
- d. Sudden trouble seeing
- e. All the above - Refer to BEFAST and American Stroke Association. These all alone can be indicative of stroke.

Which of these lifestyle factors plays the biggest role in increasing the risk for stroke in young adults?

- a. Overweight
- b. Little or no exercise
- c. High blood pressure
- d. Smoking – Refer to American Stroke Association – High pressure is the leading cause for middle-age and elderly, but SMOKING is the leading cause for YOUNG adults.

Which of these may be a long-term problem after a stroke?

- a. Paralysis or weakness on one side of the body
- b. Problems with thinking or memory
- c. Problems with language
- d. Pain in the hands and feet
- e. All the above

What is the difference between a hemorrhagic stroke and an ischemic stroke?

- a. Ischemic strokes are more common.
- b. Hemorrhagic strokes result from bleeding inside the brain.
- c. Ischemic strokes are caused by blocked arteries.
- d. All the above

A stroke affecting the back part of the brain could affect vision.

- a. True
- b. False

EDUCATION INVOLVES EVERYONE

A stroke affecting the back part of the brain could affect vision.

- a. True
- b. False

A stroke affecting one side of the brain often paralyses the opposite side of the body.

- a. True
- b. False

High blood pressure is not associated with stroke.

- a. True
- b. False

The BEFAST acronym stands for Balance, Eyes, Face, Arm, Speech, Terrible headache.

- a. True – Both answers are correct as the newest BEFAST the T stands for TIME TO CALL 9-1-1. Trick question.
- b. False

What is a silent stroke?

- a. A stroke that doesn't show up on tests
- b. A stroke that has no outward symptoms
- c. A stroke that leave the victim incapable of speech
- d. All the above

EDUCATION INVOLVES EVERYONE

Call 9-1-1 and seek medical attention immediately after you or someone you know develop signs of stroke and you are outside the hospital?

- a. True – The 39444 Code will not work outside the hospital.
- b. False

You are inside the hospital and determine someone is showing signs of BEFAST. What should you do?

- a. Direct them to the E.R.
- b. Have them sit and wait to see if symptoms resolve
- c. Get AED
- d. Dial 39444 and initiate code stroke – See the Acute Stroke policy.

What is the quickest way to determine a hemorrhagic stroke from an ischemic stroke?

- a. CT scan – Show's a bleed immediately which is going to guide plan of care because hemorrhagic plan of care to ischemic are very different.
- b. MRI
- c. NIHSS
- d. Lab test

Why is obtaining a blood glucose important when stroke is suspected?

- a. Hyperglycemia can mimic signs and symptoms of stroke
- b. Stroke can be confirmed with a blood glucose test
- c. Hypoglycemia can mimic signs and symptoms of stroke – Stroke can not be confirmed by any lab test.

What is the most vital information that is going to guide the plan of care for the stroke patient?

- a. Last oral intake?
- b. Medications?
- c. Last known well time? Alteplase (clot busting medication is not recommended on patient's with a last known well time > 4.5 hours. There are acceptations.
- d. Code status?



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Why is it important to keep patient NPO until swallow study completed by a RN?

- a. To ensure a patent airway
- b. To ensure patient doesn't aspirate
- c. In case patient goes to surgery
- d. All the above

Why is it important to obtain an accurate weight on the stroke patient?

- a. To gage their risk of stroke.
- b. To ensure correct dosing of alteplase. Alteplase is dosed by a person's weight in kg.
- c. To determine BMI

Select all that apply. The three Process Improvement goals for Aspirus Language Hospital are....

- a. Head CT scan completed on patient within 25 minutes of arrival to the E.D.
- b. Increase the use of tele stroke (Neurology video consult)
- c. Increase completion of NIHSS (National Institute of Health Stroke Scale).
- d. Prevent 75% of strokes from occurring.

Fill in the blank. The goal time frame from the time patient arrives to ED to receive TPA treatment is 60. Target stroke 3 (national goal) is recommending Alteplase within 30 minutes. ALH current policy states 60 minutes. During an Acute Code Stroke vitals and neuro checks should be completed and documented every 15 minutes. This is per Joint Commission requirements and in ALH policy.

Stroke Network in Wisconsin

- Stroke Coordinators of Wisconsin



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Wisconsin Coverdell Stroke Initiative

Know the signs of a stroke!
BE FAST

- BALANCE**
Sudden loss of coordination or balance
- EYES**
Sudden change in vision
- FACE**
Sudden weakness on one side of the face or facial droop
- ARM**
Sudden arm or leg weakness or numbness
- SPEECH**
Sudden slurred speech, trouble speaking, trouble understanding speech
- TERRIBLE HEADACHE**
Sudden onset of a terrible headache

Time to call 9-1-1
Every second counts!

WISCONSIN COVERDELL STROKE PROGRAM
UNIVERSITY OF WISCONSIN SYSTEMS

BE FAST Bookmarks

BE FAST
Know the signs of a stroke!

- BALANCE**
- EYES**
- FACE**
- ARM**
- SPEECH**
- TERRIBLE HEADACHE**

Time to call 9-1-1
Every second counts!

WISCONSIN COVERDELL STROKE PROGRAM
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THANK YOU

