BELLIN HEALTH OCONTO HOSPITAL

STROKE PROGRAM

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Bellin Oconto Stroke Program

Stroke Coordinator Role

- Community outreach
- Data collection
- Education
- Continuous improvement
- EMS relationship

Lead ED physician

Staff Engagement

Training with local EMS



Why?

We do it for our community! Their mothers, fathers, brothers, sisters, neighbors.....



Vision:

People in our region will be their healthiest during every stage of their lives an our communities will strive

How?

Collect Data, Analyze & share your story

- System Priorities & Performance Objectives
- Annual review of quality measures system wide
- Education
- Focus on continuous improvement



Outcomes and Quality Improvement

Age/DO	LKW NR (date/time)	EMS prenotific'n c	Code (Stroke 10	ovider w/in min of	Door to Stroke Team (triage) 15 min</th <th>Dyspl Scre</th> <th><u>een</u></th> <th>Door to CT start (<!--25min)</th--><th>Order to lab results <!--45min</th--><th>Time TPA ordered</th><th>DTN</th><th></th></th></th>	Dyspl Scre	<u>een</u>	Door to CT start (25min)</th <th>Order to lab results <!--45min</th--><th>Time TPA ordered</th><th>DTN</th><th></th></th>	Order to lab results 45min</th <th>Time TPA ordered</th> <th>DTN</th> <th></th>	Time TPA ordered	DTN	
87, 8/16/1				no, 16min	yes, 7min		ncorrect	no, 36min	no, 86mir			na
67, 7/22/1				yes, 1min	yes, 4min		ncorrect	yes, 6min	yes, 28mir			
91, 7/4/1		-	yes, 0929		yes, 12min	, ,	es, 0950	yes, Omin	yes, 35mir			
81, 2/23			no	no doc	yes, Omin		ncorrect	yes, 1min	yes, 33mir			na
78, 8/30			yes, 0956	ves, 3min	yes, Omin	, ,	ncorrect	yes, 6min	ves, 23mir		a r	na
82, 12/8		no doc	yes, 1804	yes, 2min	yes, Omin	, , ,	es, 1810	yes, 8min	yes, 24mir	n	a r	na
72, 8/5	/47 21/20 afternoon	walk in		no, 11min	yes, 6min		ncorrect	no, 44min	yes, 28mir		a r	na
91, 12/25	/28 4/7/20, 2100	no doc	yes, 1009	no doc	yes, 3min	yes, ir	ncorrect	yes, 4min	yes, 30mir	n n	a r	na
64, 9/14				yes, 8min	yes, 4min		no	no, 27min	yes, 29mir		a r	na
79, 6/18	/40 4/28/20 hs	walk in	no	yes, 2min	yes, 5min		no	no, 36min	yes, 29mir	n n	a r	na
76, 1/17	/44 5/4/20, 2130	walk in _	yes, 2239	yes, 4min	yes, 11min	yes, ir	ncorrect	yes, 11min	yes, 42mir	n n	a r	na
69, 10/5	/50 5/10/20, 0001	walk in	no	no, 14min	yes, 1min	y	es, 1031	no, 30min	yes, 41mir	n n	a r	ıa
77, 3/14	/43 unclear	walk in	no	yes, 6min	yes, 9min	y	es, 1106	yes, 21min	no, 51mir	n n	a r	na
%Coo		%Door-stroke tear	m %Dysphagia	%NIHSS	%Door-CT		SDoor-CT ead w/in	%lab order- results w/in		%neuro checks/vs q15min til TPA r/o %		%Do
Calle		w/in 15min	screen completed			•	45min	45min		completed	•	120
2	50% 100%		00% 509			50%	509		00% 0	0%	na	
	100%		1009			100%	1009		0% 0	0%	na	
8	50% 63%	10	00% 389	% 100%	%	63%	889	6 10	00% 0	13%	na	

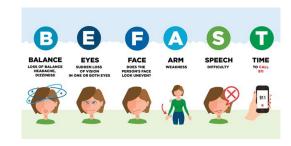
Stroke Symptom Identification & Early 911 Notification

Public Education Focus

2019 educating the community on stroke symptoms and early identification

2019 Community Event Participation

- Local runs
- Community Health Fairs
- Chamber Business Expo
- Collaboration with local EMS
- Silver Sneakers event 150 people
- Bike Club event



Community Assessment

bellinhealth

Stroke Education Post Evaluation

- What does "BEFAST" stand for:
 - a. Brown, Eggs, From, Another, Spotted, Tortoise
 - b. Breakfast, Eggs, Farm.
 - Balance, Eyes, Face, Arm, Speech, Time
- I don't know.
- Stoke is an Emergency:
 - True
 - b. False
- You see someone who has just developed a facial droop and left arm weakness What should you do?
 - a. Tell them to take a nap
 - Call 911
 - c. Take them to the Zoo
- What can cause a stroke?
 - a. High Blood pressure
 - High Cholesterol Smoking
 - Obesity and physical inactivity
 - Atrial Fibrillation
 - All of the above
- The most common type of stroke is called "Ischemic stroke" where there is a blockage of blood flow to the brain:
 - a. True
 - b. False
- Hemorrhagic stroke can be caused by high blood pressure:
 - a.
 - b.
- If overweight, losing weight can help reduce blood pressure:

 - False
- Smoking can increase your risk for stroke:
 - True
 - False



Patient Last Know Well (LKW)

• 2018: 271 minutes

• 2019: 90 minutes

• 2020: 111 minutes



Keys to Success

Education & Continuous Improvement

- Monthly Staff meetings
- Huddle Boards Improvement
- Self Audits
- Mock Code Strokes & Training Drills
- Utilization of written protocols/order sets
- Use of validated stroke scale (fast, LAMS, Cincinati)
- Stroke programs should support EMS through education
- EMS should be integrated into the stroke system of care







Process Improvement

PLAN DO CHECK

- Huddle Boards
- PDSA / A3 (PDCA)
 - Plan Do Study Act is a multicycle method for initiating new process, treatments. Includes evaluating, adjusting and repeating until goal is reached





Community Relationships

EMS

- Part of our Team
- Participate in education/drills
- Focus on improvement
- Assess using a validated stroke scale (FAST)(LAMS)(MEND)(RACE) (FASTED)
- Utilize written protocols
- Stroke programs should support EMS through education
- EMS should be integrated into the stroke system of care

Public Health



Creating a healthier place to live, learn, work & play.

- CHIP work
 - Identifying community risk
- Community education



Barriers

 Lack of dedicated coordinator for the Northern Region

Leadership Buy-in

- Goal: Stroke Ready DNV Certification
- Current comprehensive program at our acute care hospital
- Dedication to continuous improvement
- Commitment to the communities we serve Strategic Objectives
 - 1. The Best Care and Healthiest Communities
 - 2. The Best People and Teams
 - 3. The Best Experience
 - 4. The Best Partner





Lessons Learned

- 1. Smaller close knit communities when we allow people to share their stories everyone learns.
- 2. Standardization of Process (documentation, order sets)
- 3. Annual Education along with application (mock drills)
- 4. The value of the Stroke Coordinator role
- 5. Working together with local EMS







Questions





