

Stroke System of Care Collaborative- Review of ASRH Recommendations

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WISCONSIN COVERDELL
STROKE PROGRAM

Objectives

- Understand the Brain Attack Coalitions (BAC) recommendations for stroke basic care

ASRH

- Established in 2015
- Diagnose, stabilize, treat, and transfer
- Treat acute patients with IV alteplase
- Telemedicine and transfer protocols
- Higher level of stroke care hospitals are often a resource within the region

ASRH Recommendations

The BAC recommendations for stroke basic care. The BAC is a group of professional, voluntary, and governmental organizations dedicated to setting direction, advancing knowledge, and communicating the best practices to prevent and treat stroke.

Acute Stroke Team

- Minimum of two providers who are available 24/7-registered nurse, or advanced practice nurse and a physician whose presence, while preferred to be on-site, is within a 15-minute call to the patient bedside

Stroke Treatment Protocols

- Stroke protocols development
- Annual review and revision of stroke treatment protocols
- Ability to initiate IV alteplase within 60 minutes from arrival

Emergency Medical Services

- Alert hospital of a suspected stroke
- Access to EMS treatment protocols
- Use of a field assessment tool (BEFAST, CPSS)



Emergency Department

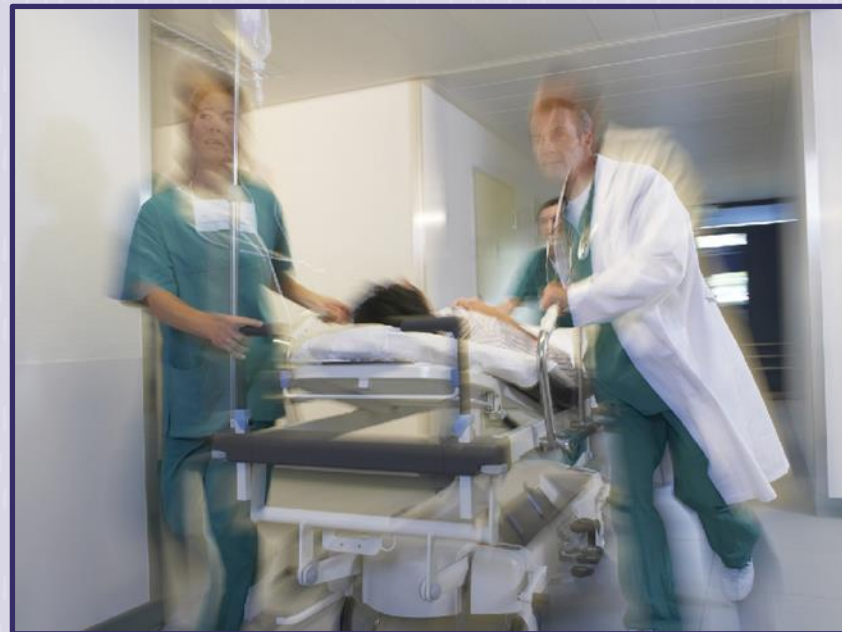
- Receive education at least twice a year, related to stroke diagnosis and treatment
- Medical Director and Core Stroke Team-4 hours of education annually

Diagnostic Testing

- Blood glucose testing
- Basic laboratory, EKG and CXR results may be ordered, and results must be available within 45 minutes of arrival

Brain Imaging

- Perform and read a CT within 45 minutes of order time



Telemedicine

- Telemedicine link must be made within 20 minutes of being deemed medically necessary

Transfer Protocols

- Protocol for transfer that includes processes for safe and efficient transfer 24/7
- Transfer to an appropriate higher level of care within two hours of patient arrival if medically stable
- Neurosurgical services available within three hours of being deemed medically necessary

Performance Metrics

- Use stroke registry or internal data collection system for tracking program results
- Conduct regular meetings to review stroke care performance

Administrative Support and Leadership

- Designated medical director



Resources

- Recommendations from Brain Attack Coalition for Acute Stroke Ready Hospitals, 2013
- Guidelines for the Early Management of Patients With Acute Ischemic Stroke, 2018
- Building Blocks of a Stroke Program
www.coverdellwi.org

Thank you!

Questions?

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