Improving Stroke Care in Illinois

Making it a Reality in Rural Areas

Contact:

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Stroke is a Thief

Stroke is a Thief – It robs people of

Identity  Home  Relationships
Speech  Joy  Dreams
Career  Independence
Motherhood  Sight

AND, So many of life’s pleasures

#1 Cause of Long Term Disability
Stroke Legislation
A vision for Quality Stroke Care in IL

The vision for quality stroke care in IL was developed through a collaborative effort

Governor’s Stroke Task Force
Chicago Area Stroke Task Force (CAST)
American Heart Association
Illinois Hospital Association
Illinois Critical Access Hospital Network
Illinois Emergency Medical Systems Advisory Council, Legislative Committee and Quarterly Open Forums
Proven Need

While evidence-based guidelines for stroke and TIA care have been developed along with improved diagnostic and treatment modalities, there are gaps, variations, and disparities in how these are applied.

Furthermore some hospitals may not have the systems, organization, staff, and equipment to effectively diagnose and treat acute stroke patients.

What will the law accomplish:
• Elevate the Quality of Stroke Treatment regardless of where a stroke patient lives by implementing a two tiered system of Emergent Stroke Ready Hospitals and Primary Stroke Centers.

• Through legislation and collaborative regional planning, allow ambulances to bypass hospitals that are not designated as stroke ready.

• Create regional plans for an organized system of emergency care and transfer
Certified Primary Stroke Centers

- Now 50 Joint Commission Certified and 1 HFAP certified
- Most are in Chicago area and 3 in Rockford Metro Area
  
  Factors include cost, volume and lack of specialists
- Mid Central Illinois has 10
  - 2 Peoria
  - 2 Bloomington Normal
  - 2 Decatur
  - 2 Springfield
  - 2 Kankakee
- Quincy and Carbondale are the only PSC south of central IL
Benefits of the Stroke Initiative

• Improve access to stroke care in IL
• Impact the quality of life for stroke patients who come to your hospital
• Reduce death & disability in your region
• Lower cost of stroke care in the US & IL
• TIA best practices improve stroke prevention
• ESRH Designation will give your hospital a higher profile in the community
Today’s Objectives

• Identify 6 key elements of our initiative
• Identify ICAHN’s criteria for an emergent stroke ready hospital (state criteria pending)
• Identify the resources ICAHN provides to support you in becoming a stroke ready hospital
• Identify Expectations and proposed timeline for members of the 2011 Team
ICAHN’S ESRH PLAN

Each circle represents a key element in preparing our Critical Access Hospitals to meet and exceed yet to be determined criteria for ESRH designation.

- Objectives
- Workshops
- Action step checklists
- On-line resources
- FAQ
Bridging the Gap Between Knowledge and Routine Clinical Practice

AHA/ASA Guidelines
- Implement evidence-based care
- Improve communications
- Develop transfer protocols
- Ensure compliance and feedback

Clinical Practice

Tertiary Care
- Improve quality of care
- Support ED physicians
- Provide feedback
- Improve outcomes

• GWTG Tool for reporting and measuring
Professional Education for All

- Clinical Workshops on evidence based medicine and best practices
- Workshops for targeted audiences and providers at every level
- On line professional education with stipends for fees
- Conference educational opportunities with stipends for registration
- Off line participation in accredited workshops with follow up test for credit
- Special attention given to opportunities for EMS training
- Outreach to local physicians for risk factor management
Outcomes Measurement – Get With the Guidelines

AHA Get with the Guidelines is a web-based Patient Management Tool
• Used for point of care data collection
• Decision support
• On-demand reporting
• Transmits data to CMS, local primary care physician and others
• Patient education

TRAINING
AHA will provide the training for implementation including Learning sessions, conference calls, email and staff support

Nationally, data for over one million patients has been entered into GWTG
Measuring with Log and Spreadsheet

• Use the log to pull information from your charts
• Enter data from the log onto a spreadsheet- your own or the ICAHN spreadsheet
• Aim to collect 30 records
• Tally Results
• Analyze
• Begin measuring for current year
Welcome To ICAHN

Available Now- Check it out

Stroke Resource Library

Forms, Sample protocols, Research papers, guidelines FAQ, checklists, stroke month kit Community resource order form Teamwork tips
Building a Stroke Team for your Unique Setting

- Hospital Champion(s)
  - ED
  - Nurses
  - Radiology and Lab
  - Data Manager
- EMS Providers
- Receiving Hospital
- Pharmacists
- Hospital Administrators
- Stroke Rehab Team
- Community Leaders
Proposed Role for Hub/Receiving Hospital

- Consult with rural hospital ED on treatment
- Allow Rapid Transfer based on pre-approved transfer agreements
- Receive transferred patients
- Commit to collaboration and communication
- Participate in family orientation at transfer time
- Become a Supporting Partner in the ICAHN-ESRH initiative
Collaboration

Multiple Partners

- EMS – State, Regional, Local agencies
- American Heart Association
- Illinois College of Emergency Physicians
- IDPH Heart & Stroke Program

Coordination

- Primary Care Physicians
- Illinois Hospital Assoc
- Rehabilitation Partners
- Community Organizations
- Other health organizations
Community Outreach

Push the need to call 911 immediately

Community action ideas- Check our library for tools

- Involve Primary Care Physicians
- Provide Stroke Education in the community
- Provide programs for risk factor management
- Solicit Community Organizations for Support
- Enlist stroke survivors in support groups
- Involve local media
- Implement social marketing techniques
- Encourage stroke month activities in May and beyond
Concurrent Events and Coordination

- Other Stakeholders
- Education & Workshops
- Building Stroke Teams
- Establishment plans with Receiving Hospitals and EMS
- Measuring past and current outcomes GWTG Implementation
- Community Outreach

Emerging Issues
ICAHN’s Emergent Stroke Ready Hospital Criteria

1. Stroke team for Emergent Stroke Ready Care is in place (2 or more people on the team)

2. Hospital has a collaborative agreement with local and regional EMS for pre-notification, rapid transport, and transfer arrangements.

3. Updated Protocols and standing orders are in consistent with the AHA recommended treatment guidelines for the management of acute stroke patients.

4. Brain imaging is available 24/7 and can be acquired and read within 45 minutes of acute stroke patient’s arrival.

5. A signed consultation and transfer agreement is in place with one or more Primary Stroke Centers guaranteeing rapid consult and an available bed for transferred patient.
ICAHN Stroke Ready Hospital Criteria (continued)

6. Hospital procedures are in place to target door to needle time of 60 minutes from time of arrival for eligible acute ischemic stroke patients.

7. A performance measurement and review system is in place to validate hospital’s readiness for treating acute stroke patients.

8. Stroke team completes 4 hours of stroke CME each year

9. Hospital provides or collaborates on at least 2 community education events each year

10. Hospital has an in-house/walk-in stroke alert plan
TARGET: STROKE BEST PRACTICES

01 Advance Hospital Notification by EMS: Emergency medical service (EMS)
02 Rapid Triage Protocol and Stroke Team Notification:
03 Single Call Activation System: A single call should activate the entire stroke team.
04 Stroke Tool
05 Rapid Acquisition and Interpretation of Brain Imaging:
Target Stroke Ten Best Practices Continued

06 Rapid Laboratory Testing (including point-of-care testing if indicated):

07 Mix rt-PA Medication Ahead of Time: A useful strategy is to mix drug ahead of time

08 Rapid Access to Intravenous rt-PA: Once eligibility has been determined

09 Team-Based Approach:

10 Prompt Data Feedback:
Expectations for Participation

• CEO buy-in through participation and support
• Identify a stroke champion
• Purchase GWTG or Select alternative data tool
• Enter retrospective data from last year’s charts to create a baseline for improvement
• Develop a stroke team
• Review baseline data with team and set goals
• Update processes and protocols
Expectations

• Complete CEU for Core Classes on-line
  1. Acute Stroke Science, The Foundation for Quality Stroke Care
  2. TIA – An Opportunity for Stroke Prevention
  3. tPA Administration and Management
     – If using GWTG, complete training and implement
     – Attend workshops offered in 2011
     – Plan community education for your community
Suggested Timeline

• By April 1, 2011: Gain CEO approval, name stroke champion
• By April 15: Sign MOU and identify stroke team
• By May 1: Begin pulling data to measure one year of stroke performance – at least 30 charts if possible
• By May 15: Review and begin revising stroke protocols
• By June 1: Identify a stroke committee to help you plan, analyze data, and review progress.
• By July 1: Generate a report on key measures using last year’s data and choose 1-2 measures to focus on
• By August 1: Announce your stroke plan to all staff
On-going Across Timeline

- Communicate with Peggy on concurrent planning with EMS, Hubs, and others
- Continue to measure and evaluate
- Continue to attend workshops, teleconferences and access tools in library
- Meet with your team and committee on a regular basis
- Proposed date for ESRH Designation to begin is unknown but hopefully by end of year
What’s in it for your hospital

• Free videoconferences and webinars and stipends for additional education
• Opportunity for some to receive the GWTG Tool
• Tools- Visit the Resource Library for tools to help you in each of the key elements
• Collaboration and Consultation: Coordinated collaboration with EMS, Receiving Hospitals and others
• Team Building and Leadership Support
• Community Education Programs, Ideas, support, materials
Six Key Elements for Becoming an ICAHN Stroke Ready Hospital

1. Professional Education
2. Tools, Library and Resources
3. Measured Outcomes
4. Collaboration with EMS and Hubs
5. Teamwork
6. Community Outreach
How to Sign Up

• Sign up to become part of the ICAHN ESRH Initiative
  – Direct questions to Peggy Jones
  – Kathleen O’Neill can answer questions on GWTG
  – Commit to attending core classes and following team timeline
  – Incorporate the 6 key elements in your hospital and community
  – Apply for ESRH Designation when available
Select the Best Plan for your Hospital

A. Join us and Implement the ICAHN Stroke Initiative with GWTG as your patient management tool

B. Join us and use the spreadsheet and log we provide when GWTG is not used

C. If you choose not to aim for ESRH designation then work with the regional EMS planning teams to plan for bypass of your hospital for acute stroke patients only.

D. Be ready- even with bypass over half of your acute stroke patients will walk in and some will be in house already
Can I participate without GWTG?

Yes, Please Join Us

• Last year we had limited grant funds for the GWTG tool, so not everyone started out with the tool. (to purchase the tool cost is $720)

• Some hospitals have purchased the tool without funding as it is so helpful and reasonably priced-about $2 a day for a wealth of information and reports and guidance

• We have submitted grants for more funding and please consider using your SHIP funding
THANK YOU

• And, Remember

• May is Stroke Month
  – Educate your community
  – Create Awareness within your hospital
  – Check out the Stroke Month Kit in the ICAHN Resource Library
  – Contact Peggy Jones as you evaluate your place in this initiative or with any questions on this program or help with stroke month ideas
Let’s Communicate

• Peggy Jones
• Consultant Representing ICAHN
• Organizing Stroke Systems of Care
• pjones@icahn.org
• 309-663-0092 or cell: 309-830-0100

More to come as we announce programs and opportunities
NEXT LET’S HEAR FROM

1. Kathleen O’Neill
   1. Get with the Guidelines

2. Dede Wright –
   1. Kirby’s Experience

3. All Participants:
   1. Your questions