March 2014

From the Stroke Desk

International Stroke Conference

The HFAP staff met with AHA/Get With The Guidelines representatives at the International Stroke Conference in February. Discussions about future opportunities and acknowledgement of HFAP hospitals that participate with GWTG took place. While no decisions were made at the time, HFAP will remain hopeful about the contact.

Stroke Belt Consortium

Shortly following the ISC, HFAP was invited to present at the Stroke Belt Consortium. This provided a great opportunity to meet with various state health department representatives and the CDC.

HFAP Practice Sharing Teleconference

The next practice sharing session has been planned and details of the event are on the next page. Four sessions have been scheduled for 2014, each will be at 10am CST. March 25; June 12; August 26; and November 5.

The purpose of the teleconference is to provide an open forum for currently practicing HFAP stroke coordinators to share challenges and best practice strategies without ‘reviewer’ judgment. The mix of attendees will range from highly experienced clinicians to those who are just in the process of setting up a stroke center.

The practice sharing sessions will be owned by and facilitated by currently practicing stroke coordinators. Because it is an open forum there will be no schedule of topics for discussion, clinicians may direct their conversation according to practice improvement needs or current hot topics.

Website

HFAP would like to refresh its stroke certification webpage. We are seeking ideas on what you would like to see, be it different colors, content or resources! Send us your feedback at stroke@hfap.org.

PSC Manual v3

The Primary Stroke Certification manual proposed changes are currently undergoing a review by the expert panel. Experts range from MD’s, DO’s, NP’s and RNs with specialty in neuroscience. Once reviewed by the panel the manual changes will be submitted to the Bureau of Healthcare Facilities Accreditation for ratification. Version 3 will then be released in April, 2014.

Spotlight on Kettering Medical Center, OH.

In the news again! Congratulations to Kettering Medical Center for achieving Truven Health Analytics annual 100 Top Hospitals® Award - ten years in a row. Kettering Medical Center is HFAPs first Comprehensive Stroke Center.

The Truven Health Analytics program populates a balanced scorecard against benchmarks for excellence in key organizational functions, linked to patient safety and outcomes. This award program is unique, as it evaluates the hospitals overall performance on measures which include operational efficiency, financial stability and patient care. Recipients of the award demonstrate high quality patient outcomes while improving efficiency.

Spotlight on Fisher-Titus Medical Center, OH.

Fisher-Titus presented at the International Stroke Conference, Nursing Symposium. The HFAP staff proudly listened as Julie Fisher, RN, BSN, presented on Transitions of Care - Implementing Processes for Obtaining Follow-up after Hospital Discharge. The study was conducted in conjunction with the Ohio Coverdell Stroke Program and it highlights the value of research through partnerships.
Stroke Update
March 2014

RN Certification Programs

Stroke Certification Review Course (SCRN).
21.5 contact hours, March 24-25, 2014.
Andrews Center, Wakemed Raleigh Campus. $75 per day. Day 1 = 5.5 contact hours, day 2 = 5.7 contact hours. Contact 919-350-8024.

Certified Neuroscience Registered Nurse Exam Review Course (CNRN). Hosted by AANN.
Two day event: March 21 and April 4, 2014.
Location: University of Maryland St. Joseph Medical Center, Towson, MD.
Information and SCRN Registration.

ABNN Exam Application Deadlines.
Applications for each exam window must be submitted by the ABNN Office no later than 5:00pm CST.
October Exam Window: Wednesday, October 1–Friday, October 31, 2014; Application Deadline: Friday, August 15, 2014.

Grants and Funding

Centers for Disease and Disease Prevention Research Centers - Letter of intent due March 24, 2014.
Purpose to provide supplemental funding to Prevention Research Centers (PRCs) to design, test, and disseminate effective applied public health prevention research strategies to include behavioral interventions, environmental or system-wide solutions, and strategies that address major causes of disease and disability.
To view grant information: http://www.grants.gov.

National Institute of Neurological Disorders and Stroke (NINDS),
Visit the NINDS website as they recently updated the Funding Strategy Page on March 4, 2014.
http://www.ninds.nih.gov/funding/ninds_funding_strategy.htm

Education Opportunities

HFAP Practice Sharing Teleconference, March 25th.
Stroke @HFAP is hosting a teleconference for HFAP stroke coordinators. This will be an open forum and great opportunity for stroke coordinators to share practice ideas.
* Scheduled Conf Date: Tuesday, March 25, 2014
* Scheduled Conf Time: 10:00 AM (Central)
* Participant Dial-in: 312-800-2872
* Participant Passcode: 78076#
No registration is required for this event; glitches from last event have been resolved.

Free HFAP Webinar for Stroke Coordinators.
The Stroke Care Revolution: What’s Driving Programmatic Changes?
Thursday, April 3 at 12p.m. Eastern Standard Time.
This session will review the national regulatory landscape for stroke and benefits of a coordinated approach to care, including key program metrics and a review of certification options. Results from Corazon’s stroke program leadership and data collection survey will be discussed along with a demonstration of the revolutionary Cerebros stroke patient management application.
A link to register will be sent out prior to the date.
For more information about Cerebros, click the icon below.

Practice with Purpose & Passion, March 8-11.
The American Association of Neuroscience Nurses (AANN) is conducting the 46th Annual Educational Meeting in Anaheim, California. The theme is “Practice with purpose & passion”, during the conference we will explore the challenges and celebrate the achievements of neuroscience nursing. For more information, visit the AANN website at: AANN Annual Education Meeting.

The program objective is to educate healthcare professionals on current research findings and clinical standards of stroke management and treatment. This conference is for physicians, nurses, EMS personnel and others who work with acute stroke patients. Registration Link: https://www.surveymonkey.com/s/MBHXG5Z
Education Standard 03.00.03

There are several parts to this standard, this segment will explore each element and provide examples.

Annual Calendar

*The annual training calendar dates are determined by the service.*

This may be in line with the hospital-wide training calendar or it may be based on 12 months prior to your anticipated onsite visit. Either way, it is documented on your calendar and evidence of compliance is made available at the time of survey.

Education Needs Assessment

*Education needs are identified by the service and incorporated into an annual training calendar.*

Organizations demonstrate how the educational needs of their clinicians were determined. This can be demonstrated through: an education needs assessment survey, review of incidents related to stroke patient care, review of changes to protocols and best practice guidelines, open Q&A forums, results and feedback from previous education sessions or competencies. The calendar is then developed.

Development of Education Program

*Education is developed / delivered by an identified core program leader, who is responsible for undertaking eight (8) hours of continued education credits annually specifically related to the specialty program.*

Education may be developed by clinicians other than the stroke coordinator; however, they must also have 8 hours of CME / CEU specific to cerebrovascular disease.

Type and Mode of Education

*Education must be specifically related to diagnosis / assessment and management of specialty program (may be policy / competency driven).*

Education may be policy or competency driven and include in-house training, on-line learning, seminars, CEUs.

The organization determines what modes of stroke education are recognized in their organization; this is documented and evidenced at the time of survey.

You may include this question in your education needs assessment.

Education Needs Assessment

An education needs assessment survey can be completed on a word document or on-line such as Survey Monkey or Kwik Surveys.

While there are several theories on nursing skill acquisition such as Benner’s adaption of the Dreyfus model, Roy Adaption Model and the Template Theory - to name a few, the example below uses Benner’s Theory.

Types of Questions may include:

1. List education relating to stroke and cerebrovascular disease that you would like?
2. What methods of training do you prefer? -guest presenter; -lecture/in-service; -poster presentation; -on-line; -forum/fair; -practical; -policy/guideline review; or -lunch & learn.
3. Rate the following… Rating type questions asking the participant to assess knowledge and skill level.

Rating responses to questions (Benner’s Theory):

1. Novice
2. Advanced Beginner
3. Competent
4. Proficient
5. The Expert

Rate your knowledge of (some examples):

- HFAP/GWTG/PCR Stroke Measures
- Hospital stroke code process
- Pathophysiology of cerebrovascular disease
- Diagnostic tests for the acute stroke patient
- Care of an acute ischemic stroke patient
- Care of a subarachnoid hemorrhage patient
- Care of an intracerebral hemorrhage patient
- Intracranial pressure management
- Permissive hypertension for acute ischemic stroke
- IV t-PA indication, administration and management
- Medications for stroke patients (anticoagulants, antiplatelet, statin, etc.)
- Management of clinical deterioration of the stroke patient
- Rehabilitation, discharge planning and referral needs/requirements

Rate your ability to perform (some examples):

- The NIHSS
- The Glasgow Coma Scale
- The Nursing Swallow Screen
- Ventriculostomy set-up and management
- Provide stroke education to the patient/family
Ohio Coverdell Stroke Program
Presentation at International Stroke Conference 2014
Plenary Session at the State-of-the Science Stroke Nursing Symposium on February 11, 2014

Title of Presentation: Transitions of Care – Implementing Processes for Obtaining Follow-up after Hospital Discharge

Presenters: Alice Liskay, RN, BSN, MPA, CCRC, MetroHealth Medical Center
Jennifer Brackman, RN, BSN, SCRN, Aultman Hospital
Robynn Cox, RN, BSN, MetroHealth Medical Center
Julie Fisher, RN, BSN, Fisher Titus Medical Center
Melissa Richardson, RN, MSN, SCRN, Hillcrest Hospital

Background: Follow-up post hospital discharge is an important component of the TOC process. Scheduling follow-up appointments prior to discharge streamlines processes and improves the probability that stroke patients will successfully complete their follow-up. Five follow-up questions were developed and added to the Ohio Stroke Patient Management Tool in 2009. Three questions relate to primary care and two relate to neurology/neurosurgery follow-up.

Objective: The primary goal of this quality initiative was to improve the percent of admitted stroke patients with a neurological follow-up appointment scheduled and documented before discharge. The primary outcome measured was the percentage of stroke admissions that had documented follow-up appointment with a neurology specialist prior to hospital discharge. The secondary outcome was the percentage of successfully completed follow-up appointments.

Population: Patients with ischemic or hemorrhagic stroke who were discharged home were included. In order for the appointment to be entered as successful there needed to be documentation of a date, time and provider. Eligible providers were either physician, physician assistant or advanced practice nurse in the specialty of neurology, neurosurgery or vascular surgery.

Design: Each hospital collected three months of baseline data. An intervention specific to the needs of each institution was developed, implemented and tracked for at least three months. All data were collected internally and de-identified prior to sending for analysis

Conclusion: The interventions led to an increase in the rate of appointments documented prior to discharge from 27.1% pre-intervention to 50.8% post-intervention. More work is needed to reach 100% adherence. Those with a documented appointment prior to discharge were more likely to be seen in follow-up. Despite the increase in appointments documented prior to discharge, there was no improvement in the overall rate of completed follow-up appointments. Reasons for this requires more exploration, but may be due to patient factors not yet identified.

Lessons Learned: The buy-in of hospital administration, physicians and staff making the appointments was critical to the success of the intervention. Tracking whether appointments were completed was more challenging when the physician office was not connected to the hospital electronic medical record.

Funding and acknowledgements: The Ohio Coverdell Stroke Program and this presentation are supported in part by Cooperative Agreement Number 1U58DP003965-01 and 02 from the U.S. Centers for Disease Control and Prevention (CDC), and state funding from the Ohio Department of Health (ODH). The contents of this publication are solely the responsibility of the authors and do not necessarily represent the official views of CDC or ODH.

For further information: Contact Alice Liskay, RN, BSN, MPA at aliskay@metrohealth.org