From the Stroke Desk

Over the last few months HFAP rolled out a new version of the Primary Stroke Certification Manual. This manual involved several changes to the standards and performance measures. The need for change was facilitated by the AHA/ASA recommendations released early this year, along with the introduction of CMS stroke measures.

Know Your Neighbor

A webinar was conducted by HFAP through Becker’s Review in June, titled “Know Your Neighbor”. The webinar explored the difference between Stroke Ready, Primary Stroke and Comprehensive Stroke Centers and challenged hospitals to know not only what their level is but to know the level of neighboring hospitals. Creating partnerships with local and rural hospitals elevates stroke care region-wide, providing timely access to the right level of care at the right time. Partnerships can also overcome treatment inequities in remote regions, ensuring the best possible care is disseminated.

A copy of the presentation is available by sending a request to stroke@hfap.org.

Spotlight on Kettering Medical Center

Ohio’s Kettering Health Network’s Kettering Medical Center became the first hospital to be HFAP certified as a Comprehensive Stroke Center. In addition to the Comprehensive Stroke Center, The Kettering Health Network has three primary stroke centers.

Comprehensive Stroke Certification serves as a notice that Kettering has the capacity to provide comprehensive care for complex stroke patients. Moreover, it has the required infrastructure, such as board certified neurologists, advanced neuro-imaging and complex neurosurgical interventions, and a dedicated Neurointensive care unit with nurses specifically trained in stroke care.

This certification signifies that Kettering Medical Center has demonstrated and is clearly committed to advancing stroke treatment through innovation and best practice - placing them amongst world leaders. Hospitals that have established stroke centers have demonstrated improved treatment, better patient outcomes, and reduced costs. In addition, Comprehensive Stroke centers are a resource to both the community and neighboring hospitals who are not equipped to offer the same level of care.

To achieve this prestigious award, hospitals must have the following:

- The program director must be specialty qualified
- Lab testing and advanced imaging capabilities must be available 24/7
- Must have neurology, neurosurgical, neuroradiology, endovascular and neurointensivist experts available 24/7
- Must have an operating room available and ready to operate within two hours, 24/7
- Must treat complex stroke patients; perform minimum requirements for provision of care and treatment to subarachnoid hemorrhage patients and perform surgical procedures such as clipping and coiling
- Must have dedicated ICU beds & a stroke unit with specialty trained staff
- Must have rehabilitation services, e.g., speech therapy, occupational therapy and physical therapy
- Must incorporate comprehensive rehabilitation assessments into plan of care
- Must implement discharge assessment, referral and follow-up protocols
- Must participate in patient-oriented research activities and have a continuous research plan
- Must have working agreements with Stroke Ready and Primary Stroke centers
Paul Coverdell Registry

Michigan's Ongoing Registry to Accelerate the Improvement of Care (MOSAIC) Program.

Michigan has received funding since 2001 from the Centers for Disease Control and Prevention as a part of The Paul Coverdell National Stroke Registry (PCNASR) to implement, maintain and expand a stroke registry and quality improvement program. The goals of PCNASR and the Michigan Stroke Registry are to ensure that all citizens receive the highest quality of acute stroke care, reduce the number of untimely deaths attributable to stroke, prevent stroke-related disability, and prevent patients from suffering recurrent strokes.

The Michigan Acute Stroke Care Overview and Treatment Surveillance System (MASCOTS) was one of eight original prototypes funded from 2001-2004 as a part of PCNASR. In order to continue improving the quality of care for stroke patients, Michigan was awarded a second CDC funded implementation PCNASR grant from 2007-2012. Program quality improvement (QI) efforts focused on the ten consensus measures of quality of stroke care, and saw statistically significant improvement in seven of the ten measures by June 2013.

CDC has approved Michigan to continue the work of the hospital-based registry and to expand efforts into other areas of stroke systems of care from July 1, 2012 through June 30, 2015. "Michigan's Ongoing Stroke Registry to Accelerate Improvement of Care" (MOSAIC) will continue to use the “Get with the Guidelines-Stroke-Coverdell Patient Management Tool”, created by the American Heart Association and run by Outcome Sciences for data collection. The registry is also extending efforts into assessing and improving practices regarding post-hospital discharge for stroke in selected hospitals. Hospitals participating in MOSAIC receive data on acute stroke care and effective QI strategies that aid in improving quality of stroke care as well as technical support in their journey to provide “Defect Free” Care.

A QI Specialist and a Stroke Epidemiologist assist hospitals with translating data and making suggestions to improve the quality of care. It is expected that participating hospitals will commit to this quality improvement project by making gradual, planned, continuing, improvements in stroke care delivery.

For more information, please visit:
http://www.michiganstrokeinitiative.org/registry.asp

Get with the Guidelines

One hospital’s journey to improving patient outcomes by participating with Get With The Guidelines stroke registry.

Holly Cross, Chicago, IL

Holy Cross Hospital joined Get With The Guidelines for stroke on June 4, 2013 after receiving a grant from Genentech. The grant covers all expenses for the first year of membership for getting on board with GWTG.

Holy Cross Hospital is dedicated to making our care for stroke patients amongst the best in Chicago. GWTG will help us accomplish this goal. There are few hospitals in our service area and we receive approximately 55,000 EMS calls a year.

Time is brain at Holy Cross Hospital. Following GWTG stroke treatment guidelines, patients receive aggressive therapy aimed at reducing death and disability and improving the lives of stroke patients.

An advantage of GWTG is that we can see where the hospital is according to national benchmarks, this inspires us to improve on our results. As a result, improving practice, improves patient outcomes.

Knowing that participating is also contributing to national research motivates us to continue.

In the future, Holy Cross Hospital plans to receive GWTG Stroke Gold Plus Quality Achievement award for stroke care.

Written by Fred Giles, RN BSN, Stroke Coordinator.

What is “Get with the Guidelines”?

GWTG is a web-based Patient Management Tool from the American Heart Association. The tool is a registry that provides hospitals with real-time benchmarking, decision support and performance improvement strategies that aim to enhance patient outcomes.

For more information, go to the AHA/ASA website or download the Stroke Fact sheet:
GWTG Stroke Fact Sheet
Defining Stroke

Doctors have struggled to define the term stroke for centuries. More recently, the stroke council of the AHA/ASA worked together to develop an expert consensus document with definitions.

A slide set titled “An Updated Definition of Stroke for the 21st Century” has been developed by the Stroke Council Professional Education Committee to educate clinicians on the AHA/ASA Expert Consensus Document.

To access this document, click the link below:
AHA/ASA Definition of Stroke

NIH Stroke Scale

NIH Stroke Scale (NIHSS) training and certification is available at no cost! Go to: NIH Stroke Scale.

You will be required to create an account, undergo education with a test and re-certify every two years.

This website provides links to healthcare resources. There is an option to purchase resources such as an educational DVD and NIH Stroke Scale Booklet with score sheet.

Mobile Access

Did you know that the NIHSS is available as an apple / android app? With so many apps competing to get in the market, reviews are readily available. If you are looking for an electronic version of the NIHSS to incorporate into your practice, do some research and trial a few to see how it integrates with your system. *Don’t forget to add clinical judgement!

Funding Opportunities

Reeve Foundation Quality of Life Grants Program Opens its online application submission period on July 1, 2013. The grant is open to nonprofit organizations that provide services to individuals with paralysis. For more information go to the Christopher Reeve website: QoL Grant, call 800-599-7309 or email QoL@ChristopherReeve.org.

Did you Know…

There is an organization for International Stroke Genetics Consortium?!

The organization is based in the United Kingdom and was formed to explore the understanding of the genetic basis for stroke.

It is a scientific based Consortium which provides general information on stroke along with collaborative research publications.

Their latest paper, published through the AHA/ASA is titled: “Heritability Estimates Identify a Substantial Genetic Contribution to Risk and Outcome of Intracerebral Hemorrhage.”

To learn more about stroke genetics, visit their website http://www.strokegenetics.com/isgc-publications

New Manual Transition Schedule

Primary Stroke Manual: Clinical Standards

Facilities seeking first time Primary Stroke Certification which have an on-site review between April and August 2013 will be required to document on their application which manual they have prepared under.

Facilities seeking re-certification that have booked an on-site review between April and August 2013 will be reviewed against the old standards (unless other agreement made).

Facilities seeking re-certification that have an on-site review between September and December 2013 may be grandfathered into the new standards. This means, the facility will be required to acknowledge the new standards (which they may not meet) and provide an action plan for reviewers at the time of survey. Noncompliance will not affect a certification decision with action(s) plan in place.

Initial and re-applications from January 2014 will be reviewed against the 2013-2014 standards.

Primary Stroke Manual: Performance Measures

All Facilities (old and new) may transition data collection between the second and third quarter (May 1 to September 30, 2013), however all facilities must submit new measures in the fourth quarter reporting period (October 1, 2013 to January 31, 2014).