From the Stroke Desk

We had a positive response from the satisfaction survey along with feedback. As a result we have developed a document titled “The HFAP Difference”, to be posted on the HFAP website. In total 47% of HFAP stroke centers participated and opportunities to improve our services along with recommendations on improving the manual have been considered in the 2014 review.

There was a request to clarify data submission date details are below. Submit data to stroke@hfap.org.

1st Q (Jan 1 - Mar 31) due April 30
2nd Q (Apr 1 - Jun 30 ) due July 31
3rd Q (Jul 1 - Sep 30) due October 31
4th Q (Oct 1 - Dec 31) due January 31

Teleconference: Practice Sharing Session

Stroke @HFAP is hosting a teleconference for stroke coordinators. This will be an open forum and great opportunity to share practice ideas. The date is planned for Tuesday December 10th 11am EST.

Email stroke@hfap.org by November 30th to register for this event.

Making a Difference

Ohio

The AOA State Affiliate Team is working on behalf of HFAP regarding proposed revisions to a Bill in Ohio:

To enact sections 3727.11, 3727.12, 3727.13, and 3727.14 of the Revised Code to provide for state recognition of hospitals that are comprehensive stroke centers, primary stroke centers, and acute stroke ready hospitals.

New York and Arizona

Last month we emailed members of the recently updated list of State Department of Health Contacts. Following the mail-out, New York and Arizona reached out to request further discussions about our stroke certification.

AHA/ASA Get with The Guidelines

The HFAP received information that the Mid-West Stroke Action Alliance wrote in to the AHA/ASA GWTG urging them to validate HFAP stroke centers that participate in GWTG and place them on the GWTG map. This is encouraging and HFAP are thankful for the support. If your organization would like a copy of the letter to submit, please contact us at stroke@hfap.org.

Spotlight on Stroke Centers

Metro Health, IN

This month HFAP presented at the Corazon conference on stroke certification. While there Metro Health, IN were acknowledged as the number one hospital out of all hospitals represented – we were very proud!

Memorial Hospital, PA

At the same time, Memorial Hospital, PA was acknowledged for their involvement in the development of an innovative IT application currently being built to support stroke coordinators – watch for the December issue.
HFAP Stroke Review Tips

The Healthcare Facilities Accreditation Program wants to celebrate your stroke centers excellence. Below are some tips on what to expect and how best to prepare for a stroke review.

Presentation
Provide a 10-15 minute presentation on your stroke centers achievements and program highlights. Avoid lengthy presentations – be specific and keep it brief.

The reviewers are onsite for the purpose of reviewing all the standards and will need as much time as possible to complete the review in its entirety.

If you have any concerns about the progress of your program, now is a good time to briefly mention the challenge and your working solution – so there are no surprises!

Space
Ensure the reviewers have an office with electrical outlets and wi-fi to work, they will also need some ‘alone’ time to meet real-time reporting obligations.

Organization
Have all your documents ready in folders with tabs that demonstrate how you comply with the standard, so you are not searching for papers or information from one end of the hospital to the other.

Keep it Brief
Avoid elaborating and giving opinions. Have confidence in your knowledge and your clinical practice. If you don’t know the answer to a question, it’s okay to refer to a resource.

Stroke Team
Provide a list of all stroke team members with their designation. Define how the team covers all areas of the hospital, such as the ED, admitting area, etc.

Involvement
Be able to show how the multi-disciplinary team members are involved in the development and review of policies, procedures and care protocols.

Environment
Walk through the ‘patient flow’ with the reviewer showing how the patient care progresses through each department. This should include EMS involvement prior to patient arrival, the emergency room, laboratory, imaging, and pharmacy involvement. Also, include how the patient transitions to intensive care unit, the stroke unit and when applicable, to surgery and rehabilitation. Explain the processes if the patient requires transfer to a higher level of care and provide a copy of the transfer agreement.

Note: if your rehabilitation services are specialty accredited and the rehab is performed off site or at another end of the building – it is not necessary for the reviewer to visit the location, however you will be required to show evidence of the accreditation.

Patient Care
Demonstrate how patient care is delivered according to applicable protocols. Patient care will be validated through observation and during the medical record review.

Medical Record Review
During the medical record review, the reviewer will need to see evidence that all required education elements are documented in the plan of care, and provided to the patient and significant other.

Medical records should provide supporting documentation that the various elements of the care protocols are implemented and meet defined timelines. Assure that the discharge plan reflects all required elements as well.

Education
Show how each group of staff and physicians have individually met their hourly educational requirements for the year. For example, if the Emergency Physician on the Stroke Team has attended a conference, what segments in the conference and how many hours of the conference met the stroke education requirement?

QAPI
Quality review focuses on clinical processes and outcomes compared to benchmarks. Discuss how you have improved and sustained your performance. If this is a repeat survey, give special attention to improvements into correction of any prior deficiencies if they exist.

Breathe
You have done the hard work; it is time to let your program shine. Let your experts speak to the wonderful care you are providing your patients.

Stroke Review Tips written by Carol Roesch, Stroke Reviewer.
Education Opportunities

Get With The Guidelines: Target Stroke Webinars

Team Based Approach November 19, 1-2pm EST

Midwest Stroke Action Alliance

Stroke Symposium: A Cornucopia of Stroke Topics November 2, 2013

Advocate Lutheran General Hospital, Park Ridge, Illinois. From 9:00 a.m.-1:30 p.m. For details email stroke@hfap.org

NIH Stroke Scale

The NIHSS is a well-established stroke scale used in several countries. The NIH also provides free training and certification that is valid for 2 years. The great thing about this site is that they send email reminder notification to each participant when they are due for recertification.

As an organization may choose to either perform on-site competencies as part of a ‘mock stroke code’ or conduct competency validation in practice by reviewing completed scales with the individual clinician. Link to: NIHSS Competency

Grants and Funding

The Dana Foundation refers to itself as the ‘Gateway to information about the brain and research” and not only provides interesting information on brain matters but offers a Clinical Neuroscience Research Grant.

To find out more click on the Grants tab in the link below: http://www.dana.org/Default.aspx

Depression Screening

Post-stroke depression is common. In the US it is estimated that 25-79% of patients develop depression following a stroke. Incorporating a mood assessment pathway into patient care can assist with early diagnosis and intervention.

When deciding on type and frequency of depression screening, consider which tools will support your organization and what resources are available for patients who are identified at risk.

Below is a list of recognized tools, this information is limited and organizations should research beyond what is listed here before selecting a specific tool. Some tools are designed for persons with a communication deficit and some for patients without a communication deficit. Other tools are more generic and can be used for all persons with or without communication deficits. You may also wish to consider anxiety screening.

Stroke Aphasic Depression Questionnaire (SADQ-H)

This questionnaire is a version of the SADQ-21 and is based on observable behaviors thought to be associated with depressed mood. This tool is completed by staff.

Hospital Anxiety and Depression Scale (HADS)

A self-report tool with 7 anxiety and 7 depression questions basing questions on experience over the last week.

Public Health Questionnaire-2 (PHQ-2) & PHQ-9

The purpose of this tool is simply to screen for depression/anhedonia and not to generate a ‘final’ diagnosis. It is recommended that patients who screen positive in this tool are then followed up with the PHQ-9 to evaluate for depressive disorder.

Beck Depression Inventory (BDI)

Widely used 21-item self-report scale can be used as basis for longer interview.

Hamilton Depression Rating Scale (HDRS)

Includes 21 items, requires an interview by a psychiastrically trained observer.

Irritability, Depression and Anxiety (IDA) Scale

18 items on inward irritability (4), outward irritability (4), depression (5) and anxiety (5).

Geriatric Depression Scale (GDS)

Designed for older adults, excludes somatic items, contains 30 yes/no questions.
Stroke Support Group Ideas

Ideas for starting up a stroke support group

To get started you will need to develop a draft format or plan of events. Consider the following:

**Internal Administration Process**

- Purpose of the group.
- Group leader and back-up leader/co-facilitator.
- Entry to group / Exit / Follow-up processes.
- No show procedure e.g. follow-up.
- Deterioration protocols, for example if there is physical deterioration or even a psychological deterioration - what are the responsibilities / actions of the group leader?
- Light refreshments / meals and suggested donations.
- Pre-registration versus open door.

**Patient Determined Process**

- Number of groups per calendar year e.g., 6 or 12.
- Day - Date - Time - Location: for example the first Thursday of every month, 3-4pm in Group Room Two.
- Minimum and Maximum number of participants.
- Open group versus closed group.
- Types of group activities and group schedule.
- Group guidelines avoid use of the word ‘rules’ and have the group agree on acceptable behavior such as turn phones on silent, respect each person when they speak, etc.

You may want to host your first ‘open/planning’ meeting and have the participants decide on the above options. Then invite participants to identify activities that are most important to them – go in with some ideas like guest speaker, education, therapeutic activity etc.

Involving the participants in the planning engages them and gives them ownership.

It’s important to establish the above information early on because it creates a routine and set of expectations that they can count on, especially when their day to day lives may be up and down.

Try and keep activities / lectures / guest speaker’s time at 45 minutes with 15-30 minutes for questions and or socializing.

**Red-Box Group**

Even when plans are well organized, sometimes things don't always flow as expected. It’s good to have a backup kit - also known as a Red-Box which is essentially a container with instructions and all the resources that you will require for the activity.

The idea behind the Red-Box is that you will always be organized. Once the Red-Box is used, it is replaced with a different activity so the participants don’t associate with the Red-Box as the back-up plan!

This is a fail-safe in the event that the group facilitator or guest speaker is unable to make it in time for the group at the last minute.

**Round Table Groups**

Round Tables are forums which give participants an opportunity to talk about themselves / how they are feeling / what they did to overcome something.

**Round Table Hobby**

Participants bring in examples or photos of hobbies or activities they do at home. Each participant talks about their hobby and talks about how they got started.

**Round Table Inventions**

Participants talk about something practical they created to help them overcome a challenge or obstacle they faced.

**Round Table Hope**

Participants talk about their personal challenges and how they manage day to day life – this can go one of two ways. It’s important to acknowledge difficulties because that's real life, it’s even more important to balance despair with hope and not turn the group into a psychotherapy session – unless you are trained in psychology or have a trained therapist present.

**Ideas for Education Topics**

- Risk Factors / Sleep Apnea
- Invited Guest Speaker
- Acceptance and Coping with Change
- Depression and Anxiety
- Nutrition and Hydration
- Sexuality
- Available Community Resources
- Self-Nurturing / Being Kind To Yourself