

Stroke Coordinators of Connecticut The S.C.C.



Representing Connecticut's acute care hospitals
with stroke programs



14 certified by the Joint Commission
22 certified by the CT Dept of Health



“My how we’ve grown !”

- Born out of a feeling of necessity
- Relatively few stroke coordinators in the state of CT in 2006
- Initially a forum for sharing of information, best practices
- We wanted a “voice” for stroke issues/systems of care within CT



Lessons learned ...

– We needed a mission statement

- To define our purpose, our services and our accomplishments

– We needed “structure”

- To outline goals, to direct project initiatives, and to share the responsibilities

We needed a central location

Accomplishments To-Date

- **Developed a Mission Statement**
- **Created a forum - 6 meetings/year**
- **Meeting at the AHA/ASA Chapter**
- **Developed Committee Topics**
 - State & National guidelines
 - Patient Education
 - GWTG
 - Stroke Rehabilitation
 - Community Outreach
 - Staff Education

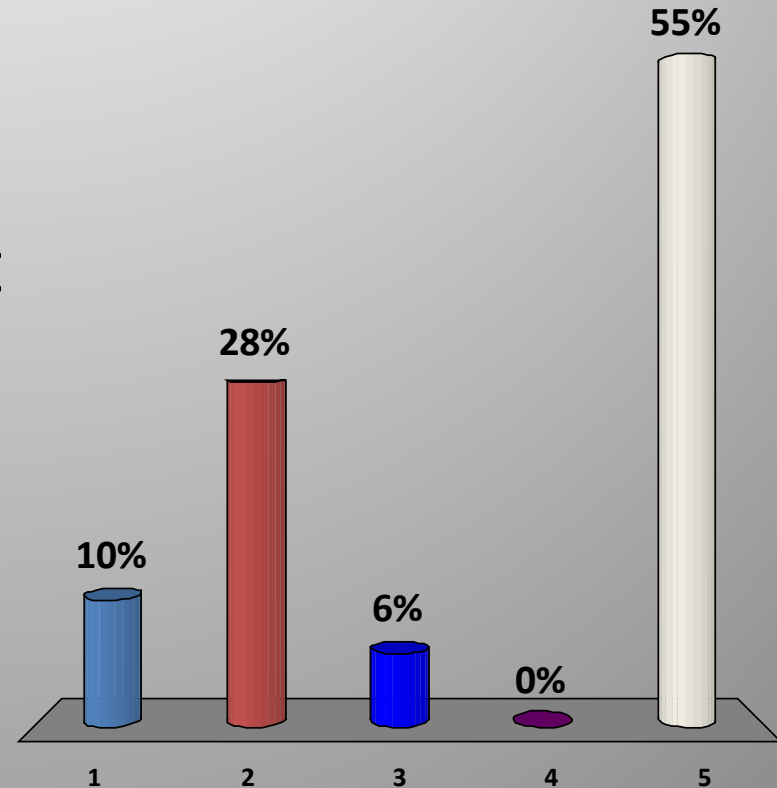
Mission Statement

To promote stroke systems of care and to decrease the burden of stroke in order to meet the 2020 AHA/ASA goal of improving cardio- and cerebrovascular health for the citizens of Connecticut.



In your state coordinators' network, which of the following has the most impact on your role?

1. Creative solutions
2. Networking
3. Program management
4. Leadership development
5. All of the above



Goal #1

To promote the implementation of stroke systems of care

- Utilizing evidence-based clinical practice guidelines (AHA/ASA)**
- Forging partnerships with CT DPH and healthcare facilities within CT**

Pediatric Stroke Protocol

2008 – AHA Guidelines for the Management of Stroke in Infants and Children

2008 – CT DPH mandate

“All CT DPH-designated Primary Stroke Centers will be required to develop a formal protocol for responding to stroke in infants and children. “

Pediatric Stroke Protocols Adopted

**Stroke Centers sharing pediatric protocols for
assessment & transfer to designated
childrens' medical centers in CT**

Planning committee:

- To develop a statewide policy for assessment and/or transfer of pediatric patients
- Looking at CHOP as a model for pediatric acute stroke care
- Developing common assessment tool for EDs

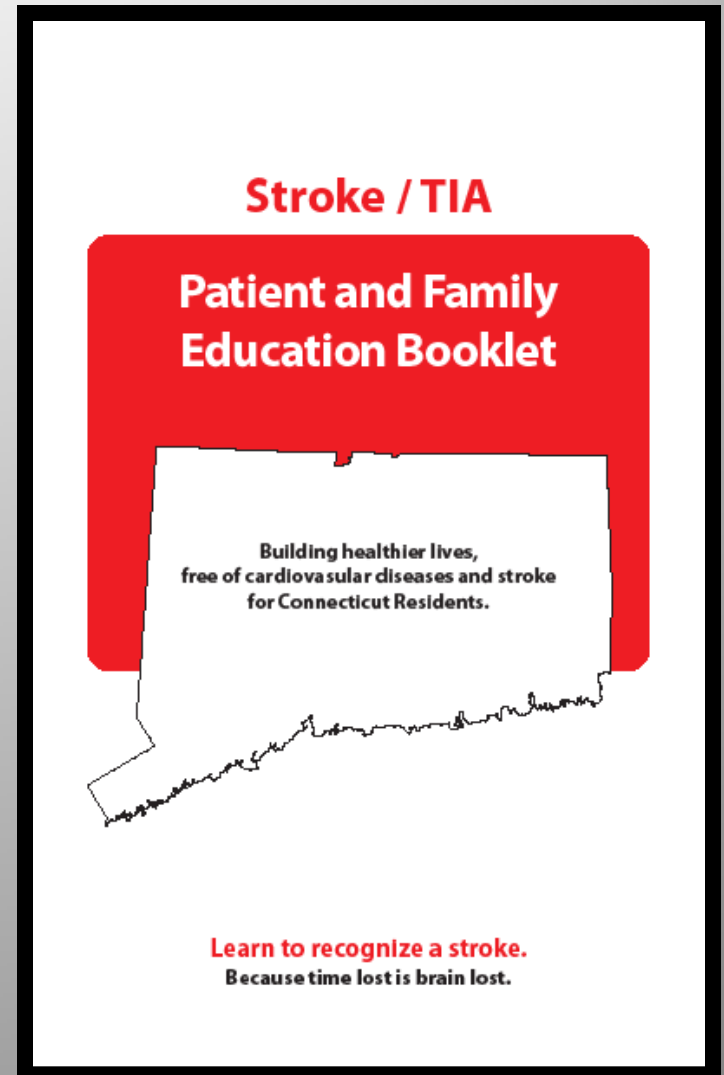
Goal #2

To support community initiatives to increase public awareness of stroke

- Knowledge of stroke symptoms**
- Reinforce the importance of calling 9-1-1**
- Identify stroke risk factors**
- Reduce stroke risk for patients & families.**

Patient/Family Education Booklet

- To be offered to stroke programs across the state.
- Text modified from the AHA/CDC/TJC sample for the performance measure STK #8: stroke education



Publications

- **Original version:**

Grade level of 7.9/Flesch-Kincaid level of 6.5

- **Low health literacy version:**

Grade level of 5.0/Flesch-Kincaid of 3.4

- **Multicenter study conducted 2010-2011**

Compared the impact of the low health literacy version to the original version on patient and caregiver behavior.

LHL version showed improved retention at 4 weeks as compared to the control group

Education Booklet: In Spanish

- **The original version was translated into Spanish – final edits**

‘Fairly Easy’ for readability using the Fernandez Huerta readability scale.

Goal #3

To develop a workforce that examines potential research ventures and creative solution projects to reinforce the S.C.C. mission

Stamp Out Stroke

Stamp Out Stroke (S.O.S.) teaching module for hospital employees

- Each letter of the alphabet describes a stroke risk factor, signs/symptoms, quick access to care.**
- 5th grade reading level**
- 6 minutes to watch slideshow**
- Pre/Post Test**

S.O.S. Test Question

6. What is the first step you should take after recognizing that someone might be having a stroke?
- a. Offer to call the person's doctor
 - b. Begin CPR
 - c. Wait to see if the symptoms go away
 - d. Call 9-1-1

S.O.S. - Lesson

D ...

DDiabetes is a risk factor for stroke

If you have diabetes, know your target blood sugar.

High blood sugars can cause blood vessels in the brain to clot or leak, causing a stroke.

Partnering with the CT Department of Public Health

- Getting our work on the website

