

New Jersey Stroke Systems of Care Inventory



Primordial & Primary Prevention

- ❑ The New Jersey State Legislature passed and implemented the **Smoke-Free Air Act** in April 2006, banning indoor smoking in all indoor public places and work places across the state, except for casino gaming floors.
 - ❑ The NJ Department of Health and Senior Services (DHSS) uses funding to create programs that address individual tobacco use and prevention, diabetes prevention, and obesity and overweight risk factors for cardiovascular disease.
 - ❑ Offices and programs that address cardiovascular disease: Office of Emergency Medical Services, Office of Minority and Multicultural Health, Office on Women's Health, and NJ Diabetes Prevention and Control Program.
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Primordial & Primary Prevention

- ❑ Instituted - new school nutrition rules into state regulation, mandatory for the upcoming school year
 - ❑ Legislated Obesity Task Force evaluated NJ statistics and has made recommendations
 - ❑ ASA currently advocating for public funding for heart disease, stroke risk factors and disparities
 - ❑ ASA continues Power to End Stroke roll out
 - ❑ ASA - Stroke Speakers Bureau Training with Health Plan Alliance Partners
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Community Education

- **Working Well NJ** -- As part of an ongoing campaign focusing on public employee health and wellness, the New Jersey Departments of Personnel (DOP) and Health and Senior Services (DHSS) urged stroke prevention education through the ***Working Well New Jersey campaign***. In conjunction with American Stroke Association (ASA), free stroke screenings for state employees were conducted by the St. Francis Medical Center stroke assessment team at the Department of Personnel building in Trenton. Representatives from the DHSS and St. Francis provided information on stroke prevention and risk factors to public employees.
 - **Youth prevention activities** -- These activities include the creation of “**REBEL**” (Reaching Everyone by Exposing Lies), a group of teens statewide that educate their peers on the dangers of tobacco use. In addition, the State sponsors “Not for Sale” a youth driven anti-tobacco advertising campaign against Big Tobacco companies.
 - **Social marketing campaigns** such as distributing educational material via billboards, newsletters, email campaigns, and radio and newspaper public service announcements that are geared to disseminating messages about the prevention of diabetes and its complications.
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Community Education

- ❑ **Community Prevention Activities**: The State partners with many local citizen groups and nonprofit organizations, including NJBreathes, an anti-tobacco coalition of over 40 statewide organizations working to reduce tobacco use in the state. NJGASP is another anti-tobacco organization that provides, "...technical support to municipalities to reduce tobacco use in the community" (NJDHSS, May 2006). In addition, the State works with the Community Partners in all 21 counties. The Community Partners strive to reduce tobacco use on the local level.
 - ❑ **NJDHSS funds the Diabetes Outreach and Education System (DOES)**, a community and professional diabetes education project that serves a five county area of southern New Jersey (Ocean, Atlantic, CTwo (northern and southern NJ) *Power to End Stroke* community luncheons given through SYH churches.
 - ❑ ***Stroke Alert! Stroke Screenings in May***
 - ❑ **Legislative Stroke and Carotid Screenings at the NJ Statehouse**
 - ❑ **ASA Stroke Educational campaign in May**
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Notification & Response of EMS for Stroke

- 911 Communication Center protocols for the State of NJ mandate that any time a caller reporting signs symptoms of a Stroke/TIA, receive both a basic life support (BLS) unit, consisting of 2 EMT-basic's, and advanced life support (ALS) unit, consisting of 2 EMT-Paramedic's, on the initial dispatch.
 - *Communication centers have the option of using either the State approved dispatch cards or local protocols each mirroring stroke dispatching as represented above.*

 - Once on scene, the units make a determination through physical assessment and direct physician medical control contact, the acuity of the situation and the proper destination and treatment of the patient.
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Notification & Response of EMS for Stroke (cont.)

- The new American Heart Association (AHA) guidelines became effective in October of 2006 for all ALS providers. These AHA guidelines have been incorporated into pre-hospital regulation (N.J.A.C. 8:40 and 8:41).
 - *These new guidelines are currently the curriculum of choice for most BLS and ALS training centers.*

 - Resources available to pre-hospital providers include:
 - *Guide cards*
 - *Training and education/CEU's Stroke Centers*
 - *Physician Medical Control*
 - *AHA guidelines*
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Acute Treatment for Stroke

- ❑ NJ Department of Health and Senior Services (DHSS) will continue to designate primary and comprehensive stroke centers based on licensing rules which were adopted this year. At this point, four NJ hospital have been designated as comprehensive stroke centers.
 - ❑ Acute stroke team required to be available within 15 min. of patient arrival at hospital Emergency Room.
 - ❑ 24/7 availability of neuro-imaging services with imaging performed within 25 min. of order entry and read within 20 min. of completion of study.
 - ❑ Statewide Stroke Nursing Case Study
 - ❑ Statewide Stroke Nursing Conference
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Subacute and Secondary Prevention for Stroke

- ❑ Supporting efforts to improve the quality of diabetes care in Federally Qualified Health Centers and other venues.
 - ❑ In conjunction with statewide partners, assessing the state diabetes public health system and development of a strategic plan for addressing diabetes in New Jersey.
 - ❑ NCQA – Heart & Stroke Recognition Program Promotion
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Rehabilitation of Stroke Patients

- ❑ Rehabilitation services are required for the designation of both primary and comprehensive stroke centers under DHSS' proposed licensing designation rules.
 - ❑ Stroke Survivor and Caregiver Workshops throughout the region
 - ❑ Statewide Stroke Conference on Aphasia
 - ❑ 45 Stroke Support Groups in NJ
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Continuous Quality Improvement Initiatives

- ❑ Primary stroke centers will be required to maintain stroke database and policies regarding ongoing data evaluation and quality improvement activities based on data evaluation.
 - ❑ Comprehensive stroke center outcome data to regional, state & national data to develop performance benchmarks.
 - ❑ For information, contact New Jersey Certificate of Need & Healthcare Facility Licensure Program at (609) 292-5960.
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Continuous Quality Improvement Initiatives

- ❑ ASA currently advocating to establish a state stroke registry
 - ❑ Pending legislation to clarify neuro-imaging criteria for Primary Stroke Centers
 - ❑ Get With the Guidelines (GWTG) currently in 33 NJ Hospitals
 - ❑ 7 NJ Hospitals have received GWTG performance achievement awards.
 - ❑ 16 NJ Hospitals are JCAHO Accredited for as Primary Stroke Centers
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Summary and Future Direction

- ❑ After publication of DHSS stroke designation licensing rules, stroke center designation process is underway.
 - ❑ Acquire resources dedicated to address CVD statewide and create a consolidated CVD control program.
 - ❑ Analyze the need for primary versus secondary CVD intervention to maximize the impact of outreach efforts.
 - ❑ Burgeoning focus on Chain of Survival due to State EMS Report (August 2007)
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Summary and Future Direction

- ❑ Promote Stroke Pre-hospital online program or CD to EMS Medical Directors
 - ❑ Stroke education at third annual statewide conference on EMS
 - ❑ Further engagement of Search Your Heart churches and Cultural Health Initiative partners
 - ❑ Increase the number of African Americans who take the Power to End Stroke Pledge
 - ❑ Further implementation of GWTG in NJ hospitals.
 - ❑ Comprehensive awareness campaign on signs and risk factors for a stroke
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