

CAPITAL DISTRICT STROKE COORDINATOR'S COALITION 2011

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Disclosures

I have no disclosures to report

History – The early years

Ellis Hospital is a community hospital with approximately 300 beds. We first became a New York State Designated Stroke Center in July of 2005. Many of you will remember June Shea, who was instrumental in the process.

June was involved in the Capital Region Stroke Task Force, comprised of representatives from the American Heart Association and the Department of Health as well as hospitals in Upstate New York. She participated in a sub-group that focused on Primary Stroke Prevention and Community Education, and met monthly. Other subgroups included:

- Notification /Response of EMS
- Acute Stroke Treatment
- Subacute/Secondary Prevention/CQI
- Rehabilitation

Our Current Group

- Albany Medical Center – Albany
- Ellis Medicine/Ellis Hospital – Schenectady
- Northeast Health – Troy
- Seton Health – Troy
- St. Peter's Hospital – Albany
- Our newest partner – Columbia Memorial Hospital – Hudson
- Also included in our group are our local AHA/ASA and DOH representatives, who have been a great resource to all of us!

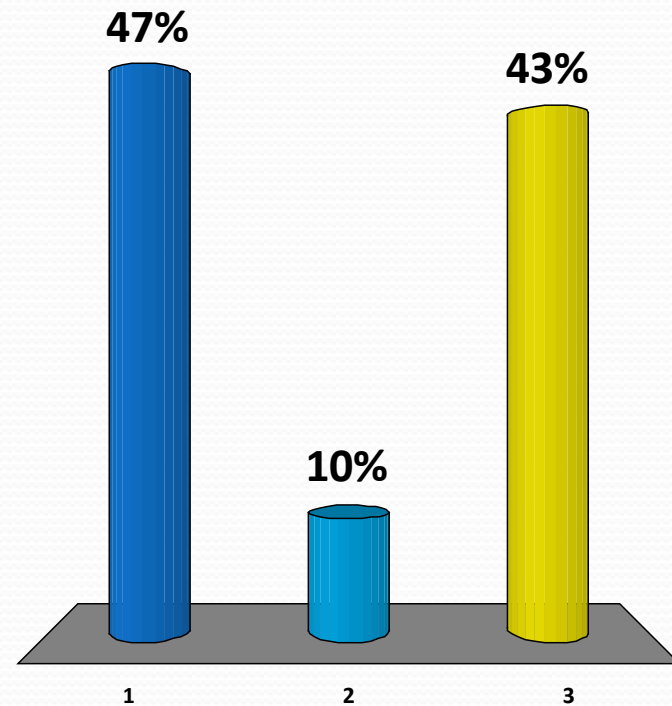
Purpose of our Group

Collaborate to:

- Share ideas and best practices
- Discuss common barriers/challenges – time, finances

Have you learned from another stroke coordinator a practice to improve patient outcomes?

1. Yes
2. No
3. Several Times



Collaboration – Our Success

Our group collaborated on our first EMS Education Night in 2009.

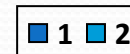
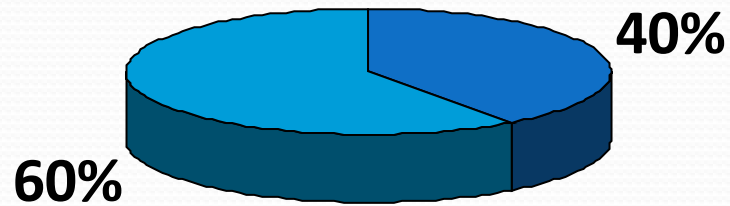
It was a success and we are now planning our fourth event!

Attendance at each event ranged from 75-103 EMS providers.

- Hospitals met their requirement as designated stroke centers to provide training to EMS providers
- EMS staff earned REMO credits at no cost
- EMS staff enjoyed dinner at no cost (we did learn that it's better to say "free with pre-registration, \$5.00 at the door")
- Hospitals were able to share the financial burden
- A wonderful opportunity to network and build relationships with the EMS providers we depend on to deliver our patients

Did you attend The NECC Stroke Coordinators Breakfast Session in 2010?

1. Yes
2. No



EMS Education for Stroke Designation – Collaborating for Success in the Capital Region

Albany Medical Center, Ellis Hospital, Northeast Health, Seton Health, St. Peter's Hospital, American Heart Association, NY State DOH, Capital Region Stroke Task Force

I. Background

- Capital Region Stroke Task Force (CRSTF) convened to address stroke care in Upstate NY
- Designated Stroke Centers (DSC) are required to provide stroke training to EMS providers twice a yr. as part of their designation status.
- Each of the six DSC in the Capital Region were spending valuable resources and time training EMS with poor attendance.
- CRSTF receives approval from the NY State DOH to provide a collaborative EMS training with the six DSC

II. Training

- Objectives
 - Pilot a collaborative Model
 - Increase attendance to trainings
 - Increase pre-hospital stroke care knowledge
- Methods
 - Evening event with free dinner
 - Partner with Regional Emergency Medical Organization (REMO) to promote training
 - Secure Speakers
 - CEU for attendees
 - Free admission
 - Pre and post test for EMS attendees
 - Pre and post satisfaction survey of Stroke Coordinators at each of the DSC

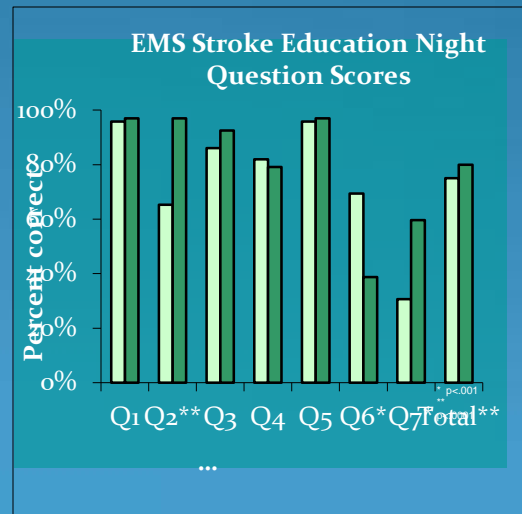
III. Results

- Satisfaction Survey of Stroke Coordinators
 - Satisfaction with the collaborative
 - Satisfaction with the financial contribution
 - Satisfaction with the time commitment
 - Satisfaction with speakers and content of the agenda
- EMS
 - 103 attendees up from an average of 6 per hospital per training
 - An increase in pre hospital stroke knowledge in most areas. Question 6 reworded and reviewed with presenter
 - Equal participation between paid and volunteer services

Q1) Which of the following simple exercises is not a test for stroke
Q2) According to current guidelines, what is the maximum allowable elapsed time between onset of symptoms and treatment of stroke with IV thrombolytics?
Q3) Which of the following factors is one of the components to the evaluation of a patient's eligibility for IV thrombolytics?
Q4) Circle all of the pre-hospital goal(s) listed below in the management of the acute stroke patient
Q5) Every ischemic stroke patient who arrives within the specified time window is eligible for treatment with IV thrombolytics.
Q6) Circle all of the medical condition(s) listed below that may present with symptoms similar to those seen in stroke patients.
Q7) The stroke chain of survival is:

IV. Conclusion

- Encouraged as a promising practice by the NY State DOH for completing DSC EMS training requirement
- The collaborative allows for pooling of limited staff and financial resources
- An overall increase in pre-hospital stroke care knowledge
- Pre and Post testing of knowledge valuable in adjusting program content



Other Projects

- Stroke Discharge packets – each hospital shared examples of their discharge info/education
- Stroke Support Group listings – all hospitals compiled information to create a resource guide on local support groups to be included in discharge packets

Goals for the Future

- Continue our partnership with AHA/ASA and with NYS DOH
- Continue to work together to have an annual EMS dinner – we discussed integrating EMS providers and ED MDs and involving dispatchers at our next event
- Try to meet on a regular basis (it's difficult!)
- Work on governance – structure to ensure the group's sustainability
- Continue our focus on LTKW and pre-notification

