

# **Rhode Island's Progress to reaching the NECC Recommendations**

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# Primordial and Primary Prevention

- No current formalized efforts in RI to address education of Primary Care Providers nor a standardized tool
- CVDOEs (Certified Cardiovascular Diabetes Outpatient Educators) work with at risk patients. The FAST Campaign airs annually with distribution of supporting materials
- RI has public policies regarding smoking cessation, physical activity, nutrition and access to health screening + disease prevention programs

# Community Education

- All Certified Stroke Centers in RI provide community education programs and Hospital Prevention Messaging (based on Joint Commission Certification)
- The RI Dept. of Health HDSP Program has annually purchased air time for the FAST Campaign. The AHA/ASA (RI) also works with paid/earned media No state funding
- The AHA/ASA public policy agenda includes physical activity, nutrition + tobacco control

# Emergency Medical Response

- 100% landline + wireless coverage for 911
- Provision of: multi-line + wireless phone system standards, linguistic EMS services, triage protocols, tx. Protocols, and EMS training w/ validated stroke screening tool
- Implementation in process for defined role for Stroke Centers in EMS Training

# Emergency Medical Response (cont)

- Not currently in place: Stroke warning signs + symptoms for EMS communicators, EMSS stroke dispatch cards + educational resources, ongoing training w/ materials consistent with current guidelines, ED system for personnel receiving EMS pre-arrival copies of stroke screening tool utilized, EMS certification/re-licensure training in stroke assessment + care, EMSS response time monitored + goal established

# Acute Stroke Treatment

- RI has in place: preferentially triaged suspected acute stroke patients, appropriate criteria for stroke capability, non-stroke ctrs. transfer protocols + triage/tx. plans, standardized stroke care approaches, standardized data collection, web-based data repository, and hospital + state data availability for comparison
- No formal process for hospital collaboration on acute stroke care

# Subacute Stroke Treatment and Secondary Prevention

- RI has a NECC website page
- Established system for inpatient +discharge education at RI Stroke Centers
- No pilot programs to date on secondary stroke prevention clinics
- Unknown: assessment of hospital based sub-acute treatment + secondary prevention, established system to ensure proper documentation in pt. record.

# Rehabilitation

- Adequate RI stroke rehab resources
- No uniform stroke rehab measures
- No provider requirement for post acute certification from an external credentialing agency

# Rehabilitation (cont)

- Unknown: stroke ctr. designation requirement for rehab services consistent with JCAHO/CARF, provision of acute care + post acute care rehab on-site/network, inpatient functional status assessment w/ standardized tool, existence of adequate insurance for post-acute care

# Overarching Recommendations

- RI EMS collaborates to study interventions to improve stroke care
- Not in RI: established system to ensure the collection of stroke outcomes + made available to providers, elimination of barriers preventing provider exchange of information
- No RI “Atlas” of: RI stroke ctrs. + services are listed, EMS stroke related services, stroke rehab. Facilities, nor post stroke care resources + services

# **Group Discussion**

- **Identify gaps**
- **Discuss strategies to reach gaps**
- **Identify additional partners needed**