

Vermont Breakout Session: VT's Progress to reaching the NECC Recommendations

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VT: Primordial and Primary Prevention

Successes:

- VT DOH designed and disseminates communication tool/ patient “report card”
- Public Policy -- Vermont has long been working in Tobacco Control, Nutrition, and Physical Activity Policy: tobacco taxes, tobacco control program funding, CHAMPS grants, SR2S, complete streets, retail environment workgroup, calorie labeling, and much more!

Gaps or Unknown:

- Medical education of Primary Care Providers to increase awareness and adherence to stroke prevention guidelines – **don't know**
- Dedicated resources to educate at risk patients about stroke and modifiable risk factors – **no dedicated resources, but DOH including stroke messaging in other initiatives**
- Provide primary care physicians with the tools and resources that are necessary to fully educate their at risk patients. **Don't know**

VT: Community Education

Successes

- AHA/ASA Public Policy Agenda includes efforts to address stroke risk factors
- Hospital Based Community Education Programs -- FAHC, don't know about others

Gaps or Unknown

- Hospital Prevention Messaging required as part of state stroke center designation program – **no stroke center designation in VT**
- Stroke community education programs concept tested – **don't know**
- Stroke community education programs evaluated – **don't know**
- Hospital Prevention messaging supplemented by statewide paid/earned media **NO**
- Dedicated state revenues for media campaigns – **no state revenues for HD & Stroke program or related initiatives. Any stroke initiatives are from DOH budget and/or local hospital budgets**

VT: Emergency Medical Response

Successes (blue – stroke taskforce work)

- Landline and Wireless 911 and E-911
- Stroke warning sign and symptoms recognition training programs for EMS communicators
- EMSS stroke specific dispatch guide cards and educational resources
- Linguistic Services available as part of EMSS
- Dispatch Protocols Exist
- EMSS response time monitored
- **Triage Protocols Exist**
- **Treatment Protocols Exist**
- Systems in place to ensure all Emergency Department personnel receiving EMS pre-arrival patient reports obtain copies of stroke screening tool used on suspected stroke patients -- **working on implementation of pre-hospital field tool**
- NEMSIS data collected -- Beta test sites for SIREN are in place; **however, comprehensive roll out is delayed**

Gaps/ Don't Know

- All EMS training includes validated stroke screening tool – **don't know**
- Ongoing training with materials consistent with current guidelines – **don't know**
- Defined role for Stroke Centers in EMS Training – **No**
- Minimum of two hours training in stroke assessment and care required annually for EMS certification and re-licensure **Don't think so**
- EMSS response time goal established **Don't know**

VT: Acute Stroke Treatment

(blue – stroke taskforce work)

- **Acute Stroke Treatment (AST)** Patients transported by EMS with suspected acute stroke should be preferentially triaged to and treated at acute stroke capable facilities – **no transport protocols in place in VT, working on defining capabilities needed to treat stroke**
- Appropriate criteria established for stroke capability: **working on defining needed capabilities for treating stroke**
- Telemedicine and air-medical transport programs for stroke patients exist **Very preliminary exploration taking place in VT**
- Facilities without stroke center status should have pre-specified inter-hospital transfer protocols, and state-approved action plans for the triage and treatment or transport of stroke patients as appropriate. **NO**
- Standardized approaches to Stroke care established. **Working on standardized protocols in every hospital**
- Standardized data collection methodologies established and followed. **NO**
- Web-based repository of data is established and available to institutions **NO**
- Hospital and state data available for comparison **Don't know**
- Hospitals collaborate and coordinate acute stroke care w/ other facilities to ensure access to appropriate stroke care for all patients. **Don't know to what extent**

VT: Subacute Stroke Treatment and Secondary Prevention

- Assessment of hospital based sub-acute care treatment **YES 2007**
- Assessment of the status of hospital based secondary prevention completed **YES 2007**
- Web based mechanism for sharing “best practices” established **NO**
- Discharge education includes the 5 areas specified in the harmonized consensus measure set **Don't know**
- Systems established to ensure that all stroke patients and families receive appropriate inpatient and discharge education including TIA and minor stroke patients **Don't know**
- Systems established to ensure proper documentation of inpatient care and goals of secondary prevention included as part of patient record **GWTG at 1 hospital only**
- Pilot programs should be developed to explore the feasibility of secondary stroke prevention clinics in the delivery of comprehensive services, provider education and as a resource for the management of complex or unusual cases. **NO**

VT: Rehabilitation

- Rehabilitation services consistent with JCAHO and/or CARF guideline required as part of Stroke Center Designation **NO**
- Comprehensive Stroke Centers required to provide acute care and post acute care rehabilitation services on-site or as part of a formal stroke care network **No comprehensive stroke centers**
- Every stroke patient's functional status should be assessed during inpatient hospitalization with a standardized screening and assessment tool. **YES**
- Uniform stroke rehabilitation measures established and pilot tested **Don't know**
- Post acute rehabilitation providers required to obtain certification from an external credentialing agency **Not beyond general PT/OT/ SP accreditation**
- Adequate rehabilitation resources exist **Not statewide**
- Adequate insurance benefits exist to fairly compensate for the cost of this post-acute care **Don't know**

Overarching Recommendations

- Systems established to ensure that intermediate and long term outcomes after stroke are collected on patients and made available to all providers across the continuum of care for stroke patients **NO**
- EMS/Stroke Center Emergency Department collaborations to study interventions to improve stroke care **NO**
- Local, State and Federal barriers preventing the exchange of information between providers eliminated **Don't know**
- Atlas of EMS stroke related services (dispatch, POE, diversion, hospital-to-hospital triage and transfer protocols) **NO**
- Atlas of stroke centers and services **NO**
- Atlas of Stroke rehabilitation facilities created to assist in transfer of patients from the inpatient to appropriate subsequent care settings **NO**
- Atlas of post stroke care resources and services are identified and shared. **NO**

VT: Group Discussion

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