

St. Agnes Hospital: Striving for Excellence in Care of Individuals with Stroke & TIA's

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2 Major Types of Stroke

- #1: **Ischemic Stroke** – A blood clot blocks blood flow to part of the brain (85% of strokes)
- #2: **Hemorrhagic Stroke** – A blood vessel breaks open and blood spills into brain tissues, and blood stops flowing to part of the brain (15% of strokes)
*TIA's (Transient Ischemic Attacks) are mini-strokes in which stroke symptoms last less than 1 hour. TIA's need to be treated as aggressively as do strokes!

Stroke Overview - USA

- Stroke is the 3rd leading cause of death
- 500,000 people have a new stroke each year
- 200,000 people have a recurrent stroke each year
- Stroke is the leading cause of serious, long-term disability
- Annual costs to our nation-\$53 billion

National initiative to improve medical care for patients with stroke

St. Agnes has achieved designation as a

Primary Stroke Center (PSC)

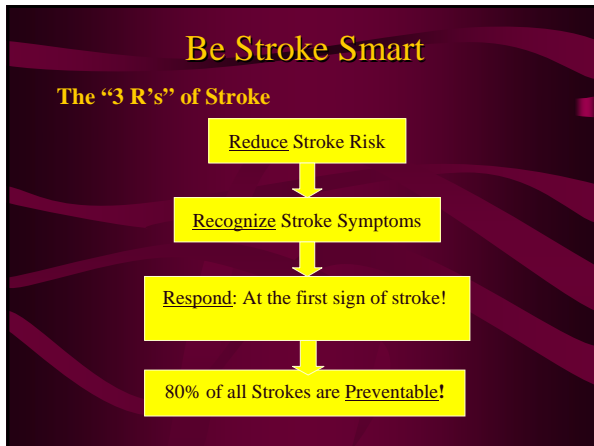
through Joint Commission Certification

What are the goals of a Primary Stroke Center?

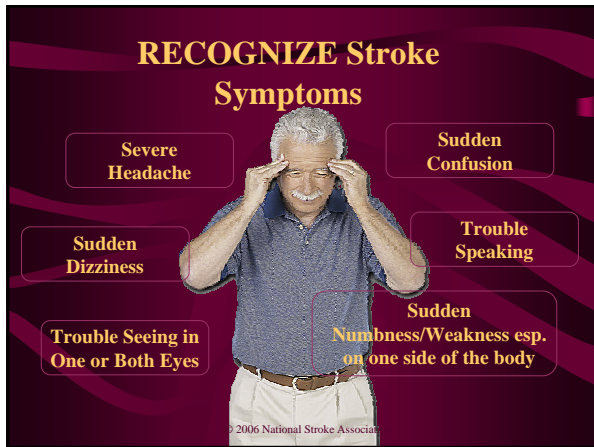
- Rapidly diagnose and treat stroke
- Provide standardized care using best practice guidelines
- Continuously identify and implement improved stroke care by monitoring current practices
- Continuously improve outcomes

Mission of Primary Stroke Center

- The PSC exists to benefit the individuals and community we serve by providing primary stroke care via stroke education (prevention, symptom recognition, and activation of 9-1-1), rapid acute evaluation/diagnosis/treatment, and rehabilitation. A well prepared team of healthcare professionals provide timely, consistent, current, and expert care maximizing the probability of the most positive outcomes.



- ## REDUCE Stroke Risk
- 80% of strokes are preventable!
 - Controllable risk factors include: hypertension, atrial fibrillation, smoking, excessive alcohol use, high cholesterol, diabetes, obesity, and decreased physical activity



- ## RECOGNIZE & Think FAST!
- F = Face: ask the person to smile
 - A = Arm: ask the person to raise both arms
 - S = Speech: ask the person to speak a simple sentence
 - T = Time: seek help immediately

Time is Brain! Time Lost is Brain Lost

	<u>Brain Cells Die</u>	<u>*Accel. Aging</u>
Per Second	32,000	8.7 hours
Per Minute	1.9 million	3.1 week
Per Hour	120 million	3.6 years
Per Stroke	1.2 billion	36 years

*Brain cells die during normal aging. Their loss during stroke is like accelerated brain aging.

- ## Stroke is Treatable!
- TPA, the “Clot Busting Drug” can dissolve blood clots in the brain
 - If the blood clot is dissolved in a timely manner, the symptoms of stroke can be reversed
 - TPA can only be given within 3 hours of onset of stroke symptoms

Respond at the 1st sign of stroke

- Currently only 52% of our patients call 911 for a stroke emergency, the remaining 48% use other transport
- Currently only 35% of our patients come to the ED in under 3 hours of stroke onset, the remaining 65% are not eligible for receiving the clot busting drug-TPA
- We need to help educate our community on stroke:
 - Recognize and do not ignore signs/symptoms of stroke
 - Respond to stroke as a medical emergency that can be treated
 - When at home call 911. EMS personnel can notify the Emergency Dept., and the acute stroke team can be paged prior to the patient arrival time

TIA's & Strokes are Medical Emergencies at AHC!

- Protocols are in place for systematic rapid notification & activation of the Acute Stroke Team for individuals experiencing stroke symptoms in the ED or anywhere else in the hospital.
- Acute Stroke Team response times are recorded & monitored for continuous quality improvement.

Your Best RESPONSE if you witness stroke symptoms:

- In a person at home/community-call 9-1-1
- In a person at St. Agnes ED-notify ED MD who will assess the patient and activate a Code Stroke response if indicated
- In an inpatient at St. Agnes Hospital-notify patient's RN, who will assess patient, and activate a Stroke Alert response if indicated
- In an outpatient at St. Agnes or FDLRC-activate a Code Medical response

Stroke Team Responsibilities

- Respond immediately
- Obtain STAT blood work
- Obtain an emergent Head CT
- Obtain an EKG
- Initiate care guided by the Stroke Protocols and Order sets designed to achieve the best outcome for stroke patients

Emergency Department



- Patients who arrive at the Emergency Department from outside the hospital, with signs/symptoms of stroke, are rapidly diagnosed and treated.
- An overhead page is called for a 'Code Stroke Track One' when a patient presents within 3 hours of onset of symptoms.

The ED Stroke Team is Always Ready to Respond!

- The Acute Stroke Team Members for the ED include:
 - ED Physician, ED RN, Neurologist, Lab Tech, CT Tech, EKG Tech, & Pharmacist
- Time parameters for rapid diagnosis & treatment of a patient who arrives to ED with symptom onset <3 hours:
 - ED Door to ED MD-10 minutes
 - ED Door to CT completed-35 minutes
 - ED Door to Lab, EKG, & CT results-55 minutes
 - ED Door to clot busting drug administration if indicated-60 minutes
 - ED Door to admission to Neuro Med or ICU-120 minutes

The Inpatient Stroke Team is Always Ready to Respond!

- Notify the patient's RN if symptoms of Stroke are seen in a St. Agnes Hospital Inpatient
- The patient's RN can activate a "Stroke Alert" by notifying the operator (Dial 1-2-3-4, state stroke alert & patient room number)
- The Hospitalist, Neuro Med RN and Lab will respond to the patient's room
- The Hospitalist will determine if a Code Stroke will be called to activate the entire Stroke Team
- When the Code Stroke is activated the Acute Stroke Team response time parameters are the same for inpatients as they are for patients in the ED

Stroke Alert Response-Inpatient

- With the implementation of the new 'Stroke Alert' for the inpatient units, this new code will be more appropriate to expedite stroke care/treatment than calling a rapid response team



Code Medical

- When a visitor or out-patient in the hospital or on hospital grounds needs medical assistance, a 'Code Medical' is called to initiate care.
- These patients would be assisted to the Emergency Department for treatment of any medical conditions including signs/symptoms of stroke.
- If the visitor or out-patient is in the parking lot of the hospital, an ambulance may need to be called upon to assist in the transfer as needed.



Stroke Stats at SAH

- On average 21 patients are admitted each month thru the ED with stroke (approximately 250 patients each year)
- On average 1 in-patient experiences a stroke each month while hospitalized
- To date we have had only 1 outpatient experience a stroke

You have completed the CBL on stroke emergency. Please proceed to the test.