



Georgia Coverdell Acute Stroke Registry Quarterly Newsletter

Georgia Coverdell Acute Stroke Registry
Participating Hospitals



FALL 2013

Coverdell Partners:

Georgia Department
of Public Health
(DPH)

Emory University
School of Medicine

Georgia Medical
Care Foundation
(GMCF)

American Stroke
Association (ASA)

Georgia Hospital
Association (GHA)

If you have
anything you would
like included in an
upcoming
newsletter or have
achieved recent
recognition in the
area of stroke,
contact:

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or

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Central Savannah River Area Stroke Coalition Partners with High School to Improve Stroke Awareness

The Central Savannah River Area (CSRA) Stroke Coalition has partnered with both Richmond County's AR Johnson Health Sciences and Engineering Magnet School to develop a youth oriented stroke awareness program. The stated goal of this venture is to increase stroke awareness among the pre-teens and teenagers in the Augusta metro region.

The CSRA Stroke Coalition began as an idea to increase stroke awareness by Georgia Regents Medical Center's Stroke Coordinator Holly Hula. Currently, members are from all four Augusta hospitals (Doctors Hospital of Augusta, Georgia Regents Medical Center, Trinity Hospital of Augusta and University Hospital), Aiken Regional Medical Center in South Carolina, Augusta Fire/EMS, Gold Cross EMS, HealthSouth Walton Rehab, State Office of EMS/Trauma - Region 6 and a stroke survivor consumer member. The Coalition meets monthly with the purpose of increasing stroke awareness/education in the Augusta metro region and sharing best practices among the healthcare providers.

During a discussion at the July 2013 meeting on how to increase stroke awareness to young people, it was determined that we would start with Richmond County School System, the largest school system in the Augusta Public Health District. The Richmond County School system has over 32,000 students in grades K-12. Georgia Regent's Medical Center's Christa Butler, Nurse Manager for Neuroscience Ambulatory Clinic, reminded the group that Richmond County School Superintendent, Dr. Frank Robinson, is a stroke survivor, having suffered a stroke in 2011. Christa felt that Dr. Robinson would be more than willing to meet with the Coalition to discuss ways to reach the young people in the community. Christa was able to get Dr. Robinson to attend the Coalition's August meeting.

At the August meeting, Dr. Robinson was supportive of the idea of teaching stroke awareness within the Richmond County School System and suggested that the Coalition contact Dr. Carol Roundtree, the Assistant Superintendent of Student Services. Dr. Robinson remarked that he felt the school system already had a resource that was capable of assisting, the AR Johnson Health Sciences and Engineering Magnet School. When asked by a Coalition member what he thought was the best way to approach the problem of developing the education materials, Dr. Robinson replied that the students themselves would be the right resource to develop appropriate aged-based stroke awareness education materials with guidance from the Coalition. Thus, a plan was hatched.

Fast forward to September 2013, Dr. Lynne Clarke, the Department Chair for Health Sciences at AR Johnson Health Sciences attended the Coalition's September meeting. Dr. Clarke informed the Coalition that she was excited at the opportunity to work with them on stroke awareness and was more than certain that her students would share her enthusiasm. In addition to being an educator, Dr. Clarke is a registered nurse who still works as an emergency department nurse as well as a former Paramedic and EMS educator.

Dr. Clarke and the Coalition agreed that the best approach to engage the students would be for the students to critique an actual adult stroke awareness education program and then allow them to re-craft the program into a youth-oriented program. This month, volunteer Coalition members will present a stroke awareness program to approximately 100 AR Johnson Health Sciences students. From that group of students, Dr. Clarke will select a smaller core group of 10-15 students that will assist in the program development. These students and the volunteer coalition members will meet and through the remainder of 2013, with a goal of finishing by February 2014 and rolling out the first classes in March 2014.

As an added benefit, the Richmond County School system has a fine arts magnet school. We are hoping that the Coalition and the Core Student group may be able to recruit some of these students to assist in creating age-specified visual aids.

Holly Hula stated, "as a coalition, we have a wonderful opportunity to partner with the future healthcare leaders at AR Johnson to provide age specific stroke education ensuring that all in the CSRA understand stroke. Our partners at AR Johnson will not only assist us in designing this curriculum, they will be the ones who teach and promote the information in the community."

Submitted by: Erie, Doss, EMT-P, Program Dir., EMS Region VI, Office of EMS and Trauma

Coverdell Announces James Lugtu, New PI

The Georgia Coverdell Acute Stroke Registry (GCASR) is pleased to announce effective September 1, 2013, James Lugtu was named the new Principal Investigator (PI). James has worked for the last two years as the QI Director for GCASR and will continue to handle those responsibilities. Prior to working with the GCASR, James, a nurse practitioner, served as a stroke coordinator in the Columbus area. Most recently he stepped into the PI position following the resignation of Lydia Clarkson in August of this year.

Lydia's leadership and dedication to improving stroke care in Georgia will be greatly missed. We wish Lydia the greatest success in all her future endeavors and please join us in welcoming James into the PI Position with GCASR.

Air Life Georgia presents Stroke Awareness at Big Canoe

On Tuesday September 10th, Flight Paramedic Keith Bishop of Air Life Georgia presented Stroke 101 to the residents of Big Canoe, Georgia. The presentation on Stroke Awareness is from the National Stroke Association and emphasizes prevention as well as early recognition and early activation of the 911 system. Assessment of the victim uses the F.A.S.T. (F = Facial Droop, A = Arm Weakness, S = Difficulty with speech, T = Time) early and fast activation of 911 which may include a helicopter exam method. The presentation was sponsored by the Big Canoe Community Emergency Response Team (CERT) and was attended by some 110 residents in addition to the team members. Paramedic Bishop works for Air Life Georgia, a division of the Air Methods Corporation, and is assigned to the Jasper Base, which is the closest to the Big Canoe community. For more information on Air Methods see www.airmethods.com and the National Stroke Association at www.stroke.org.

Submitted by: Keith Bishop, Flight Paramedic, Air Life 3, Jasper, Georgia 30143

GEMSIS and Coverdell

The Georgia Emergency Medical Services Information System (GEMSIS) was developed several years ago to capture patient care report (PCR) information to utilize for research and regulatory purposes. It has moved from a primarily paper based system to a fully electronic reporting system. The number of patient care reports in GEMSIS has grown from a few hundred thousand to almost 1.5 million in 2012. It has gradually become more and more reliable. The completeness of the PCRs has increased due to validity rules that specifically address the type of call and transport. Accuracy is also improving due to the active participation of the Georgia EMS agencies. More and more of the agencies are checking the quality of their PCRs in the state system. This attention to detail is the only way to assure the information in GEMSIS is accurate.

Pre-hospital care reports contain important clinical information on trauma, cardiac and stroke patients that cannot be obtained from any other source. Stroke researchers have been using the information in GEMSIS on a number of levels. We are happy to partner with those needing PCR information not only because it is the primary reason to create a database but also because in using GEMSIS, errors can be uncovered and corrected thus making GEMSIS an even better source of information in the future.

As part of the Georgia Department of Public Health EMS and stroke partnership, the Coverdell Team have provided the Coverdell Stroke Feedback Form. This is the way EMS agencies can find out how well their patient did. They only need to fill out the top portion of the form and leave it with the PCR at the hospital. The hospital then completes the form and sends it back to the agency. This feedback is so valuable because it provides previously unavailable critical information to the agency.

Submitted by Angie Rios, GEMSIS Project, Office of EMS and Trauma, GA Department of Public Health

An Elaboration on Collaboration: Working With Region 10 to Address Stroke Feedback

In an effort to facilitate improved communication between EMS and hospital staff on the care of stroke patients, the Georgia Coverdell Acute Stroke Registry developed an EMS patient Feedback Form. Time is a critical factor in the treatment of acute ischemic strokes with thrombolytic or endovascular interventions. With the narrow time constraints, it is essential for everyone in the patient-care team (including EMS and hospital staff) to work together and communicate effectively.

Although generating feedback to EMS personnel creates additional work for hospital staff, EMS providers are at a deficit as compared to other providers in the care of stroke patients. Hospital providers typically see the patient over a longer period of time or have access to information regarding the patient's progress during their entire hospitalization. In contrast, after delivery to the receiving facility, field medics do not have access to follow-up information. "While those of us in healthcare are committed to the patient first, it is nice to know that our assessments and actions make a difference" said David Briscoe from National EMS. The feedback form allows EMTs and Paramedics the opportunity to see how their assessment information, field care, and transport to an appropriate facility have a positive effect. And, in the case of stroke patients, how their assessment, stroke alert notification, and documentation may streamline the flow toward t-PA administration.

As outlined by Coverdell, EMS initiates the feedback process by completing the top section of the form, which consists of the name of the EMS provider agency, date and time of ED arrival, and identifiers for the EMS run. The hospital staff completes the bottom section of the form, which consists of the final diagnosis of the patient, EMS stroke identification in field, last known well time, interventions, and disposition of the patient. The EMS and hospital providers will use this data to identify areas of improvement in processes or communication.

The implementation process highlighted several concerns identified by both EMS and hospital providers. These concerns include who will initiate the form, on which patients will the form be completed, appropriate hospital personnel to complete the form, appropriate EMS personnel to receive the form, and adequate data collected to correctly identify the patient.

The stroke coordinators from Athens Regional and St. Mary's hospital, the two primary stroke centers in the region, met with Chris Threlkeld, EMS Program Director for Region 10, to discuss the process for utilizing the form. The outcomes at the conclusion of this meeting included:

- To alleviate the burden of additional paper work for the medics, the stroke coordinators from each hospital will be responsible for initiating the stroke feedback form and sending it to the appropriate EMS personnel.
- The feedback form will be initiated for all patients that received t-PA, endovascular therapy, or other emergent interventions. Feedback will be provided for other stroke patients upon EMS request.
- Verification of the use of the Cincinnati Pre-Hospital Stroke Scale was added to the form to improve the pre-hospital documentation of EMS personnel regarding stroke signs and symptoms.
- Local pre-hospital providers have been reminded about the importance of including stroke assessment information to their patient care reports.

The meeting and subsequent process changes exemplify how two competing hospitals can collaborate with EMS to reach the same ultimate goal: improved stroke care for the community.

Submitted by: Joanne Lockamy, Stroke Coordinator, St. Mary's Hospital – Ronnie Deal, Stroke Coordinator, Athens Regional Medical Center and David Briscoe, Director of Training, National EMS

Georgia National Fair Stroke Awareness Weekend

The Central Georgia Stroke Coalition through Community Health Works secured a booth at the Georgia National Fair in Perry, Georgia which took place from October 3 – 13, 2013. The Stroke Coalition was able to dedicate Friday, Oct. 4th – Sunday, Oct. 6th entirely for stroke awareness. With the help of coalition members and our own Georgia Stroke Professional Alliance (GA-SPA) members we distributed more than 4,000 magnets and pocket cards over a 3-day period. Saturday was designated as GA-SPA day; we had six hospitals from across the state represented. Attendees came from all over the state to enjoy the fair so our message was certainly wide-spread that weekend. We had hospital representatives from Atlanta Medical Center, Coliseum Medical Centers, Medical Center of Central Georgia, Medical Center of Peach County, Southern Regional Medical Center, St. Francis, and Well Star. The Middle Georgia Regional Commission on Aging as well as Community Health Works also participated in the event. We not only had stroke coordinators but Peach County sent ED nurses and St. Francis in Columbus sent stroke unit nurses.

It was fun to watch how excited and passionate these nurses became speaking with the fair goers. One group decided to extend their time commitment an extra 30 minutes because they said they were just having so much fun. Another group remained in the booth longer because one person to whom they were speaking was bringing her husband back for "a talking to". I overheard one of the nurses say, "There she is in the pink shirt and she has her husband. We have to stay now". They all showed a true passion for stroke prevention. I must admit, their enthusiasm was contagious.

I am repetitively amazed at the commitment shown by our GA-SPA members in promoting stroke awareness throughout our state. I want to personally thank all those who so graciously gave of their time and energy to make this event the success that it was.

Submitted by: Denise Goings, MSN, RN, Chair-Central Ga. Stroke Coalition and Stroke Coordinator Coliseum Medical Center.



Pictured above from left to right: Liz Peters- Stroke Coordinator-Wellstar Cobb, Debbie Camp, Evidence Based Manager-Atlanta Medical Center, Kim Anda-Stroke Coordinator-Southern Regional Medical Center, Denise Goings-Stroke Coordinator-Coliseum Medical Center and Polly Amerson (Volunteer and mother of Denise Goings).

The Road to Remote Stroke Treatment Centers

Since the launch of Primary Stroke Centers (PSC) by The Joint Commission (TJC) in December of 2003, PSC's have been leading the nation in directing and forwarding acute stroke care. Very few would argue the fact that stroke centers have been instrumental in reducing the devastating effects and disease burden of stroke.

Ten years has passed since The Joint Commission's launch of Primary Stroke Centers. Since then, several new national accrediting boards have seen the importance of certifying stroke centers. In the state of Georgia, two nationally recognized accrediting bodies have certified stroke centers, The Joint Commission (TJC) and Det Norske Veritas (DNV). Many are familiar with The Joint Commission but until recently few were familiar with DNV. Many were present when a DNV representative presented at the last Georgia Stroke Professional Alliance (GA-SPA) quarterly meeting. DNV was established in Oslo, Norway in 1854 and has been in the United States since 1898. On September 26, 2012 the US Centers for Medicare and Medicaid (CMS) approved DNV for continued recognition of its deeming authority for hospitals for six years, the longest period allowed by law. Shortly afterwards, just like TJC, they were approved to certify Primary and Comprehensive Stroke Centers (CSC). We are proud to have 34 PSCs and 3 CSCs throughout the State of Georgia.

The State of Georgia has recognized both of these accrediting bodies to certify stroke centers. Unlike many other states, Georgia's process for recognizing stroke centers goes one step beyond just certification by a nationally recognized accrediting body. Several years ago the Georgia legislature passed SB 549 or as its most commonly referred to as The Coverdell Murphy Act. This act recognized the importance of improving stroke care so that all residents and visitors in the State of Georgia could receive the best care possible for stroke. One important aspect of the bill was the authorization of a state "agency" to recognize Stroke Centers. That "agency" is the State Office of EMS.

The Georgia Coverdell Acute Stroke Registry (GCASR) is honored to work closely with the State Office of EMS to assist in recognizing PSC in the State. Many of our Coverdell hospital partners have been recognized by the State of Georgia as PSCs. The Coverdell Murphy Act also recognized the need to identify Remote Stroke treatment Centers (RSTC). The RSTCs would be "stroke-ready" facilities that have demonstrated a desire to improve stroke care and the ability to provide acute stroke treatments. Many of our non-PSCs have demonstrated consistently their ability to care for our stroke patients by providing acute treatment such as t-PA in a rapid and safe manner. A process is now in place to recognize these "stroke-ready" facilities. Much work has been dedicated towards developing a standard for evaluating and approving RSTCs. GCASR, The State Office of EMS, The American Heart and Stroke Association and several other key partners have completed the task of developing the checklist for RSTC recognition. We are proud to announce that the State Office of EMS has begun the process of surveying and recognizing RSTC.

Due to the fact that this is a new process, it was decided to roll the service out slowly and systematically. The first invites for facilities to apply for RSTC recognition was offered to Region 10, the Athens area. The GCASR would like to applaud Good Samaritan Hospital for bravely stepping forward as our first RSTC candidate. Good Samaritan Hospital has undergone their initial site visit and is now the first recognized RSTC in the State of Georgia. Soon an invitation for facilities interested in becoming a RSTC will be extended to the Augusta region. Once we have completed these two pilot regions and have refined the process, an open invitation will be extended to those hospitals in Georgia who are interested in attaining RSTC status. Once a hospital is approved as a RSTC, they will appear on the EMS website as a "go to" hospital.

Many facilities have asked what the requirements for RSTC recognition are. A two page checklist has been developed to assist facilities in achieving RSTC status. This checklist is the checklist utilized by our on-site surveyors. An initial copy of the checklist has been sent out. Please keep in mind the checklist is still a work in progress. As we refine the RSTC survey process the checklist may be revised. Facilities interested in obtaining RSTC status should begin reviewing the checklist to self-evaluate their current program in order to identify areas of focus for quality improvement. Two key requirements for eligibility are:

1. The RSTC applicant must currently report and submit data to GCASR
2. Each RSTC applicant must select a Georgia Coverdell participating PSC as its partner Hub Hospital.

Additional standards separated into six categories are also required. These categories are General, Acute Care Area-Emergency Department, Acute Stroke team Protocol, Resource Requirements, Community Relations and Quality Improvement.

If you have additional questions regarding the RSTC process or standards, please feel free to reach out to any of the GCASR team members. As we travel down the path of improving stroke care we can expect potholes and speed bumps to appear, but we are confident if we continue on our journey we will reach our goal.

On behalf of the GCASR team we would like to thank all of our partners, EMS providers and Hospitals for their continued support and tireless efforts in improving stroke care for our Georgia residents.

Submitted by: James Lugtu, PI and QI Director-Georgia Coverdell Acute Stroke Registry

Atlanta Medical Center's Crew of the Quarter

Atlanta Medical Center recognizes the importance of our EMS partners. EMS is key in recognizing an acute stroke and being sure they are brought to a Stroke Ready/Certified Stroke Center. In an effort to recognize the EMS Teams that rapidly assess and transfer stroke and trauma patients to Atlanta Medical Center, we have developed a Crew of the Quarter Award. The Stroke Crew of the Quarter is one that is instrumental in assisting us in meeting the "Golden Hour" for acute ischemic stroke. This EMS Crew provides information of the last time known well, accurate assessment of the neurological deficits, medical history and establishes the Advanced Stroke Life Support (ASLS) protocols. They often have the patient's medications with them along with cell phone numbers of the family or witnesses. It is challenging to meet the Door-to-Needle time of 60 minutes but with a strong partnership with EMS it is achievable. The key to successful treatment of acute ischemic stroke begins with 911 being called and EMS calling a Stroke Alert. Having a Stroke Team ready to respond when the patient arrives is totally dependent on the Crew's evaluation and assessment. The Crew of the Quarter Award is just a small token of our appreciation for what they do every day to improve stroke outcomes. THANKS to ALL of our EMS partners across the State that are making sure Georgia Residents are getting to Stroke Ready/Certified Stroke Centers!

Submitted by: Debbie Camp, Evidence Based Manager, Atlanta Medical Center

Georgia Stroke Professional Alliance

The next Georgia Stroke Professional Alliance meeting will take place in Kennesaw, Georgia at the Pine Tree Country Club, 3400 McCollum Parkway NW, Kennesaw, Georgia on Tuesday, November 12th from 10AM to 3PM. A partial agenda for the meeting is as follows:

- Presentation on VTE Prophylaxis for Mobility Challenged Patients led by Dr. Ahmad Khaldi
- Jean Pruitt will lead a panel discussion on "Stroke Survivors Camp"
- Update on Georgia Stroke Awareness Outreach Project 2013

For directions to the Pine Tree Country Club please go to their website at: pinetrecc.org.

If you need additional information, please contact Kerrie Krompf at: kkrompf@emory.edu or 770-380-8998.

Coverdell Highlights

October Coverdell Conference Call-We would like to thank Keith Wages, Director of EMS and Trauma for the Georgia Department of Public Health, Chris Threlkeld, Regional EMS Director in Athens and Ernie Doss, Regional EMS Director in Augusta for their presentation on "How the State is Rolling Out the Remote Treatment Center Designation" process. In addition, to Keith, Chris and Ernie, we would also like to thank Shelley Nichols and Dr. McCord Smith both from St. Mary's Hospital who recently worked with St. Mary's Good Samaritan Hospital on achieving the status of becoming Georgia's first designated remote treatment center and contributing information to the call. Thank you all for an excellent and most informative presentation.