



# Georgia Coverdell Acute Stroke Registry Quarterly Newsletter

Georgia Coverdell Acute Stroke Registry  
Participating Hospitals



FALL 2014

## 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:

Kerrie Krompf  
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or

770-380-8998



# Welcome

We'd like to take this opportunity to welcome our newest Georgia Coverdell Acute Stroke Registry Hospitals. They are:

- APPLING HEALTHCARE SYSTEM
- BARROW REGIONAL MEDICAL CENTER
- PIEDMONT NEWNAN HOSPITAL
- PHOEBE PUTNEY MEMORIAL HOSPITAL
- WELLSTAR PAULDING MEDICAL CENTER
- NORTHSIDE HOSPITAL – ATLANTA
- NORTHSIDE HOSPITAL – FORSYTH
- NORTHSIDE HOSPITAL – CHEROKEE

## Congratulations DeKalb Medical Center

We'd like to take this opportunity to congratulate DeKalb Medical Center on recently receiving Primary Stroke Center Certification.

## Habersham Cty. EMS: Above the Call of Duty



(Pictured: Jack Moody, Dir. Habersham EMS)

When life hangs in the balance, every second counts and Habersham EMS, located in Northeast Georgia, works diligently to keep emergency response times well under the national standard and has elevated treatment options while in transport to provide the highest level of pre-hospital emergency assistance available.

Their high standard of care has earned them many awards including being named the Georgia EMS of the Year in 2007. Most recently, Habersham

EMS received the 2014 American Heart Association's Mission: Lifeline® EMS Bronze Award that recognizes its commitment and success in implementing specific quality improvement measures for the treatment of patients who suffer a severe heart attack known as STEMI (ST Elevation Myocardial Infarction).

Mission: Lifeline's new EMS recognition program recognizes emergency responders for their efforts in improving STEMI systems of care and improving the quality of life for patients. Agencies that receive the Mission: Lifeline Bronze award have demonstrated at least 75 percent compliance for each required achievement measure for three months (one quarter), and treated at least four STEMI patients for the year.

Furthermore, Habersham EMS and its partnering hospital, Habersham Medical Center, have been involved in the Paul Coverdell Acute Stroke Registry since its beginning. The team has enhanced its stroke protocols, the stroke protocol includes an initial assessment, CPSS, treatment with two established IV lines, blood draw, and transmission of a 12 lead EKG. The assessment includes asking questions as "When the patient was last known well? Have you ever had ulcers? Have you ever had a bleeding disorder? And have you been to the dentist lately?" These questions help EMS personnel determine if the patient meets the Thrombolytic criteria. Once a possible stroke victim is picked up in the field, the ambulance crew calls the Habersham Medical Center Emergency Department with a "Code Stroke" to activate the stroke team.

This preliminary information also allows the team to fast track the patient and in some cases - if the patient does not need immediate intervention - allows EMS to bypass the ED and take the patient directly to the hospital's CT scanner where an awaiting nurse can immediately take over the patient's care. Including EMS from the inception as a vital role in the successful program has made the difference for the stroke program at Habersham Medical Center. "Several hospitals won't accept blood draws from the field but HMC focused on the safety checks for handing off blood and no adverse events have been noted. Seeing firsthand how just drawing labs in the ambulance can change a patient's outcome has engaged our staff because they can see the patient outcomes impacted by the protocols", said Moody.

Success for Habersham EMS has always been a team effort. "Longevity is one of the keys to our success," says Jack Moody, director. "We don't have a lot of turn-over. While maintaining consistency and strong teamwork, our crew is dedicated to one common goal - providing critical care in less time." Perhaps, the team has stayed with the organization because of its strong leadership. A paramedic, Moody has been with the organization for almost 36 years; began in 1978 and was promoted to director in 1989.

"When members of our crew are not on the job, they are usually in training," says Moody. "Other than paramedic and/or EMT training, ACLS and CPR, which are mandated, the other training certifications and protocols require a lot of extra training. "The Habersham EMS team doesn't attend additional training reluctantly," adds Moody. "They are self-motivated to learn anything they can to save lives and keep their certifications up-to-date. Many of our paramedics are also qualified to teach various classes and certificate programs. "Our team includes EMT and Paramedic instructors as well as instructors of ASLS, ACLS, BCLS, PALS, ITLS, AMLS, PHTLS, SCUBA, High Angle, Swift Water Rescue and Wilderness Medic."

For Habersham EMS, it is all about giving all you've got - putting your training to use to save not only a patient's life but his or her quality of life. The success of all the extra initiatives and protocols - including STEMI and Stroke care - is a direct result of the effort and dedication of the Habersham EMS staff and their desire to go above and beyond the call of duty.

Submitted by: Teri Newsome RN, Director of Quality, Habersham Medical Center

## **Southern Regional Medical Center's Stroke Team Extends Beyond a Building**

Southern Regional Medical Center is a 331 bed not-for-profit community hospital that services the South Metro Atlanta region. We are a designated Stroke Center, having obtained initial stroke certification in 2008. Emergency medical services (EMS) play a critical role in the success of our stroke program by rapidly assessing patients in the pre-hospital setting and quickly routing them to our hospital. EMS is a valuable part of our team and our strong partnership and collaborative approach has resulted in many lives saved. Our team of hospital-based clinical nurses, technicians and physicians are honored to share an account of how our EMS partner's focus on quality and outcomes helped save a life.

In July 2014, Clayton County Fire and Emergency Services dispatched an ambulance to a patient complaining of feeling weak, dizzy and faint. Upon arrival at the patient's location EMS completed a thorough assessment and noted that the patient was aphasic with weakness on the right side. Suspecting that she may be a candidate for thrombolytic therapy, the paramedics placed two intermittent needle therapy lines (INT), obtained a blood glucose and EKG (electrocardiogram) and documented the patient's last known well time (LKWT) while still in the field. The patient's home medications were collected and she was transported to Southern Regional's Emergency Department (ED).

Due to EMS's proactive response in the field and notifying the hospital of an incoming stroke upon arrival to the hospital the patient was immediately taken to the CT department for a scan of her brain. The CT result was negative for hemorrhage. Following the assessment by our ED physician his findings supported EMS's field assessment of aphasia and weakness. The patient was a candidate for tissue plasminogen activator (t-PA) which the team administered within 29 minutes of her arrival to the ED, exceeding the national average and Joint Commission 'door to needle' benchmarks.

Less than two hours after the patient's arrival to Southern Regional, she was speaking clearly and able to follow commands without the previously noted right-sided deficit. Two days later, at discharge, it was noted that the patient had no deficits in speech, was ambulatory without weakness and had "no new needs".

As front line partners in the field, EMS providers must make rapid assessments of symptoms with limited information and make critical decisions for our patients prior to their arrival to our hospital. As part of our stroke team, we rely on their expertise to help us quickly continue care in the hospital setting and save lives. We are extremely proud of our EMS providers; in this case Clayton County Fire and Emergency Services, for their strong work in ensuring that our patients receive the finest care possible.

Submitted by: Allie Garrett, RN, Stroke Coordinator, Southern Regional, Emory Healthcare Network Member

## **The Value of Stroke Training For All Areas of the Hospital**

Designation as a stroke center requires that all clinical and nonclinical hospital employees receive training on how to recognize a stroke and take appropriate actions. This was a challenge that Rockdale Medical Center, a 138-bed acute hospital in Georgia, undertook in 2013 when it pursued designation as a primary stroke center by The Joint Commission.

In August 2014, a patient arrived at the hospital for an elective outpatient procedure. This lady was a spry 79 year old who was alert, oriented and able to walk and talk normally when she arrived at 5:30 am. Her condition was the same as she was admitted to the pre-op area of the Same Day Surgery department. But an hour later, while she was in the pre-op holding area, things changed. Her nurse noticed that the patient seemed very drowsy and felt something was just not right. Concerned that something was significantly wrong, the holding nurse asked the SDC nurse to come and take a look at the patient with her. Indeed, that nurse noted definite changes from the lady she had started the morning with. Not only was the patient overly drowsy, now her speech was slurred and inappropriate, she had a right sided facial droop, and she was only able to move her left arm weakly and her left leg not at all.

The two nurses made a quick decision and called a STROKE ALERT. The hospital stroke team, along with the anesthesiologist, responded immediately. The patient was quickly taken to CT and scanned. By 7am, the scan was completed and interpreted. No cerebral bleed.

By 8:15 that morning, the patient had received IV tPA and was in the ICU being monitored. What is the simple message from this incident? When staff asks, why everyone in a hospital needs stroke education, this is the honest answer. While these two staff members happened to be nurses, they were not nursing staff that regularly encounter patients having a stroke. Just as easily, it could be a staff member in the admissions department, someone in the cafeteria, or a security guard who discovers a patient or family member exhibiting behaviors consistent with stroke. Any of the hospital staff must be able to recognize the signs and symptoms of stroke and how to promptly summon qualified patient care providers.

Submitted by: Becky Upchurch RN, BS, MBA – Director Cardiovascular Services – Rockdale Medical Center

## **So. GA Medical Center-Stroke Survivor Story**

Mid-afternoon on a warm June day, Mr. W settled into a comfortable chair on his sun porch to relax and read a book. After a while, Mr. W caught himself slouching over in the chair. He went to straighten up, but couldn't. He tried to lift the book off his lap, but couldn't. He tried to stand up, but fell. Being home alone, Mr. W knew he had to get help. Gradually, over a few minutes time, a little movement returned and Mr. W was able to grab a patio chair and pull himself up. He considers it a real blessing that a portable telephone was left within his reach. He dialed 9-1-1 and mumbled for help.

The 9-1-1 call got Mr. W the quick care he needed. Emergency Medical Services arrived and began South Georgia Medical Center's Code Stroke protocol. Shortly after Mr. W arrived in SGMC's Emergency Department, he was given clot-busting medication (t-PA).

"I'd never heard of t-PA so I was hesitant at first," but the Neurologist, Dr. Dawson, convinced me to give it a try. "Now, I'm very glad I did." According to Dr. Dawson, Mr. W's outcome was excellent because he got help fast. After a two day inpatient stay at SGMC, Mr. W went home. A few weeks later, Mr. W was fully recovered. Once again, he and his wife, are enjoying life and doing the things they love.

Mr. W faced a previous medical emergency while on vacation in 2005. He rejected his wife's suggestion to go to the emergency room. When the chest pain was still present the next morning, they cut their trip short and returned to Valdosta. Five hours later, Mr. W arrived at South Georgia Medical Center's Emergency Department. He had suffered a heart attack and was lucky to be alive. Mr. W says the heart attack was his "wake-up call." It taught him to get help fast when a medical problem arises. "Don't hesitate; call 9-1-1 anytime you feel something isn't right!"

KNOW THE SIGNS AND SYMPTOMS OF STROKE: FACE  
ARMS  
SPEECH  
TIME TO CALL 9-1-1

Submitted by Georgianne Bauer RN, Stroke Coordinator-South Georgia Medical Center

## **Floyd Medical Center Gives Back to a Patient**

For the past 111 days our neuro unit has cared for and come to fall in love with one of our patients. On admission it was thought he had been assaulted. But with no family or support to tell us what had happened and no scanned evidence of trauma, only a badly bruised facial area, they completed an MRI to discover he had had multiple old infarcts and a new left occipital infarct. Our little joy came to us with global aphasia, confusion and unable to do any of his own care.

From the start, the team started looking for resources because, as his LOS suggests, yes, he was indigent. It was a nightmare. He could not communicate with the staff; we could not find family or provide him a discharge plan. Everything was against him. It stayed that way for weeks but little by little he improved. He began to calm down, not trying to get out of the bed or disrobe every 10 minutes. He got to recognize his usual caretakers. He started speaking, not that any of it made real sense. His overall recovery was showing progress. And little by little, all the staff began to grow attached.

It is easy to feel sympathy for those we encounter that don't really have the support or resources after a severe stroke. But Sid was different. He had the sweetest disposition and smile, the kindest, calm nature even when he climbed out of bed. He loved coffee and would drink it at any time, he would even try to get it for himself (not always the best idea). Yes there were days when he had his fill of this place and tried to leave but was easily swayed back to his room. As time went on, he became like part of the staff. He was given his own badge (not a real one) and was made an honorary neuro staff member.

And well into his stay he began to comprehend and express himself in an oriented manner. He was minimal assist for ambulation. His speech was short but appropriate. And then they found him a discharge environment. We all were a little sad but knew he was on his way to a new beginning. The problem was he had been here so long he had nothing to take with him except the few clothes we had gotten from our hospital 2<sup>nd</sup> hand store. So, one of our CNA's who had become his favorite, planned a party for him. We told him we were all going to bring food for him and have a big party. He was so excited. What we didn't tell him is that everyone was going to buy him some clothing so he could have what he needed when he left.

On the day of the party, I could not have been any prouder of the neuro team. The therapists bought him new shoes, the staff bought t-shirts, undershirts, socks, underwear, dress shirts, pants, jackets, jogging suit, book bag, a suitcase and so much more. There was enough food to last for days. And yes he got fried chicken, just like he asked for. He was so excited when we brought him into the lounge and saw about 20-25 people celebrating with him. He couldn't believe anyone would do so much for him. It was one of the most humble moments we could have ever seen.

He left us the following Tuesday. One of the CNA's rode to the group home with him. She said the people there were very happy to see him and she felt like he was left in good hands.

It is a rare occasion that we ever get to see a patient progress the way we did with Sid. In these hectic days, we really don't always feel the attachment with our patients. But this occasion brought us all back to our beginning, when you enter this profession to care, heal and make a difference in someone's life. God bless you Sid.

Submitted by: Debbie Fisher RN, Stroke Coordinator, Floyd Medical Center

## **Defining Participation in the Georgia Coverdell Acute Stroke Registry**

The Georgia Coverdell Acute Stroke Registry (GCASR) is based on voluntary participation of hospitals and other stake holders and strives to improve the quality of care delivered to stroke patients across the state of Georgia. We have come a long way in the last few years and achieved tangible results that have benefitted our patients. Such achievements could be maintained and improved further through continued engagement of the healthcare providers in quality improvement activities. Quality improvement (QI) is neither a one-time nor a periodic activity; rather, it requires continuous monitoring which is critical to identify and correct issues related to the quality of clinical care.

GCASR is a medium where professionals and healthcare facilities share best practices in stroke patient care. Hospitals participate both as source for and/or recipient of educational conference calls, in-class trainings, and individualized face-to-face or telephone QI consultations. However, data collection is the first step and serves as a sign that a healthcare provider is engaged in quality improvement activity. It is with this spirit that articles 31-11-116 (a) and (b) of Georgia's Coverdell-Murphy Act stipulate that hospitals shall submit their data to GCASR. Accordingly, we need to define what participation in GCASR is, for both administrative and programmatic purposes.

Hospitals get recruited and sign a memorandum of agreement with the Georgia Department of Public Health, but they become a participant only when they start to engage in activities including data entry. Hospitals are expected to collect and transmit acute stroke patient related data to the Department of Public Health data warehouse (Quintiles GWTG tool). Participation is maintained through engagement in the GCASR activities but mainly complying with the data entry obligation. Therefore, GCASR monitors hospitals' data entry and contacts hospitals to learn their reasons for not complying with the data entry requirement. Hospitals will be notified if they haven't entered patient data for more than a year, and depending on their response, the registry may opt to keep them as a participating hospital. However, if hospitals do not explain the problem related to data entry or do not have a sufficient reason, the Georgia Coverdell Acute Stroke Registry shall terminate their participation after six months waiting time. The registry would like to inform the participating hospitals that it will implement this rule starting January 2015.

Georgia Coverdell Acute Stroke Registry Team

## **GEORGIA ANNOUNCES STROKE COORDINATOR'S BOOT CAMP**

The GCASR team is excited to announce a joint initiative with The American Heart/Stroke Association (AHA/ASA) to assist current and future stroke coordinators and stroke professionals interested in improving their stroke program. The GCASR team is looking forward to supporting the AHA/ASA Stroke Coordinator Boot Camp. This program will be of benefit not only to stroke coordinators but all professionals caring for stroke patients, from administrators to frontline staff. A dedicated group of individuals has been assembled to help plan and implement this exciting initiative. The goal of this planning committee is to offer the Boot Camp early next year. More details will be provided in the near future.

## Time to Upgrade

A message from our PI and QI Director – James Lugtu



Recently Apple Inc. released the newest version of the iPhone. According to tech and financial analyst, this release has been the most successful iPhone release ever. The numbers of preorders for the phone was amazing and beyond what many expected. Many cellular operators have jumped on the trend by offering reduced phone prices or even free upgrades to existing customers to lure them to upgrade to a new device. Many have already upgraded to the new iPhone while many more anxiously await the arrival of their back ordered phones.

Upgrading to a newer, better, faster, shinier or more advanced model is not a new concept and not exclusive to cell phones. Automobile manufacturers, computers and other manufactures are constantly improving their products and offering their revised wares to a society hungry for the next best thing.

In the years I have been with Coverdell I am always impressed by the dedication and commitment that is displayed everyday by our stroke professionals. Many are always striving to see what the next best practice or better practice is available and seeing how those practice can be integrated into their current process. In a way they are upgrading their programs. Many stroke coordinators are upgrading themselves through advance certification and pursuing advance degrees. All of us in one way or another are striving to better ourselves and our programs. Yes, we all are upgrading.

For several years the Georgia Coverdell Acute Stroke Registry has chosen the reduction of Door-to-Needle (DTN) time as a statewide stroke quality initiative. In those years we have witnessed a steady improvement in the state of Georgia regarding DTN. In 2007 the median DTN time at our participating hospitals was 81 minutes. In 2013 that DTN dropped to 60 minutes. We have reached the "Golden" hour of stroke care. Each and every one of you has played a key role in making that happen. From the public who have benefited by your community stroke awareness initiatives and initiated 911 when they saw the sign and symptoms of a stroke, to the EMS who responded on scene and quickly assessed and transported the patient to our stroke ready hospitals, to the vigilant staff in the hospital that provide care to the stroke patient and all those in between have each been an important cog in the DTN process. Congratulations on your achievements and thank you for all your hard work.

We recognize some are still striving to improve their individual facilities DTN time to reach the 60 minute goal. We applaud and encourage you to continue in your effort to improve your program as you reach for that goal of 60 minute. Some have reached the golden hour of DTN but are continuing to strive for consistency. We also applaud and encourage your continued efforts. Others have consistently reached the golden hour of DTN. To these facilities we ask, is it time for an upgrade? Gold is great but Platinum is better. With this in mind the GCASR team would like to offer the following challenge/upgrade. Can we set the DTN goal lower than the "golden "hour of 60 minutes? Can we propose the "Platinum" time of 45 minutes DTN?

Some may say it's impossible and too many things need to be done to make that decision and to do it safely. The same thing was said when the 60 minute DTN was introduced. There were those in our state that stated confidently, "That's a great goal but it will never happen." Yet, we have reached that goal, to many 60 minute DTN is the norm. Some facilities have reported DTN times of less than 10 minutes and one as low as 6 minutes. We challenge our state to be better than normal, to be better than average and if you're in the position to do so to upgrade to platinum. Is your facility ready for an upgrade? If you are, the GCASR team would love to hear from you. Many will not be ready for this challenge right now but may in the near future. If so, we encourage you to continue in your efforts to improve your program and your processes. Continue upgrading your programs to the benefit of all those we serve. Thank you for all you do for our stroke patients.

## Georgia Coverdell's October Conference call

Thank you to Teri Newsome, Director of Quality at Habersham Medical Center, Lynn Echols, Director of the ED, PrimeCare and Respiratory Therapy at Habersham Medical Center and Jack Moody Director of Habersham EMS for a most informative presentation on the October Coverdell Call. Their presentation was titled ALERT (Advance Life Emergency Response Team) – Communicating Time for the Cause. Great job all!