



Georgia Coverdell Acute Stroke Registry Quarterly Newsletter

Georgia Coverdell Acute Stroke Registry
Participating Hospitals



WINTER 2012

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
kkrompf@emory.edu

or

770-380-8998



Georgia Coverdell 2012 Awards

"Georgia Coverdell Champion Hospital of the Year" Award Winners

CONGRATULATIONS TO THE FOLLOWING 4 HOSPITALS

Chatuge Regional Hospital (very small hospital, 25 beds or less)

Wellstar-Douglas Hospital (small hospital, 26–100 beds)

Fairview Park Hospital (medium hospital, 101–350 beds)

Atlanta Medical Center (large hospital, over 350 beds)

All Georgia Coverdell hospitals have the opportunity to receive the award, which is based on a point system. A total of four hospitals receiving the most points during the period from January 1, 2012 through December 31, 2012 will be the recipients of next year's award. The award is a framed certificate to share with your hospital and hospital administration.

The point system is based on the following criteria:

Participation	Points Allotted
Hospital attendance on GA Monthly Coverdell Call	1
Hospital presenting on GA Monthly Coverdell Call	5
Physician Champion presenting on GA Monthly Coverdell Call	10
Published Q-Tip in Coverdell Quarterly Newsletter	5
Published Article in Coverdell Quarterly Newsletter	10
Published "Blurb" (250 words) in Coverdell Quarterly Newsletter	2
Published Stroke Survivor Story in Coverdell Quarterly Newsletter	10
Workshop attendance (per hospital)	5

In the event that multiple articles, blurbs, stroke survivor stories, Q-tips, etc. are submitted for publication and space is not available, the Coverdell Steering Committee will review all submissions and decide what is published. All submissions will be eligible to appear in future publications.

25 points will also be awarded to one hospital in each bed size category achieving:
Highest percentage increase in defect free care 25

For defect free care we will compare the period of April 1, 2011 – September 30, 2011 to April 1, 2012 – September 30, 2012. If a hospital has six consecutive months from April 1, 2012 – September 30, 2012 of meeting 85% performance or higher on defect free care they will automatically receive the allotted points.

[Georgia Coverdell Announces the 2012 "Door to Needle Time" Hospital Award Winners](#)

Door to Needle Time (DTN) is the Golden Hour (60 minutes). In January 2011 we introduced our new "Door to Needle Time" Georgia Coverdell award. This award is given to all hospitals that have shown a 20% increase in door to needle time, comparing the period of April 1, 2010 – September 30, 2010 to April 1, 2011 – September 30, 2011.

Congratulations to the following six hospitals for their outstanding achievement:

Candler Hospital – Savannah
Eastside Medical Center
Georgia Health Sciences Medical Center (formerly MCG)
Gwinnett Medical Center
Medical Center of Central Georgia
Wellstar Kennestone Hospital

We will continue to offer the door to needle time award and give the award to any hospital showing a 20% increase in door to needle time, comparing all of 2011 to all of 2012 based on data entered at the time of analysis. In addition, any hospital that had six consecutive months of 60% or greater compliance on this indicator, from the period of April 1, 2011-September 30, 2011 would also receive the award. Coverdell strives high and unfortunately no one met these parameters this year. Therefore for 2012 any hospital having entered a minimum of 5 patients in 2012 with an average door to needle time of less than 60 minutes will receive the award.

[Georgia Coverdell Announces the 2012 "Star Award" Recipients – Congratulations!](#)

The "Star Awards" are our two newest Georgia Coverdell awards and recognize an individual and a hospital for leadership in the GCASR. The award recipients were nominated by their colleagues. We want to recognize people and facilities that have changed and continue to change stroke care in the state of Georgia. The awards are in appreciation for the mentoring, support, and passion that our Coverdell hospitals and staff provide to the registry. We will continue to offer these awards again next year.

Individual recipient: [Debbie Camp](#)

Here are just some of the kind words that have been said about Debbie:

"Debbie is always the first one to encourage and congratulate others. She's very open & sharing with her expertise and materials. She contributed significantly towards building the "non-competition" philosophy that is the foundation of Coverdell & the GA-SPA."

"Debbie Camp has led our Georgia Stroke Alliance group to more than quadruple in size with active participants working on various committees making stroke a priority in Georgia. Her willingness to share information and respond to countless questions with professionalism and caring is beyond the call of duty. Debbie spoke and presented at the 2011 ISC last year. She is truly an awesome leader!"

"I am nominating Debbie Camp from Atlanta Medical Center for the "Star Award." As anyone involved in the GA-SPA knows Debbie is very active in mentoring others in the care of stroke patients, educating the public on Stroke, and in obtaining or continuing Joint Commission Stroke Certification. Her passion is contagious!"

Hospital recipient: [Northeast Georgia Medical Center](#)

Here is just some of what is being said about Northeast Georgia Medical Center:

I would like to nominate "NEGA Medical Center for their commitment to improving stroke care in NE GA. They have supported GCASR with providing stroke educational conferences and workshops at their facility along with being instrumental in the development of the GA-SPA website and GA-SPA logo. NEGA Medical Center was the first GCASR [hospital] to obtain the DNV certification instead of the standard JCPSC certification."

"North Georgia through the guidance of Trish Westbrook has provided technical support to our group's website free of charge. They have made countless updates to the website. North Georgia has also graciously hosted some of our meetings."

Putnam General - A Critical Access Hospital

Founded in March of 1968, Putnam General Hospital is a 25-bed critical access facility located off the shores of Lake Oconee in Putnam County, the heart of middle Georgia. Our mission is to make a positive difference in the lives of our customers. Whether a patient or a family member, we make sure your experience at the hospital is as pleasant as possible. Our efforts in this area have been rewarded with consistent patient satisfaction ratings in the 95th percentile.

Over the past few years, Putnam General Hospital has worked diligently to better our services and introduce additional services to improve stroke care in the community and raise the bar for rural healthcare. In 2008, we updated our CT scan to a 32-slice scanner with smart technology. This allows for better imaging results and faster turn-around in reading scans. In late 2009, a town hall meeting was held in Putnam County where citizens inquired about TPA availability and use at Putnam General Hospital. As a result, in January 2010, TPA was introduced and protocols and procedures were developed for stroke and administration of TPA hospital-wide. Also in 2010, Putnam General Hospital was invited to join the Georgia Coverdell Acute Stroke Registry. Upon joining, one of the first purchases was a roll-on platform scale to accurately obtain patients' weights.

2011 brought many updates and changes that would improve stroke patient care. In mid 2011, Echocardiography services were acquired from a third party vendor to the Putnam General Hospital Radiology department. Bringing Echos in house allowed for faster and more efficient services for patients. IT services were improved internally and externally which enabled us to send and receive data and images at a faster and more proficient rate. In September 2011, in-patient stroke order sets and protocols were developed which allowed for enhanced stroke care. These protocols follow ASA guidelines for stroke care. The MEND exam for neurological assessment became the primary tool for all clinical staff.

Putnam General Hospital is proud to offer CT and Ultrasound on site 24/7. Having these services at a rural hospital is an asset and very important in patient care. Joining Coverdell has allowed staff to become ASLS instructors and a number of nurses to become certified. Another benefit offered is an on-site Heliport. Being able to transport patients by helicopter is a service that many rural hospitals do not offer. Both Physical Therapy and Swing bed programs are available at our facility for patients rehabilitating from an illness.

Putnam General Hospital has worked diligently to improve stroke care and provide the best for its patients. Unfortunately, like in all rural healthcare settings, there are challenges as well. Two major challenges are our location in regards to the nearest primary stroke center and limited availability of EMS services. The closest primary stroke centers are in Macon, which is 41 miles away and in Athens, which is over 50 miles away. Transportation to one of these facilities can be an obstruction in the path to getting a patient to the correct location. Putnam County EMS offers 3-24 hour ambulances, but the availability of these services could be limited due to high call volumes. The closest helicopter service takes approximately 20-25 minutes to arrive at our facility. The closest out of town ground ambulance service comes from Macon, which would take approximately 40 minutes to arrive. Patient transportation is a challenge in all rural healthcare settings. When providing the proper care for a possible stroke victim, time is crucial.

As mentioned earlier, both Physical Therapy and Swing bed services are available at Putnam General Hospital, but both programs are offered only on week days. Unfortunately, the cost to run those programs on the weekends is not possible at this time because of limited resources. A speech pathologist is not accessible at our facility, in the community, or in the surrounding area. Another issue faced in a rural healthcare setting is not having 24/7 MRI services available. The cost of a full time MRI service is too high versus the demand. Also, a statewide challenge in stroke care is the limited availability of Neuro-ICU beds at primary stroke care centers. Lastly, being small means not having as many staff members as a large acute care hospital. Situations may arise where already limited staff is focused on one or two critically ill patients, thus reducing staff availability throughout the hospital and purging resources.

In recent years, stroke has made its way to the forefront of healthcare, costing Americans billions of dollars and lives along the way. Someone in the United States has a stroke every 40 seconds. Every four minutes someone dies of stroke. In 2010, stroke alone cost the United States an estimated \$53.9 billion. This total includes the cost of health care services, medications, and missed days of work. Stroke is a leading cause of serious long-term disability. For these reasons and many more, Putnam General Hospital strives to be a leader in rural healthcare and will continue to aim for better technology and services so that we may continue to offer the best in patient care.

Submitted by: Adam Bedgood, RN, BSN, BS, ED Nurse Manager, Putnam General Hospital

Quest for Disease Specific Stroke Certification: The Second Time Around!

DeKalb Medical is a 451-bed, not-for-profit community-based hospital. We have served our community for over 50 years. Our hospital is vested in providing excellent care to our community and patients. Our Stroke program obtained disease specific certification in 2006 but could not maintain this certification due to lack of consistent neurology coverage. Over the last two years, we have hired additional, outstanding neurologists to join our Neurology service line. Our stroke program is now solidly on track with a new zest and determination to reclaim stroke certification through The Joint Commission. Our hospital staff remains committed to providing the highest level of evidenced-based care to all stroke and transient ischemic attack (TIA) patients.

Our stroke committee consists of an interdisciplinary team of professionals who are involved in evaluating best practice standards, based on their area of specialty, to benefit our stroke patients. Our program uses clinical practice guidelines from the American Heart and American Stroke Associations, and the Brain Attack Coalition. As the stroke program coordinator, my job is to help the team and hospital to reach maximum potential in quality stroke care delivery. Our care-providers strive for excellence in providing timely stroke care. At present, several of our Joint Commission Stroke Quality Performance Measures exceed standards.

The Georgia Coverdell Acute Stroke Registry (GCASR) and the Georgia Stroke Professional Alliance (GA-SPA) have been very helpful. These leaders have extended their arms to us in more ways than can be addressed in this article. In our stroke team's quest to improve and evaluate our program, we took the following steps:

Requested a mentor from a primary stroke center, assigned by Kerrie Krompf, Hospital Coordinator for the GCASR. The ongoing benefits to our program have been tremendous:

- Used the GA-SPA list-serve to obtain great advice to sustain and improve our stroke quality measures.
- Used Coverdell/Get with the Guidelines (GWTG) Outcomes data analysis tools to share data with nursing councils and staff, ED physicians, and other leadership teams.
- Developed action plans to improve low performing measures using Performance Improvement methodology Plan, Do, Check, Act.
- Asked the American Heart/ American Stroke Association to perform independent mock system tracers to evaluate our program and determine gap analysis.

We are confident we will obtain primary stroke certification. Our stroke committee is looking forward to celebrating success once again. The second time around is as sweet as the first time!

Submitted by: Denise Hicks MS,RN, PI/ Stroke Care Coordinator, Dekalb Medical

Georgia Stroke Professional Alliance (GA-SPA)

The next GA-SPA meeting is scheduled for Wednesday, February 15th from 10AM-3PM at Southern Regional Medical Center in Riverdale, GA. The agenda will consist of Laura Zajac-Cox, PT, NCS, Program Supervisor-Inpatient Rehabilitation Center, Dekalb Medical. Laura will present on "Health Literacy Impact and Outcomes: Maximizing the Effectiveness of Patient Education Interventions." In addition, there will be a presentation on "Xarelto (Rivaroxaban) for Reducing the Risk and Systemic Embolism in Patients with Nonvascular Atrial Fibrillation."

The GA-SPA currently has over 220 members. If you would like to become a member, contact Kerrie Krompf at kkrompf@emory.edu or 770-380-8998.

Grady's Marcus Stroke & Neuroscience Center

The Marcus Stroke & Neuroscience Center at Grady Memorial Hospital recently celebrated its one year anniversary! This relatively new team of nurses and physicians has come together in the setting of a state of the art neurocritical care unit with 18 ICU beds and 19 step down beds. Over the course of the last year we have treated over 75 patients with endovascular therapy. Our neuro interventionalists provide 24/7 coverage and the support from hospitals around the state has been terrific.

Specialty features of the MSNC include an imaging suite with a 64 slice CT scanner and a bi-lane neuro angiography suite, both on the unit. Recently, we added the capability of receiving images from outside hospitals via a regional PACS system. This allows physicians at outside hospitals to send brain images of patients who may be appropriate for transfer. The ability to see these images and discuss the case prior to transfer has proven beneficial for both parties. When patients arrive from an outside hospital for further stroke care, we are able to provide the most up-to-date treatment options.

Our team of physicians and fellows are actively engaged in stroke research, some of which presented at the 2012 International Stroke Conference in New Orleans. One of the studies that has just completed enrollment is the TREVO 2 which looks at the efficacy of a novel stent-retriever device, specifically for stroke treatment. Grady was the top recruitment site in the country. Additional studies include looking at bio-markers as indicators for incidence of stroke and the treatment of wake-up stroke. The Ethnic/Racial Variations of Intracerebral Hemorrhage (ERICH) study is a multicenter research study being conducted to determine the significant medical, environmental, and genetic risk factors and causes of stroke and what differences there may be by race or ethnicity. The study is being sponsored by the National Institute of Neurological Disorders and Stroke at the National Institute of Health.

Lastly, we, like many of you, are anxiously awaiting the final guidelines from The Joint Commission regarding Comprehensive Stroke Center Certification. The preliminary draft is extensive but we look forward to raising the bar of stroke treatment. We have a lot to do in Georgia and together, we can accomplish great things!

Submitted by: Amy Perez RN, MSN, CNRN, Stroke Coordinator and Outcomes Analyst
Grady Health System, Marcus Stroke and Neuroscience Center

Coverdell Highlights

December Conference Call

Thank you to Debbie Camp, Stroke Coordinator at Atlanta Medical Center, and James Lugtu, QI Director for the Georgia Coverdell Acute Stroke Registry, for presenting on the December Coverdell call. Both Debbie and James provided an in-depth discussion on the Coverdell hospital reports. They explained how hospitals can use these reports to improve their data and overall stroke care.

January Conference Calls

On the January 9th call, Dr. Michael Frankel, the lead neurologist for the Georgia Coverdell Acute Stroke Registry, spoke about the NIHSS and the reasons why it is the preferred stroke assessment tool of neurologists. Thank you to Dr. Frankel for presenting on the history and the importance of the NIHSS.

Presentations are sent out prior to each of the monthly Coverdell hospital conference calls. If you did not receive a particular presentation, contact Kerrie Krompf at kkrompf@emory.edu.

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