



Georgia Coverdell Acute Stroke Registry Quarterly Newsletter

Georgia Coverdell Acute Stroke Registry Participating Hospitals



WINTER 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
kkrompf@emory.edu

or

770-380-8998



Georgia Coverdell 2014 Awards

"Georgia Coverdell Champion Hospital of the Year" Award Winners

CONGRATULATIONS TO THE FOLLOWING 4 HOSPITALS:

Putnam General Hospital (very small hospital, 25 beds or less)

Habersham County Medical Center (small hospital, 26–100 beds)

South Georgia Medical Center (medium hospital, 101–350 beds)

Atlanta Medical Center (large hospital, over 350 beds)

All Georgia Coverdell hospitals have the opportunity to receive next year's award, which is based on a point system. A total of four hospitals receiving the most points during the period from January 1, 2014 through December 31, 2014 will be next year's recipients. The award is a 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

For defect free care we will compare the period of April 1, 2013 – September 30, 2013 to April 1, 2014 – September 30, 2014. If a hospital has six consecutive months from April 1, 2014 – September 30, 2014 of meeting 85% performance or higher on defect free care they will automatically receive the allotted points.

Georgia Coverdell Announces the 2014 "Door to Needle Time" Hospital Award Winners

Door to Needle Time (DTN) is the Golden Hour (60 minutes). This award is given to all hospitals that have shown a 20% decrease in door to needle time, comparing 2012 data to 2013 data based on data entered by the time of analysis. In addition, the award is given to any hospital having entered a minimum of 5 patients in 2013 with an average door to needle time of less than 60 minutes. The parameters for next year's award will be the same using 2014 data and comparing it to 2013 data.

**Hospitals improving door to needle time by 20% AND
with an average door to needle time of < 60 minutes**

**Athens Regional Medical Center-Athens
Floyd Medical Center-Rome
Georgia Regents Medical Center-Augusta
North Fulton Hospital-Roswell
Redmond Regional Medical Center-Rome
South Georgia Medical Center-Valdosta**

Hospitals with an average door to needle time of < 60 minutes

**Emory University Hospital-Atlanta
Grady Memorial Hospital-Atlanta
Medical Center of Central Georgia-Macon**

Hospitals improving door to needle time by 20%

**Dekalb Medical Center-Decatur
Piedmont Fayette Hospital-Fayetteville
Piedmont Henry Hospital-Stockbridge
Piedmont Hospital-Atlanta**

Georgia Coverdell Announces the 2014 "Star Award" Recipients – Congratulations!

The "Star Awards" 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 received an overwhelming number of submissions and we want you to know that the voting process took place by an independent team of reviewers not affiliated with the Georgia Coverdell Acute Stroke Registry. We will continue to offer these awards again next year.

Individual recipient: Susan Zimmermann A few comments

"I nominate Susan Zimmerman. She has done so much for the Georgia Stroke Professional Alliance and neuroscience nursing in general. She helped with the first Stroke Certified Registered Nurse (SCRN) review course. She is energetic and just does things without hesitating. She helped the Georgia Stroke Professional Alliance get non-profit status. Susan is continuously submitting abstracts to the American Stroke Association's International Stroke Conference on top of being the coordinator over several facilities. Susan is just amazing."

"Susan has taken the stroke program at Wellstar-Kennestone to another level. She is able to multi-task better than anyone I know. She juggles family and work. In addition, Susan is the chairperson of the Georgia Stroke Professional Alliance. How she does it, I'm not quite sure but she does a great job and does it effortlessly."

Hospital recipient: Grady Memorial Hospital Some comments

"I would like to nominate Grady for their comprehensive approach to stroke. Whenever we have a patient within 6 hours of symptom onset and a NIHSS greater than 10, we consult them to consider other options for care. It only takes one call, and a physician calls back within 5 minutes. They have not turned down a potential candidate based on bed availability or insurance status since our hospital has been involved. They look at the patient need first. Thanks for doing all that you do!"

"Grady has taken stroke to a whole new level. Their dedication to the stroke program is unsurpassed. It's hard to believe how far they've come in just a few years. The Marcus Stroke and Neuroscience Center is well ahead of its time. Thanks Grady!"

Governor Honors Keith Wages with Public Safety Award



Pictured above from left to right: Dr. J. Patrick O'Neal (GPH Director of Health Protection), Governor Nathan Deal, Keith Wages

R. Keith Wages, Director of the Georgia Office of EMS and Trauma, has been selected as the recipient of the Governor's Public Safety Award in recognition of his outstanding contributions to the EMS profession over the past four decades. Keith was recognized with this prestigious award by Governor Nathan Deal during the annual ceremony held at the Georgia Public Safety Training Center in Forsyth on December 12.

A long-time resident of Barrow County, Keith has dedicated his entire career to the EMS community, serving as Emergency Medical Technician, EMS Director, EMS Program Director, Deputy State Director, and State Director of EMS and Trauma, as well as serving as a Consultant for Disaster and Emergency Preparedness issues.

He has worked very closely with the hospitals in Georgia to advocate and encourage EMS involvement in various programs for the improvement of patient care, including the Mission-Lifeline Program through the American Heart Association and the Georgia Coverdell Acute Stroke Registry. He also has been a positive EMS role model, while serving on numerous boards and associations, including serving on the Board of Directors of the National Association of EMS Officials as a Regional Representative for the South Central Region.

Initially licensed in 1977, Keith began his career as an EMT with Barrow County EMS and accepted the position of EMS Director with Walton County three years later. In 1982, he began serving as EMS Program Director for the Northeast Georgia Health District, where he worked toward developing 911 EMS Systems as well as hosting a nationally recognized Vehicle Extrication School in Athens for many years. In 1990, Dr. John B. O'Neal, Director of the State Office of EMS, asked him to work with him as the Deputy Director, where he soon visited every EMS service in Georgia and worked with them on various EMS issues. Two years later, he was promoted to Director of the State Office of EMS and served in that capacity until 1997. During that time, he was active in setting up the EMS System for the 1996 Atlanta Olympics.

Throughout his career, he has been recognized with numerous Region and State EMS Awards, some of which include the Dr. Zeb L. Burrell, Jr., Distinguished Service Award (1993), Dr. John B. O'Neal, EMS Pioneer Award (2007), Georgia Association of EMS Chairman's Award (2009), and the Northeast Georgia EMS Special Achievement Award (2010).

"Keith Wages is one of the most outstanding members on the Department's Health Protection team," said Dr. J. Patrick O'Neal, GPH Director of Health Protection. "His experience in the private sector as an international consultant on emergency management provides a depth of knowledge shared by very few EMS directors across the U.S."

Courtney Terwilliger, Chair of the Georgia Association of EMS, said, "Keith Wages has worked tirelessly to improve the quality of the patient care rendered by medics across the State. His innovative work with the Georgia Heart Association and the Coverdell Stroke Registry has opened the door for better patient care, not only in the pre-hospital arena but also into the hospitals."

As cited in the Governor's ceremony, "No one has dedicated more time and effort advocating for the advancement and enhancement of pre-hospital care in Georgia than Keith Wages".

All of us at Coverdell want to congratulate Keith on this most prestigious and well deserved award.

Former Patient Mentors Current Patients



Pictured above: Charles Stanley and his wife, Linda Stanley

Three days in the Intensive Care Unit, four weeks at the Rehabilitation Center at Southern Regional Medical Center and a strong will allowed Charles Stanley to regain his health after suffering a stroke that left him paralyzed on the right side of his body.

His favorite scripture, Hebrews 13:5, states "I will never leave thee nor forsake thee". Stanley attributes his faith, family and the staff at the Rehabilitation Center with helping him during his recovery. "The entire staff from the admissions coordinators and nurses to the therapists was excellent and went the extra mile for me" says Stanley. Although he admits speech therapy provided the most challenge for him, he praises the treatment plan Dr. Foster created that consisted of occupational and physical therapy as well. A video of the different stages of his progress, created by his family, is utilized by the staff regularly to show patients and their families an in-depth view of the results stemming from the services offered at The Rehabilitation Center.

Stanley's journey back to positive health has also given him an opportunity to start a new phase in life. Twice a month, he and his wife mentor those who are currently experiencing rehabilitation. They encourage and offer insight to three to five patients per visit dependent upon the patients' schedules. He states, "I thank God for that excellent floor, and I just wanted to give back".

Family Training: Increasing Confidence for Discharge Home

Family training, an essential part of the program at the Rehabilitation Center, provides an opportunity for family members and support persons to better prepare for their loved one's discharge home. These sessions are scheduled prior to discharge to show family members the progress made during the inpatient rehabilitation stay, to teach them skills that may be needed in the home, and to increase the confidence level of the patient and the family for a successful return to the community.

Therapists teach how to safely assist the patient with mobility such as moving from the bed to a chair, walking with an assistive device, and negotiating stairs. They provide hands-on demonstration of safe car transfers and shower transfers and teach family members how they can best help with activities of daily living such as dressing, bathing and toileting. Safety precautions, exercise programs, and follow-up therapy recommendations are also discussed. Swallow precautions, communication strategies and cognitive techniques are emphasized for those patients who may have such deficits, and nurses provide education on treatments such as wound care, diabetes care, prevention of blood clots, and medication administration.

This investment by the rehabilitation team in patients and their family member's results in decreased anxiety, better functional outcomes, and decreased readmissions to the hospital. We think that is an investment worth making!

At times the Stroke Coordinator may wonder....

The stroke coordinator role is different. At times we wonder are we making the world better? Are we making a difference in the lives of our patients?

Then it happens...

- A patient comes to the ER because his fiancée's mother was at a fair and got a FAST magnet. She grabbed the magnet off the fridge and did the Face test and the patient had a droop. The patient was to get tPA and then improved but the stroke coordinator is grateful to have given out the magnets at the fair.
- A nurse on the cardiac floor is caring for a patient and suddenly she cannot speak. She recalls the competency on change in mental status and calls the rapid response team. Within minutes the patient is getting a CT scan and then tPA and makes a full recovery. The nurse is able to see what her actions meant for this patient and the stroke coordinator is grateful for teaching the competency.
- A nursing assistant is working with a patient and the patient can no longer feed herself. She calls for help and the patient's nurse is busy. She calls the manager and rapid response is initiated on this patient. The patient got tPA and completely recovered. The nursing assistant is rewarded for her ability to get help when needed. The stroke coordinator is grateful she taught the education class on Stroke for ancillary staff.
- A celebration of staff together EMS, CT, Lab, ED nursing and physicians come together to be rewarded. They give tPA in 60 minutes. It's a success. The education and coaching and day to day case reviews are making a difference. The use of tPA at this hospital has tripled in the past 4 months. The patients are getting the treatment for stroke they need. The coordinator is very grateful for her team and can now celebrate this success quarterly.

At this time of the year I need to be grateful for this wonderful role as a stroke coordinator at Wellstar Cobb Hospital. I am grateful for all the support of the coordinators around the state that have helped me and especially my team. Yes, there is still work to do but the ground work has been laid and now the program can rise up and shine to help Stroke here in Georgia.



Pictured above left to right the CT Staff:
Pam Hill, Brittany Russell, Jessica Sadler and
Brittany Davis



Pictured above-John DaVanzo-ED Dir.
Rebecca Henry-ED-ANM & EMS providers
Johnny Panter and Raymond Burd

Submitted by Elizabeth Peters, Stroke Coordinator, Wellstar Cobb

A New Year to Reach Our Goal



A message from our PI and QI Director – James Lugtu

If you are like me, it's taking a while to get use to writing 2014 after every date. It seems like yesterday when everyone feared Y2K. As we look brightly into the future it would be wise to look back at our accomplishments.

Two thousand and thirteen was a successful year for the Georgia Coverdell Acute Stroke Registry (GCASR). Our success was directly derived from the efforts of all of you, "our partners" in the fight against stroke. In 2013 we continued our collaboration with EMS and Hospitals with great results. Initiatives such as the Inter-facility Transfer Protocol for t-PA patients and the Hospital Feedback Form for EMS were developed in record time by the strong collaboration between Coverdell, EMS and hospitals. The Remote Stroke Treatment Center Designation (RSTC) process was finalized. This new designation process was piloted in two EMS regions with great success resulting in two new RTSCs. The RSTC designation process is currently open to the entire state and we look forward to designating more RSTCs IN 2014. These were just a few of the highlights 2013 Coverdell highlights.

Two thousand and thirteen also brought some changes that affected us both professionally and personally. Lydia Clarkson resigned as Principal Investigator to spend more time with her family and Mickey Moore, resigned as Deputy Director of EMS. We wish both Mickey and Lydia the best in their future endeavors. One of the greatest loses in 2013 was the passing of our dear friend Masoumeh Dettwiler also affectionately known to many as "May". It is our wish that we make May proud by continuing in our fight against stroke, a cause she passionately supported.

As we begin our new year it reminds me of a quote from the book The Language of Letting Go by Melody Beattie. "Make New Year's goals. Dig within, and discover what you would like to have happen in your life this year. This helps you do your part. It is an affirmation that you're interested in fully living life in the year to come. Goals give us direction. They put a powerful force into play on a universal, conscious, and subconscious level. Goals give our life direction. What would you like to have happen in your life this year? What would you like to do, to accomplish? What good would you like to attract into your life? What particular areas of growth would you like to have happen to you? What blocks, or character defects, would you like to have removed? What would you like to attain? Little things and big things? Where would you like to go? What would you like to have happen in friendship and love? What would you like to have happen in your family life? What problems would you like to see solved? What decisions would you like to make? What would you like to happen in your career? Write it down. Take a piece of paper, a few hours of your time, and write it all down - as an affirmation of you, your life, and your ability to choose. Then let it go. The new year stands before us, like a chapter in a book, waiting to be written. We can help write that story by setting goals."

The New Year stands before all of us. I encourage all of you to set goals this year both personally and professionally. We the GCASR team look forward to continue supporting and collaborating with all of our partners. If there is anything we can do to support your efforts in improving stroke care please do not hesitate to ask. Let's make this year the best year ever in the battle against stroke.

In 2014, as you care for your patients let's not forget to take care of each other because without you we would be lost.

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.

Discharge Phone Calls Make a Difference!

We all know the importance of making discharge phone calls to patients. As PSCs and CSCs we are charged with making follow up phone calls to be sure patients and their caregivers are handling the transition back home safely. During one of these phone calls, one of our neurology charge nurses, Lestevia Moore, RN was speaking with the daughter of a recently discharged patient. As the discussion progressed, the daughter stated that when she returned home, 'my Mom said my Dad was having trouble speaking this morning'. Through questioning, Nurse Moore discovered that the daughter was describing a new stroke symptom for her father. Nurse Moore instructed the daughter to call 911.

The patient arrived at the Grady's emergency department and was admitted with a new stroke. Fortunately, the patient's symptoms resolved and he was able to return home with his family. During follow up stroke education with the patient and family, it was identified that they did not realize that a new stroke symptom could indicate a new stroke.

Once again, patient education and reinforcement of the signs and symptoms of stroke and calling 911 continues to be the cornerstone of early recognition and treatment of stroke.

Submitted by Amy Perez, RN, MSN, CNRN Stroke Coordinator and Outcomes Analyst on behalf of Grady Health System

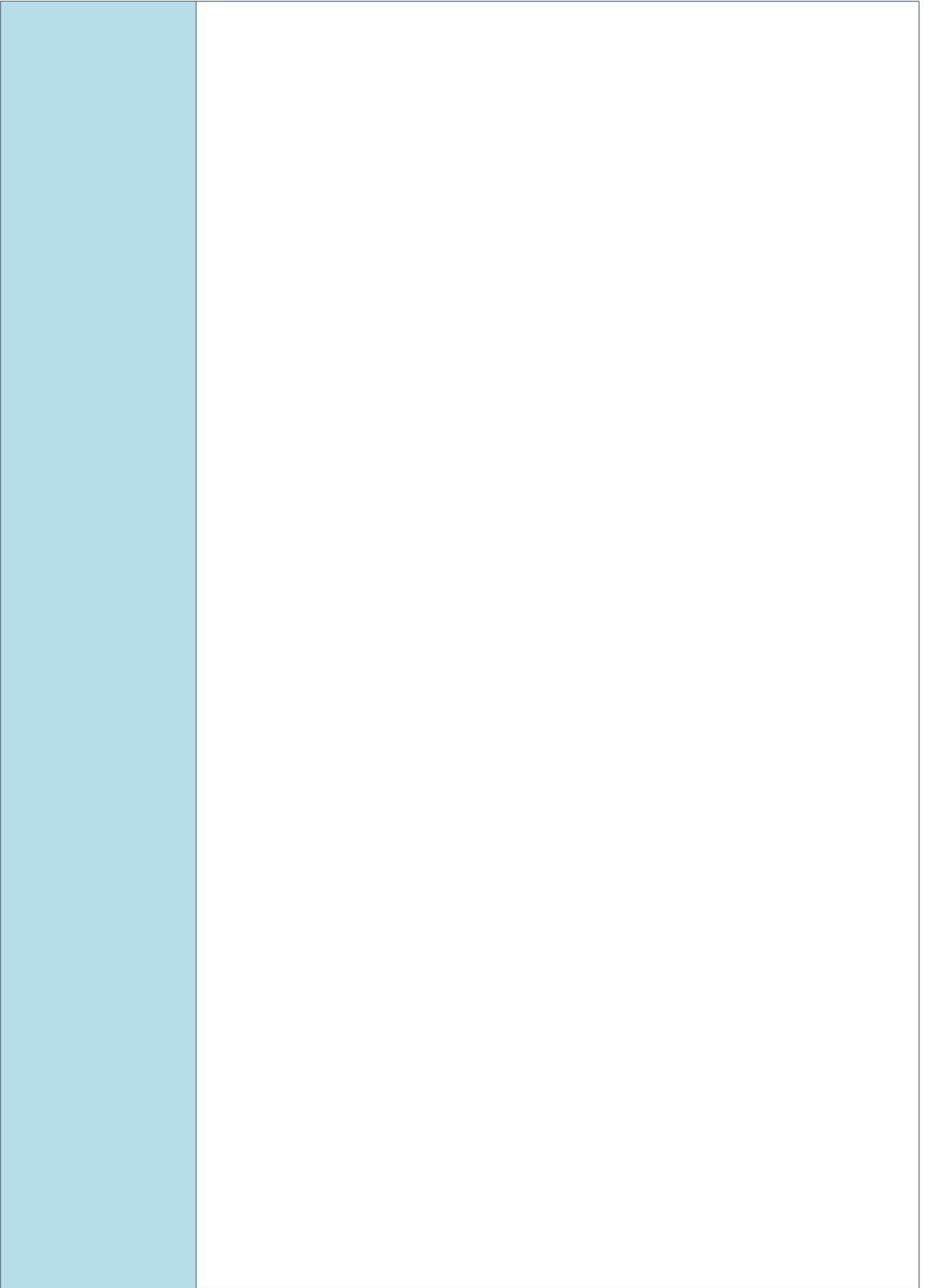
Coverdell Highlights

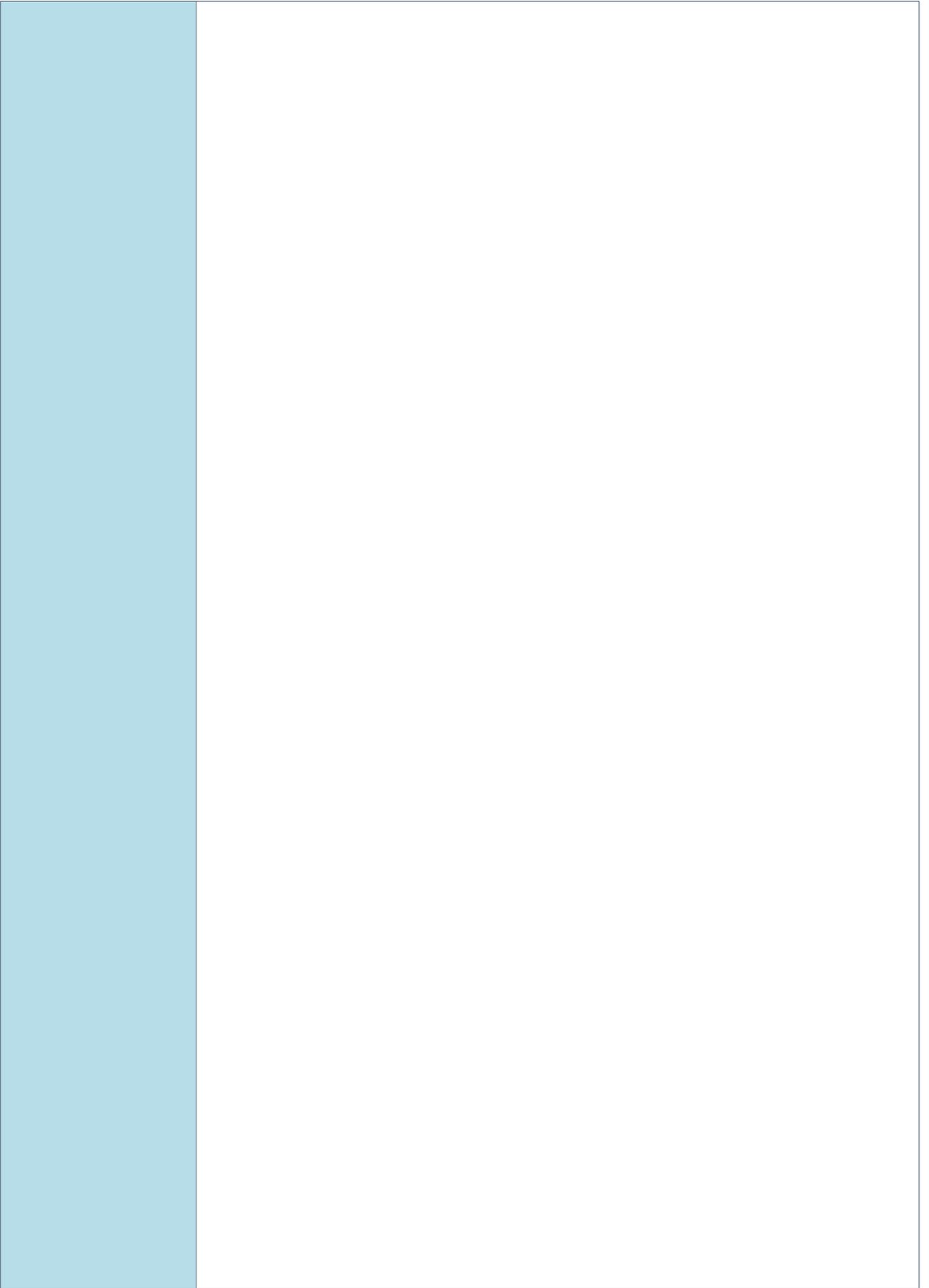
December Conference Call

Thank you to Rana Bayakly, Director, Chronic Disease, Healthy Behaviors and Injury, Epidemiology Section at the Department of Public Health for presenting on "EMS Performance Indicators". In addition, we would like to thank Debbie Camp, Stroke EBM Manager at Atlanta Medical Center for presenting on "The Importance of Offering EMS Awards". Both Rana and Debbie gave wonderful presentations.

February Conference Call

Dr. Raul Nogueira, Director of Neuroendovascular Service and Director of Neurocritical Care Services at the Marcus Stroke and Neuroscience Center at Grady Memorial Hospital, presented on "Why Time is Brain." The presentation was very informative and we would like to thank Dr. Nogueira for his great presentation.





An Update on Georgia's Designation Process for Remote Stroke Treatment Centers

A major activity for GCASR over the last six months has been working closely with state EMS and other partners on the designation process for Remote Stroke Treatment Centers in Georgia. As you may recall, Georgia's Coverdell-Murphy Act (SB 549)* established a two-tiered stroke system for the state. The first level is primary stroke centers and the second is remote stroke treatment centers. The state office of EMS is tasked with administering the designation process, which includes the development of a designation checklist. The GCASR team has been working closely with EMS to provide our stroke expertise.

In order to tackle this rather large task, we formed a workgroup comprised of representatives from state EMS, GCASR, the American Heart Association, and hospital representatives. We wanted representation from a variety of sources, to ensure that we covered every angle and did not miss any important issues during the development process.

The workgroup met every few weeks to review and edit the designation checklist, an Excel spreadsheet, with which facilities would be evaluated when they applied for designation status to the state. As you can imagine, this was a lively and educational discussion as we

covered many clinical details of stroke care, technological aspects of remote healthcare delivery, legal issues, and many others. Our overarching goal that kept us centered, however, was quite simple: *create a designation process that would enable – not hinder – the provision of access to acute stroke care for more Georgians.*

Based on our epidemiologic data, we know that the rural areas of our state have some of the highest stroke rates while simultaneously having poor access to healthcare. This is the purpose of remote stroke treatment centers: to bring the stroke care to where these patients are. A rural area may not have the resources to support a state-of-the-art stroke center, but this does not mean that residents of that area have to go without quality acute stroke care.

So, the overall goal in our process was not to create barriers to care, but to increase the number of overall facilities able to provide remote stroke treatment for Georgians. In creating the checklist, our goal was to keep requirements to a minimum, and to require only what is needed to provide quality remote acute stroke care for the patient. Not every facility will achieve designation status upon application; some may have criteria that they need to work on before they are designated.

The general designation process will occur thusly:

A) Once the designation process is declared open by the state, facilities will submit an application for designation to the state.

B) Within 90 days of receipt at the state of the application, facilities will be visited by their regional EMS Director to confirm that everything on the Checklist is in order. (Facility must provide required documentation of protocols, etc. in Checklist).

C) If the facility is designated, within 24 months of their designation date they will have a full, formal site visit with a site visit team. This team will consist of representatives from (1) the state Office of EMS, (2) the facility's partner Hub Hospital, and (3) the AHA or a non-competitor hospital representative. The site visit is also a chance for the site visit team to assist the facility with any potential issues or questions they may be having.

Structuring the process in this way will allow facilities to get up and running as remote centers quickly, while satisfying the necessary state requirements.

One important criteria for all hospitals seeking designation is that *they must participate in GCASR and report data annually* to the state through the registry, as stated in the Rules of the Department of Public Health Office of Emergency Medical Services (Chapter 511-9-2, item (c)5, or p. 12, bullet 5).**

We will pass along any updates on the process as they occur over the next few months. Keep up all the great work you are doing out there – these are very exciting times for stroke care in Georgia! As always your GCASR team is here to help you.

~Lydia Clarkson, Principal Investigator, GCASR

*The full text of the legislation is available here:

<http://www.legis.ga.gov/Legislation/20072008/81600.pdf>

**EMS Rules and Regulations are available here:

<http://ems.ga.gov/pdfs/ems/SOS%20EMS%20Rules%20&%20Regulations.pdf>

Georgia Stroke Professional Alliance (GA-SPA)

The next GA-SPA meeting is scheduled for Wednesday, February 27th from 10AM-3PM at The Wellstar Development Center, 2000 South Park Place, Atlanta, GA. A great day is planned for all who attend. The featured guest speaker is Debbie Estes Roper, RN, MSN, Director of Stroke and Neurovascular Services at HCA North Texas Division. Debbie will present on Considerations for PSC's with the CMS Requirements for Reporting Stroke as a Core Measure. Katja Bryant, Stroke Coordinator at Emory University Hospital will talk about her recent experience with their Comprehensive Stroke Center Survey, and Susan Zimmermann, Stroke Coordinator at Wellstar Kennestone, will talk about the presentation she gave at the International Stroke Conference earlier this month on door to needle time in less than 60 minutes, followed by a panel discussion from attendees.

For more information about the GA-SPA or if you're interested in attending the February 27th meeting, please contact Kerrie Krompf at: kkrompf@emory.edu or 770-380-8998.

Partnering with Prehospital Professionals to Decrease Door to Needle Times

At our monthly stroke team meeting in November of 2011, we discussed the need to decrease our door to needle times. We were seeing times as high as two hours and we knew we had to fix it and fast. Several areas were identified; neurology resident delay and time to CT scan were the biggest issues we had. Our neurology residents are outstanding but very busy. They are responsible for covering consults in our hospital and the VA across the street. We wanted a way to alert the neurology resident on-call that a potential stroke was coming via EMS or through triage. We wanted these guys and gals to get the best assessment possible, NIHSS and history, but we needed this to be done and called to the attending or the stroke fellow in 5-10 minutes. We also needed a way to alert our CT scanner of patient arrival so they could be ready. I sat down with our stroke program medical director, Dr. Switzer and we discussed our issues and we organized our plan and presented it to local EMS. First, a stroke alert group page would be sent upon EMS radio call into our emergency command center. This group page would include neurology resident on-call, CT scanner, and stroke coordinator. Next, upon arrival to the ED, the EMS crew would be met by an ED resident, ED charge nurse, neurology resident, and registration clerk. We told the ED resident/attending that they had no more than 5 minutes to quickly assess the patient while on the EMS stretcher to ensure stability for CT scan. Once the patient was declared stable for CT scan, they would be taken on the EMS stretcher to the scanner with ED nurse, EMS crew, and the neurology resident. Once the CT was completed, the patient would be taken back to ED on the EMS stretcher and placed in a critical care room where they have labs drawn, chest x-ray, and a detailed assessment. By this point our neurology residents would have completed the work-up, viewed the scan, and would be on the phone to the attending/stroke fellow.

From the initial planning stages we received nothing but support from our local EMS service, Gold Cross Emergency Medical Services. We worked with their director of clinical services, Michael Willis, to ensure this new process we were proposing could actually work and not hold-up crews. Gold Cross is an extremely busy service, running 170 calls per day. We did experience some bumps in the process, but because of the outstanding partnership we were able to work together to fix issues as they came up. Michael was instrumental in the development of this new process and communicating the changes not only with the Gold Cross service, but other services across region VI.

Because of the teamwork between our ED nursing staff, EMS partners, CT staff, and neurology resident team we have been able to decrease our door to needle times drastically. Our very first patient who went through this new process had a door to needle time of 32 minutes! This would have never been possible without the team approach, utilizing all of our resources. In the past year, we have expanded our stroke team to include representation from local and regional EMS. This has been a great addition to our team, overall improving the stroke care provided to the citizens of Augusta. Gold Cross EMS and Georgia Health Sciences Medical Center have partnered on several occasions to instruct Advanced Stroke Life Support to both pre-hospital providers and nursing staff. We also work together to provide two-way feedback both on patient care and teamwork efforts. We had a celebration in December to recognize the success of our team efforts; we were pleased to have Jim Groover, our AHA representative here to present our Gold Plus and Target Stroke Honor Roll award.

Submitted by: Holly Hula, RN, BSN, CNRN - Stroke Program Coordinator- Georgia Health Sciences Medical Center, and Michael Willis, NREMTP, CCEMTP - Director of Clinical Services, Gold Cross Emergency Medical Services

Loganville Fire Department Strives to Improve On-Scene Times

In Loganville, we are a small Fire Department serving approximately 10,000 people. We currently operate 3 stations and 5 units. We are a non-transporting Basic Life Support level Fire Department with Emergency Medical Technicians and one Paramedic.

The transports are handled by Gwinnett County Fire Department or Walton County Emergency Medical Services. As the non-transporting portion of this chain, we feel that our job is to recognize a stroke as quickly as we can and relay our findings to the incoming medical unit. We currently utilize either the Miami or Cincinnati method to help us determine if we have a stroke or not. We are proud to say that we do as much as possible on scene prior to arrival, to limit scene times for the Advanced Life Support units, which

includes: intravenous access trying for two routes, Oxygen, Glucose levels, and treating any life threatening problems.

Most importantly, what we want for the patient is a good assessment. After looking at the last 2 years of our stroke calls, we are proud to say that our care is very consistent. As a department, we strive to get even better at this process and reduce scene times even more. This is a goal I have no doubt we will meet.

Submitted by: Sergeant Joey Mellin, Firefighter/Paramedic-City of Loganville Fire Department

A Message from Our QI Director: "The Beginning"

According to the American Film Institute (AFI), the movie Casablanca is one of the most memorable and quotable films of the last century. The last line in Casablanca is arguably one of the best closing lines of all times. In the concluding scene the main protagonist Rick Blaine played by Humphrey Bogart walks with his friend Captain Louis Renault down a foggy runway. As the characters slowly disappear into the mist Rick states, "Louis, I think this is the beginning of a beautiful friendship." According to the AFI, that line is the 20th most memorable movie quote of all times.

The Georgia Coverdell Acute Stroke Registry (GCASR) shares the same sentiments as Mr. Bogart's character Rick. This year we have embarked on an exciting partnership with our EMS partners. We too feel that this partnership is just "the beginning of a beautiful friendship." For the last several months, the GCASR and the Georgia Office of EMS have been working closely together to establish a strong collaborative spirit. Having GCASR and its hospitals partner with EMS is a natural progression of the program, a progression many hospitals have already embarked on. We encourage all of our facilities to continue to establish and nourish a strong collaborative partnership with their EMS counterparts.

It is exciting to witness the high level of cooperation and collaboration first hand. In just a short period of time a workgroup comprised of EMS, hospital, and GCASR representatives and partners have developed a transfer protocol for post t-PA patients. This protocol will soon be released and you will be pleased to see the results of this collaboration.

More is yet to come from our friendship with our EMS partners. We look forward to sharing more results of our continued collaboration in the near future. To steal Bogart's words, this is the beginning of a beautiful friendship, but unlike the movie this is not the concluding act, it is just the beginning.

Thank you to all of the GCASR Hospitals, EMS, and partners for your dedication and support as we continue to bridge the gap.

Submitted by James Lugtu, Quality Improvement Director, Georgia Coverdell Acute Stroke Registry

Coverdell Highlights

December Conference Call

Thank you to Shelley Nichols, RN, Director of Neurosciences and Education at St. Mary's Healthcare System and David Briscoe, Paramedic and Director of Training at National EMS, Inc. for a great presentation. Shelley and David spoke about "Improving Patient Care Through Hospital and EMS Collaboration." As members of a successful hospital-EMS partnership, Shelley and David provided a wonderful in-depth discussion on this important topic.

January Conference Call

On the January 7th call, Lydia Clarkson, Principle Investigator for the Georgia Coverdell Acute Stroke Registry, introduced the new "EMS Patient Feedback Form." Thanks to everyone on the call for their valuable input regarding the form. This form is another step in improving the quality of care and the collaboration between hospitals and EMS.

The edited version of the form will be announced soon to everyone. Thank you Lydia for a great discussion.

February Conference Call

Dr. Michael Frankel, Lead Neurologist for the Georgia Coverdell Acute Stroke Registry, Professor and Director of Vascular Neurology for Emory University School of Medicine and Director of the Marcus Stroke and Neuroscience Center at Grady Hospital, presented on "Last Known Well Time and the NIHSS." These are two items that still require a lot of room for improvement and we thank Dr. Frankel for a wonderful presentation and discussion, which will be continued on our April call.

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.

