



Georgia Coverdell Acute Stroke Registry Quarterly Newsletter

Georgia Coverdell Acute Stroke Registry
Participating Hospitals



WINTER 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:

Kerrie Krompf
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or

770-380-8998



Georgia Coverdell 2013 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)

Dekalb Medical Hillandale (small hospital, 26–100 beds)

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

Grady Health System (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, 2013 through December 31, 2013 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, 2012 – September 30, 2012 to April 1, 2013 – September 30, 2013. If a hospital has six consecutive months from April 1, 2013 – September 30, 2013 of meeting 85% performance or higher on defect free care they will automatically receive the allotted points.

Georgia Coverdell Announces the 2013 "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 all of 2011 to all of 2012 based on data entered at the time of analysis. In addition, the award is given to any hospital having entered a minimum of 5 patients in 2012 with an average door to needle time of less than 60 minutes. The parameters for next year's award will be the same using 2013 data and comparing it to 2012 data.

Congratulations to the following hospitals:

**Hospitals improving door to needle time by 20% AND
having an average door to needle time of less than 60 minutes**

**Atlanta Medical Center - Atlanta
Emory University Hospital - Atlanta
Grady Health System - Atlanta
Gwinnett Medical Center - Lawrenceville
South Georgia Medical Center - Valdosta**

Hospitals improving door to needle time by 20%

**Columbus Regional Medical Center - Columbus
Habersham County Medical Center - Demorest
Piedmont Fayette Hospital - Fayetteville
South Fulton Medical Center - East Point
Tift Regional Medical Center - Tifton**

Georgia Coverdell Announces the 2013 "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: Kerrin Connelly

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

"I would like to nominate Kerrin Connelly. Kerrin reaches out to Coverdell hospitals to educate, mentor and provide timely feedback regarding identification, treatment and transfer of complex stroke patients. She answers every call, travels all over the state and sends information, tools and resources to assist hospitals in their efforts to improve patient outcomes. She has presented and will present her work at ISC in both poster and oral presentations. All of this is done with a professional demeanor and a can-do attitude. She is always ready with a smile and a good idea."

"Kerrin has always been a team player. When push comes to shove, she is the first one who offers to help out. She has been a mentor to many Coverdell and GA SPA Hospitals. EMS relationships have improved drastically since she began her position at Grady as Outreach Coordinator. She is an asset to her team."

Hospital recipient: Emory University Hospital Midtown

Here is just some of what is being said about Emory University Hospital Midtown:

"The reasons I am nominating Emory University Hospital Midtown are as follows: They developed a stroke program and was Certified with TJC within 18 months with no RFI's. Several Best Practices were identified, which included: My Personal Stroke Risk Factors, tPA bracelet for patients (lime green with hot pink tPA label, so everyone will know this patient rec'd tPA) and Patient Satisfaction follow up – 7-10 days post discharge Defect free care data from GWTG shows data in Sept 2011 as 32%. Data October 2012 shows defect free care at 89.5%. EUHM Risk-Adjusted Mortality Ratio for October 2012 was 0.2% with an average expected mortality rate of 6.5. I believe this is evidence-based excellent care."

"Emory University Hospital Midtown has taken great strides towards improving stroke care in a very short time. In addition, they recently became a Joint Commission Certified Primary Stroke Center. The hospital is well deserving of the Coverdell Star Award."

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.