

STROKE TASK FORCE MEETING

Thursday June 2, 2022

10:00 am -2:00 pm

Welcome/Introductions: Christine Greff, Jamie Nienhuis, Sandy Kovar, Jerilyn Alexander, Hailey Gilstad, Mindy Cook, Liz Albers, Chelsey Kuznia, Jessi Nicola, Holly Nissen, Dr. Sachdeva, Nikki Mack, Chris Price, Brannigan Hamrick, Kerry Krikava, and Linda Zahn.

Sandy Kovar - Stroke coordinator for Altru in Grand Forks. She is new to the group and gave a quick intro.

Chelsey Kuznia – Worked at Essentia and is now working in the stroke program full time

Liz Albers - AHA advocate for Stroke System of Care. State government relations director for ND and Montana.

Approval of Minutes: motion made by Hailey seconded by Holly. Minutes approved.

BEFAST Brief Update from Stroke Coordinators:

- Sandy - Altru – finished off May with bunch of community events. More to come in June Promoting BEFAST and couple case studies on importance of calling 911. From First grade to senior citizens. In process of updating code stroke process.
- Hailey – been very busy. Working with Holly to get TNK implemented. Doing a lot of out-reach. Working on ASLS classes. Going through stroke leadership changes.
- Holly – doing a lot of enterprise work getting ready For TNK to go live. Doing an SCRn review course if anyone is interested. Going live with TNK in the fall. Adding rapid software to be available to view scans. Adding rapid software.
- Jerilyn – Really super busy. Doing restructuring of staff. Stroke support group is up and growing. Focusing on education of stroke. ASLS - three classes held so far this year.
- Chelsey - Finishing up survey, doing data collection. Working on transitions to TNK by end of year. Busy with a lot of strokes. Busy with stroke awareness month. Doing a lot of community outreach.

Update from Christine, Dept of Health: 2022 Stroke and Cardiac conference.

- Dr. Sachdeva mentioned we should have enough speakers for the conference and suggested some physicians from Minnesota to be presenters. Include Wake up Stroke, artificial intelligence, post stroke depression, support groups. He also said he could do a talk also.
 - Will have one or two speakers on TNK and have a debate.
 - Christine asked for suggestions for speakers. Mindy talked about some she could reach out to.
- Stroke educational videos were reviewed. Goal is to get these and the BEFAST algorithm out by July 1. Distribute to EMS personnel, critical access hospitals and tertiary centers. Coordinators could send out and then meet with them

- Site visits will start up again in July/August. Get new coordinators to participate along with coordinators that have done them before. Have 10 to complete for this year.
- Stroke testimony. Stroke Center Century code states we should provide data Christine will present to them on June 16. Christine was asked questions regarding the increase of patients arriving in personal vehicles. Mindy helped her provide data on ND time of arrival, which she shared with the group.
- Have an opportunity to recommend corrections to language to Century Code. Will be submitting a recommendation to include a designation Thrombectomy capable centers as a designation we recognize.
- Stroke PI project. BE-FAST FAST-ED algorithm was updated. Christine went over it for review. EMS can take a copy of the chart back with them. Jessi from SIMND said they could help distribute these out. **Motion made to recommend this document by Sandy Kovar, Dr. Sachdeva seconded.**
- Dysphagia screen will be worked on in the next PHAC meeting. Will also be working on the ND thrombolytic therapy Arrival mode. Need to educate community on symptoms. If they don't come by EMS, then they should let the hospital know they are coming. Discussion on the smaller ambulances that may be closing around the state. Discussion held on helping ambulance services. Could use more community education on prevention, community paramedics, dispatch centers etc. Could work with Dispatch centers. Dr. Sachdeva said he would like to help improve the situation. Group could establish an algorithm.

TNK Discussion/Survey Results: Was sent out to facilities. Got some calls and emails

Christine went over the survey results. Results were about 50/50 on whether to switch to TNK

- Work and education involved in switching
- Use Alteplase while transitioning to TNK
- Facilities need time and guidance to transition
- Coordinators could help with education, guidelines, and policies. Provide a tool kit.
- Have separate guidelines for TNK and Alteplase.

Blinded Site Visit Review:

First site visit: lots of good things and some suggestions

Stroke program and stroke team, Stroke call log

Stroke medical director

- Activation plan
- Contact with primary stroke centers
- Order sets
- Utilize ND treatment guidelines and they review them annually
- Labs available 24 hours a day
- Collaborative
- Consistently perform
- Good documentation
- Stroke kit
- Recommendations – document education, medications, stroke policy guidelines
- **Recommend a 3-year designation with develop action items for process improvement submitted within 60 days.**

Seconded Site visit:

- Did not provide EMS feedback
- No NIHSS certification
- No activation plan
- No Treatment guidelines
- TPA protocol was from 2008
- Did not complete dysphagia screen
- Stroke education was not tracked
- Strengths (some of them)
 - Great collaboration of all involved in stroke program Stroke medical director involvement
 - Did have protocol in place for stroke transfer
 - Stroke packets
- Recommendations for improvement (some of them)
 - Access to EMS run reports
 - Stroke activation log should be more comprehensive
 - Utilize Telestroke capabilities
 - Update stroke packets
 - Consistent use of stroke order sets
 - BEFAST stroke screening
 - Update Blood pressure management medications
 - **Recommend a 1-year provisional designation with action plan to be submitted within 60 days and do a 6 month follow up. Motion by Sandy, Seconded by Dr. Sachdeva.**

Third Site Visit:

- EMS Communication but no written
- All certified in NIHSS
- Stroke coordinator and medical director
- Utilize ND stroke
- Radiology is on call 24 hours
- Participate in GWTG stroke
- Stroke QI
- Developing
- Great door to transfer times
- Stroke quality assessment tool
- Strengths
- Recommendations for improvement (some of them)
 - Consistent documentation of stroke codes
 - Documentation of consideration for thrombectomy
 - Orientation to include stroke code process
 - Annual thrombolytic administration education
 - Consider annual mock code stroke
 - Consistently document accurate weights and source for every patient
 - Develop performance improvement activities based on quality review
 - **Recommend a 1-year provisional designation with action plan to be submitted within 60 days and 6 month follow up. Motion made by Dr. Sachdeva, seconded by Brannigan Hamrick.**

Fourth Site Visit:

- Helicopter landing site
- Utilize GWTG
- Stroke coordinator and medical director
- Pre-notification of EMS
- Treatment guidelines reviewed annually
- Lab services available 24 hours a day
- Collaborative relationship with EMS
- Stroke log tracks all stroke
- Alteplase kit in the ED
- Code stroke activation policy
- Stroke packet with updated guidelines
- Recommendations for Improvement (some of them)
 - Work with radiology
 - Consistent documentation of accurate weights
 - Update tPA inclusion/exclusion criteria
 - Highly consider carrying one of the blood pressure IV drip medications
 - Consistent documentation of dysphagia screen or NPO status
 - Consistent documentation of LKW, AST arrival times, dysphagia screen or NPO status
 - Continuing education
 - **Recommend a 3- year designation and provide an action plan for alteplase dosage corrections within 60 days. Motion made by Haley seconded by Brannigan.**

Fifth site visit

- **EMS consistently provides pre-notification of stroke code**
- **Nurse assists with ground transfer to make EMS ALS**
- **Vital signs taken before and after**
- **Continuing education annually on BEFAST stroke recognition tool**
- **AST are all NIHSS certified.**
- **Swift initiation of**
- **Met quality metrics**
- **Radiology performance improvement program that tracks CT read times and delays**
- **Recommendations for improvement (some of them)**
 - **Stroke log**
 - **Utilized Telestroke**
 - **Update Protocols, treatment guidelines**
 - **Consistent use of stroke order sets**
 - **Recommend use of stroke**
 - **Consistently document accurate patient's weights and source for every stroke patient.**
 - **Double check and dual sign off for thrombolytics**
 - **Track door to CT read time**
 - **Recommend a 1-year designation with an action plan within 60 days on use of EPIC. Motion made by Sandy and seconded by Brannigan.**