

STROKE CENTER

Hannah Bell, BSN, RN, SCRN, ASC-BC Stroke Response Coordinator



Stroke Response Utilizing Neuro ICU Nurses in the Code Stroke Process

- Introduction to Cone Health and Moses Cone Hospital
- Stroke Program Description and Characteristics
- Initial Program Change Request
- Current State of Stroke Response
- Future Initiatives



About Cone Health

- Not-for-Profit Health Network serving a 5-county area
- 5 Hospitals (1,231 licensed beds) + 100 other locations
- 2 freestanding Emergency Departments
- 13,000 employees, 1800 physician partners and 1000 volunteers
- Joint Commission Accredited





About Moses Cone Hospital



- 628-bed teaching hospital
- Regional Referral Center
- Level II Trauma Center
- Key Service Lines:
 - Heart & Vascular
 - Neurosciences
 - Rehabilitation
- FY22 discharges: 28,515
- FY22 ED visits: 76,217







Stroke Program at Moses Cone Hospital

Established 2000

Initial PSC Certification 2007

Initial CSC Certification 2017

Scope of Services:

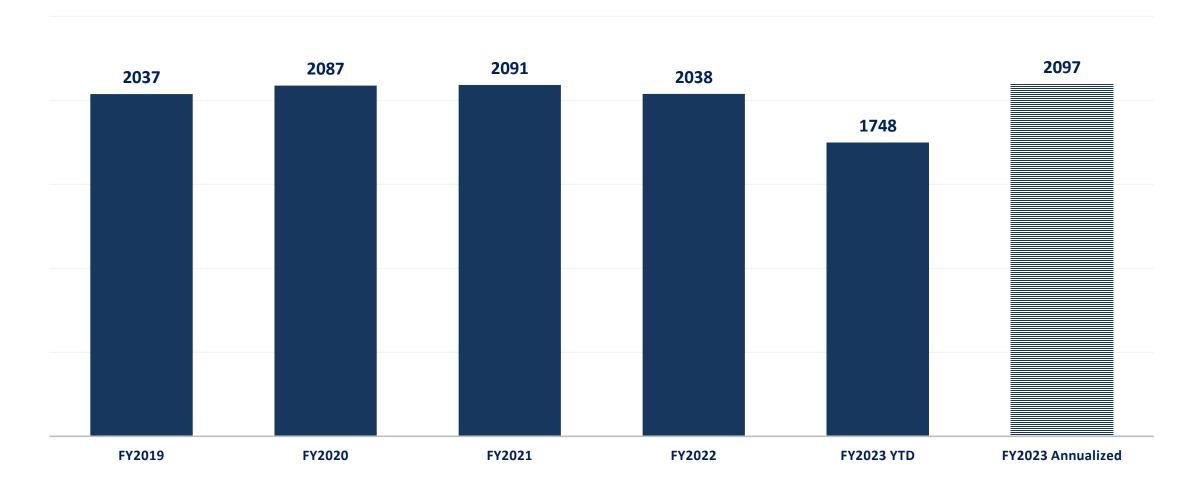
Adults 18 Years and Older

Patients that present with or develop sudden onset of stroke symptoms

- Emergency Department
- Inpatient

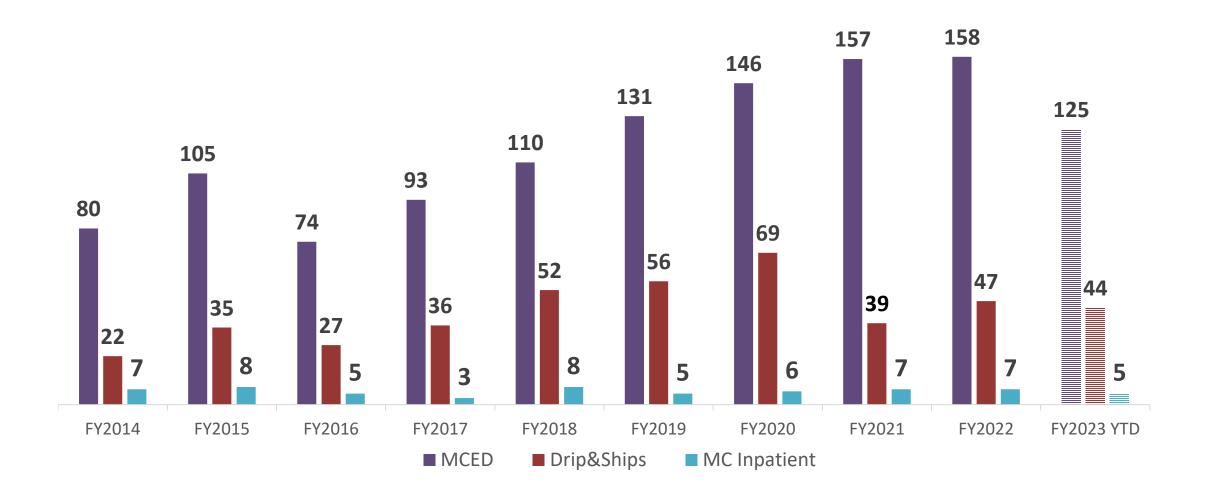


Moses Cone Stroke Volume Data



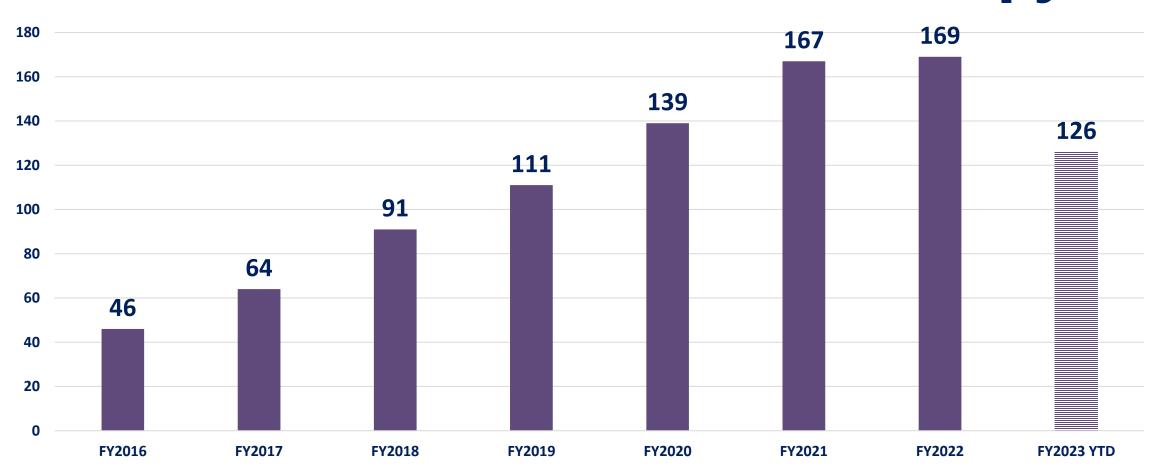


Stroke Volume: Thrombolytic





Stroke Volume: Endovascular Therapy





Procedures and Treatment Available 24/7

Stroke

- Thrombolytic Therapy
- Endovascular therapy for AIS
 - Mechanical thrombectomy
- Extracranial carotid stenting
- Carotid endarterectomy

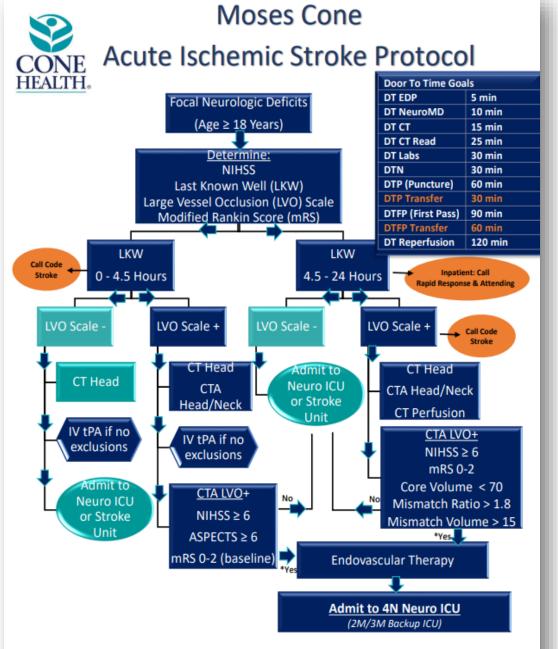
Aneurysms

- Microsurgical aneurysm clipping
- Endovascular aneurysm coiling





Code Stroke Process



- *LVO+ patients outside algorithm may qualify for Endovascular Therapy (case by case risk versus benefit)
- . LKW 4.5-6 Hours, meeting CTP criteria is not required, to be used with clinical decision making



Stroke Team Members

Staff responsible for responding to Code Strokes

Neurohospitalist Physicians
Neurohospitalist Advanced Practice Providers
Stroke Response Nurses
Moses Cone Rapid Response Team



Initial State – Stroke Response (2020)

Two Full-Time Designated Stroke Response RN's 0800-1630 Monday through Friday

Code Stroke Response, Maintain Data, Case Review, Feedback, Performance Improvement, Education

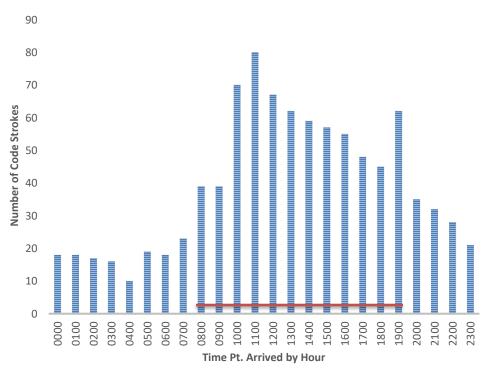
Rapid Response covered when Stroke Response not available (Nights, Weekends)



Code Stroke Volumes

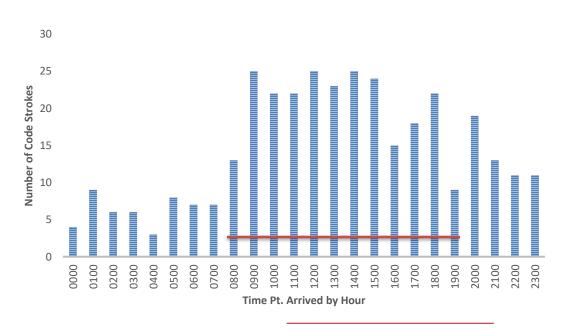
MONDAY-FRIDAY

6.1.2019 - 5.31.2020



SATURDAY/SUNDAY

6.1.2019 - 5.31.2020

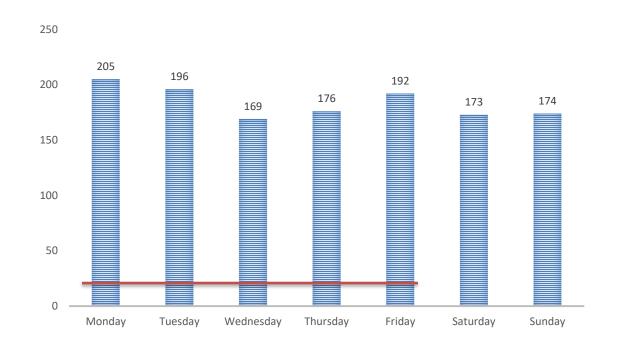




Code Stroke Volumes

CODE STROKES BY DAY

6.1.2019 - 5.31.2020



Brain Saved -

Door to Needle: 2 minutes

Door to IR Activation: 19.5 minutes

Door to Puncture: 8.5 minutes

Door to First Pass: 13 minutes

FY2020

Code Stroke Total: 1261

Stroke Response: 417 (33%)

Rapid Response: 318 (25%)

No Response: 526 (45%)



The Proposal

Stroke Response RN

Pool of cross trained ICU/Stroke Response Nurses: Coverage <u>Mon-Sun, 7am-7pm</u>

(coverage stability with pool of 10+ staff)
Rapid Response will cover <u>lower nighttime volume</u>

Benefits

- Increased stroke response nurse coverage
- · Improved ability to achieve
- thrombectomy goals: 20min / IR patient
- tPA Patients admitted to Progressive Care
- Recovery Directly on ICU (without PACU)
- Expand Hemorrhagic Stroke Support (Timely BP Management/Anticoagulation Reversal)
- Stroke Patient Education
- Resource Nurse to support ICU

Stroke Response Coordinator

Maintain Comprehensive Stroke Joint Commission
Requirements

Data, case review, feedback, performance improvement, stroke response nurses orientation/competency, provide back-up response, EMS feedback and education, staff education, support acute stroke research, member Core Stroke Team

Timeline

Idea Born June 2020 Official Program Change

January 2021 First Medical ICU Nurse

September 2022













Bootcamp & Pilot Started

September 2020

Week
Orientation
Process
Created

May 2021

Three Year Anniversary September 2023



Stroke Response Nursing Current State

Monday – Friday

Five Days: 7a-7p

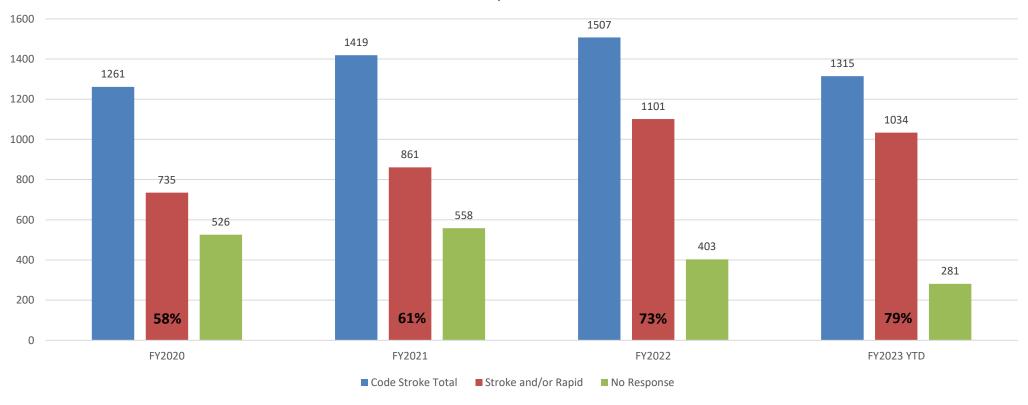
4 North ICU – Out of Staffing

Nights & Weekends: Rapid Response when available

Responding to Code Strokes, Treatment Feedback, Rounds, Supporting 4North

Code Stroke Response Growth

Code Strokes Volumes *and* Stroke Response Presence





Door to Needle Success

89% of patients received thrombolytic within 60minutes





Dr. Ashish Arora

Time to

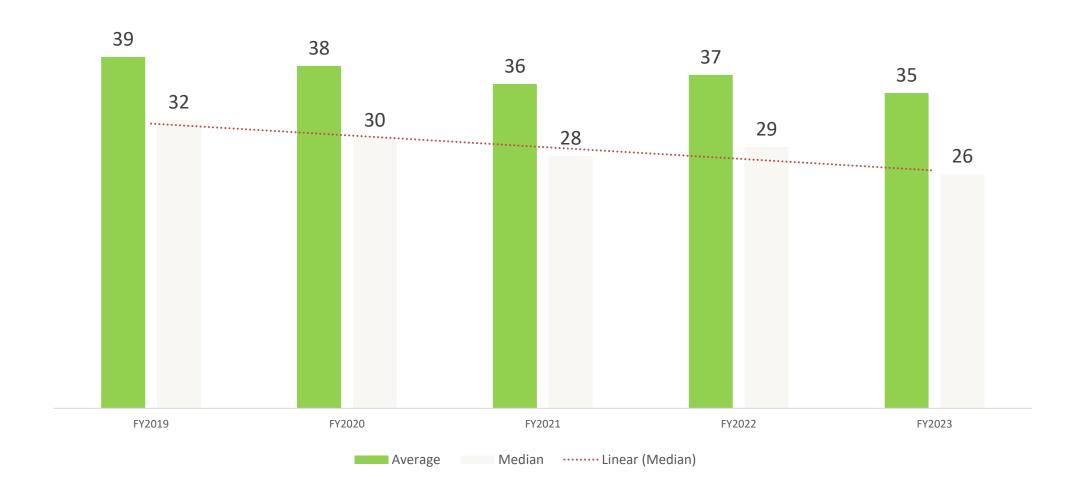
Beat

9

Minutes



Door to Needle

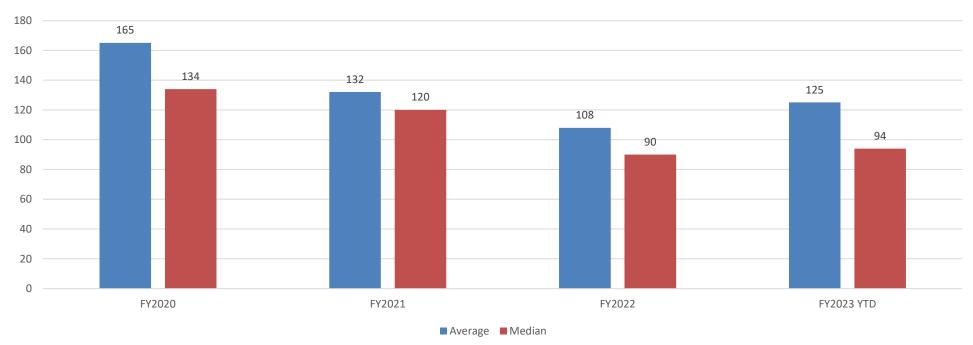




Door to First Pass- Direct Arrival

Door to First Pass MCED Direct Arrival

Goal: 90 minutes in 50% Direct Arrivals



AHA Target Stroke Measures

	Goal	CY 2020			CY 2021			CY 2022			CY 2023		
TPA- 60 minutes	85%	91	94	97%	119	123	97%	94	98	96%	31	32	97%
TPA- 45 minutes	75%	81	90	90%	113	119	95%	81	92	88%	25	28	89%
TPA- 30 minutes	50%	59	85	69%	79	100	79%	60	82	73%	23	28	82%
Door to 1st pass within 60 minutes fo	r patie	nts tra	ansfer	red from ar									
(6 hour treatment Window)	50%	12	83	14.5%	40	88	45%	37	83	45%	16	23	70%
(24 hour treatment Window)	50%	14	100	14%	46	103	45%	44	104	42%	20	28	71%



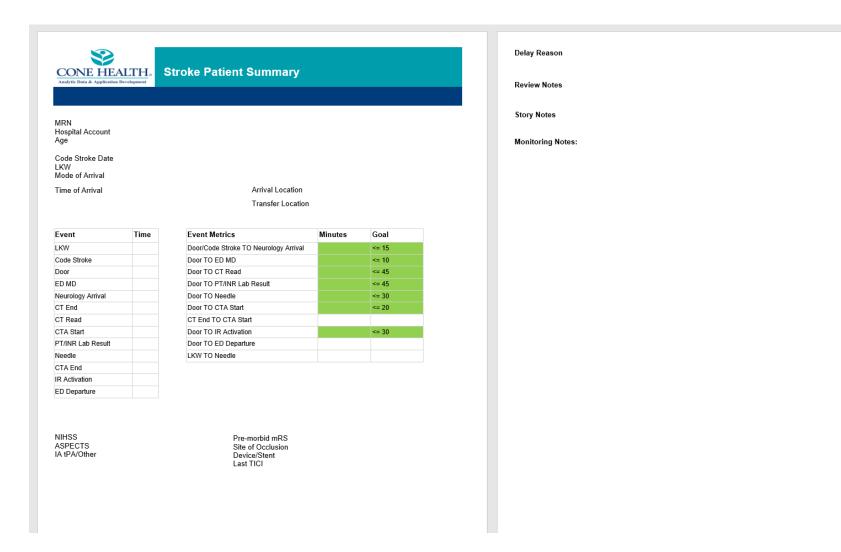
Stroke Champions

Across the Hospital

- Review and Give Peer Feedback regarding assessments
- Support Progressive Care Stroke Unit
- Medical ICU (Stroke Back-Up Unit) is connected directly to Stroke Team
- Cross Department Relationships



Feedback - Code Stroke





Education –

2023 Stroke Fairs

In-person events: 2 Stroke Hours (2 CE)

Moses Cone

June 1st 0730-15

North Tower Room 101-104

Alamance Regional

May 18th 0730-1

Lower-Level Education Center

Must arrive by 1300 to receive credit

Poster Review Days: 1 Stroke Hour (no CE)







Moses Cone 9/12 (0730 - 1930) *Location: AHEC GW195*

TOPICS COVERED

- Code Stroke Process
- Thrombolytic Therapy
- Endovascular Treatment
- BP management in stroke
- Hemorrhage

- AC/thrombolytic reversals
- Dysphagia Screen
- Stroke Core Measures
- Stroke Workup
- Mobility

- Stroke Patient Education
- Cone Stroke systems of
- FMMI

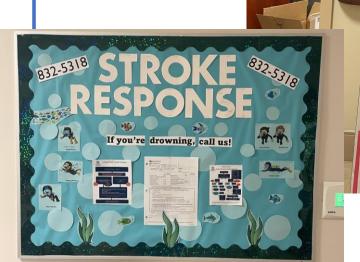


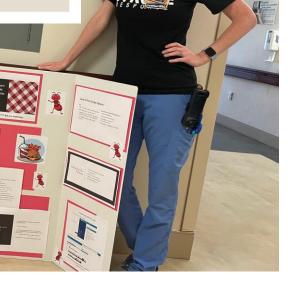
Lunch & Learn

- · What? A time for your staff to meet the Stroke Response Nurses and learn about Stroke
- · When? Month of May
- Why? Connect Staff to Stroke Resources

Email will be sent out for sign ups -

- Staff will be entered into drawing
- Treat to the Unit ©







Research - OPTIMISTmain





This patient is included in the OPTIMIST main Research Trial

See <u>OPTIMIST Information Sheet</u> for additional information



OPTIMIST main

Optimal Post rTpa-Iv Monitoring in Ischemic Stroke

Johns Hopkins research trial looking at decreased vital signs and neuro checks for stable IV thrombolytic patients

Low Intensity Monitoring
Continued through December 2022

January 2023 – Participation in ICH BP Trial





2022 Guilford Heart and Stroke Walk: Raised over \$75,000!



Unexpected Benefits

- Increased Job Satisfaction and Retention
- Preventing Nursing Burnout
- Nursing Recruitment for New Grads
- Career Growth





"Stroke Response has been a blessing for me this past year since I started. It has allowed me to stay connected to patient care but be one step removed. Ultimately, helping me from being burned out."

- Hannah Mack, Stroke Response RN



Stroke Response Nursing Future State

Sunday - Saturday

Seven Days: 7a-7p

Nights: Rapid Response when available

Include -Patient Education, Stroke
Unit Staff Support, Patient Rounding



Awards -





Hannah Mack



IN MEMORY OF J. PATRICK BARNES

October 2021

Hannah Mack, RN, BSN

Neuro Trauma Intensive Care Cone Health Moses Cone Hospital Greensboro, NC United States





































