

## **Stroke Team Newsletter**



May, 2017, Issue 6

## Prince George's Hospital Stroke Program is good as Gold



The American Heart Association/American Stroke Association recognizes this hospital for achieving 85% or higher compliance with all Get With The Guidelines®-Stroke Achievement Measures and 75% or higher compliance with five or more Get With The Guidelines®-Stroke Quality Measures for two or more consecutive years and achieving Time to Thrombolytic Therapy ≤ 60 minutes 50% or more of applicable acute ischemic stroke patients to improve quality of patient care and outcomes.

#### CONGRATULATIONS!!!!

PGHC Stroke Team has been awarded the Gold Plus & Target Stroke Honor Roll American Heart/Stroke Achievement Awards

Our hospital has earned a Get With The Guidelines- Stroke Gold Plus Achievement Award and Target: Stroke Honor Roll for its success in ensuring that stroke patients receive the most appropriate treatment according to nationally recognized, research based guidelines based on the latest scientific evidence.

#### Target: Stroke Honor Roll

Target: Stroke, launched by the American Heart/Stroke Association in 2010, is a national quality improvement initiative focused on reducing door-to-needle times for eligible patients being treated with the clot- busting drug Tissue plasminogen activator, or tPA, the only drug Approved by the U.S. Food and Drug Administration to treat ischemic stroke. To be included on the Target: Stroke Honor Roll, Prince George's met quality measures that included getting 50 percent or more of its acute ischemic stroke patients to thrombolytic therapy within 60 minutes. In the fiscal year 2016, our hospital treated 668 patients with diagnosis of stroke.



The Target Stroke award is a real team effort that begins with our EMS partners out in the field. They are the first to identify a potential stroke and contact our ED triage staff to activate the stroke team. Once the team is mobilized and the patient rapidly assessed by our ED physician, they are taken directly to Computed Tomography (CT Scan) by EMS, ED and stroke team personnel, where the CT staff is waiting for their arrival. Our stroke team nurses are in house 24/7 to immediately assess the patient and contact our neurologists to facilitate rapid care for these patients. Our direct-to-CT process was one of the process improvements put into place over 18 months that greatly Impacted our door -to-needle times. This process improvement was a combined effort by our EMS partners, ED staff, radiology leadership and staff, and our entire stroke team of physicians and nurses.





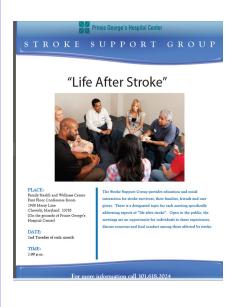
## May is Stroke Awareness Month

Did you know every 40 seconds someone has a stroke. Stroke is now the 5th leading cause of death however the #1 cause of disability. Know the signs and symptoms of a stroke. Sudden weakness or numbness on one side or part of the body. Sudden difficulty talking, walking, seeing or balance symptoms. The worst headache of your life. Call 911 right away if you suddenly have these symptoms. Come join us on May 13th to learn more about stroke along with healthcare vendors and screenings. 9195 Central Avenue, Capital Height, MD 20783





### PGHC Stroke Survivor Group



# Recognized Nationally by the National Stroke Association and American Heart Association.

Open to all survivors and their families. The 2nd Tuesday of the month, in the Family Health and Wellness Center. Guest speakers from different areas of hospital visit and meet our stroke survivors. Light snacks offered.

Join us, invite family, friends, stroke survivors, and their caregivers.

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#### POST TPA VS/NEURO CHECK FREQUENCY

Q15 minutes x 2 hours, Q30 minutes x 6 hours, then Q1 hour x 16 hours (for a total of 24 hours)

POST TPA NIHSS FREQUENCY

Neurology, trained ED physicians/ICU PA/ Intensivist

Use a stroke specific scoring tool called the National Institute of Health Stroke Scale

Initial, 2 hrs Post TPA, 24 hrs Post TPA, Discharge

#### BEYOND IV TPA: ENDOVASCULAR STROKE INTERVENTION

No doubt you are familiar with IV tPA treatment for strokes. No doubt you are familiar with many limitations and patient exclusions from IV tPA therapy. But, have you heard of a relatively new standard of care that has recently emerged for severe strokes in patients regardless of their IV tPA candidacy?

It's called Endovascular Stroke Intervention....

Severe strokes are commonly caused by blockages in large arteries that supply the brain. A severe stroke is defined as severe hemiplegia and/or severe global aphasia. When a large vessel stroke is suspected due to severe stroke symptoms, a CT angiogram can confirm large vessel occlusion. If a large vessel occlusion is found, then the patient can many times be treated by a stroke interventionalist who can emergently perform an endovascular stroke intervention such as thrombectomy by accessing the femoral artery. This recently declared standard of care will soon be available at Prince George's Hospital Center.

Stay turned as we are about to being the Journey as a Thrombectomy—capable Stroke Center.

## **Good Catches**

- \* Adaobi Ibe RN on E500, recognized slurred speech, sudden confusion on her patient activating a Code Stroke enabling the patient to receive timely care.
- \* Sharon Mushemy RN on E800– recognized a change in her patient's & activating a Code Stroke enabling the patient to receive timely care.
- Arnetha Cunningham a clerical specialist on E800 noticed a change in the patient, letting the RN know & activating a Code Stroke
- E700 staff noticed a patient with sudden confusion, weakness activating a Code Stroke alert.
- Julia Echipare RN on E900- recognized a change in her patient activating a Code
   Stroke enabling the patient to receive timely care
- CCU Staff responds to all inpatient Code Stroke alerts

#### Stroke Medical Director:

Dr. Kanwaljit Ahuja

Dr. Ahuja is a board -certified

neurologist

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#### STROKE COORDINATOR

Nneka Ezunagu CRNP, SCRN,

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#### STROKE MEETING CALENDAR

Monday	Tues- day	Wednesday	Thursday	Friday
		Stroke Rounds 1000-1100		
		Stroke Rounds 1000-1100	Stroke Champions Meeting 1000- 1100 (2nd Thursday)	
Stroke Oversight Meeting 1000- 1100 (3rd Mondays)		Stroke Rounds 1000-1100		
		Stroke Rounds 1000-1100		
		Stroke Rounds 1000-1100		

Stay Tuned for Future Issues of our Stroke Team Newsletter as we continue to focus on ways to improve Door to Needle times and patient outcomes

#### STROKE MANAGEMENT CLASSES

Our next stroke management class is scheduled *June 1st and October 2nd*. The class offers 7.5 contact hours upon completion and is designed to provide stroke unit nurses an overview of stroke anatomy and physiology, emergency management, acute ischemic stroke management and complications, hemorrhagic stroke management and complications, stroke prevention and discharge planning, and provide an overview of the stroke program here at Prince George's Hospital Center. Target audience for the class is new hires onto the stroke units, or current stroke unit nurses who wish to improve their current stroke knowledge.

Space is limited for each class, so register with the education department X 83490.

#### STROKE CHAMPIONS

Meet your Stroke Champions

ED: Dr. Brandon Cole

ED: Kathryn Jacobsen, CNE

CCU: Sharonda White-Bruce

CCU: Joseph Coffman

E900: Maryann Thomas

E900: Sylvia Grant

E700: Jeanine Kollore, CNE

