Iowa Coverdell Stroke Project

Improving Triage, Treatment and Outcomes for Stroke Patients

The Coverdell National Acute Stroke Project

Stroke alone accounts for disability in nearly 1 million Americans and is a leading cause of serious, long-term disability in the United States, where fifteen to 30 percent of stroke survivors are permanently disabled. Stroke costs the United States an estimated $54 billion each year. This total includes the cost of health care services, medications, and missed days of work.

Since July 2012, the Centers for Disease Control (CDC) through the Paul Coverdell National Acute Stroke Program (PCNASP), has funded Iowa and ten other states to improve their stroke systems of care.

Paul Coverdell was a US Senator who died of a stroke while in office.

The mission of the PSNASP is:

- To measure, track and improve the quality of care and access to care for stroke patients from onset of stroke symptoms through rehabilitation and recovery.
- To decrease the rate of premature death and disability from stroke.
- To eliminate disparities in care.
- To support the development of stroke systems of care that emphasize quality.
- To improve access to rehabilitation and opportunities for recovery after stroke.

According to the National Stroke Association, more than 2 million people in the United States have been diagnosed with Atrial Fibrillation (Afib). It is a type of irregular heartbeat resulting in heart palpitations, dizziness, shortness of breath or overall weakness and is one of the major risk factors for stroke, increasing by 5X the chance of stroke. Additionally, people who have diabetes are two to four times more likely to have a stroke than people who do not have diabetes.
The goal of the Iowa project is to improve triage, treatment and outcomes for stroke patients in Iowa through quality and system improvement activities.

A key strategy for reaching this goal is the development or enhancement of local Stroke Action Teams who participate with the State Coverdell Team in quality and system improvement activities.

The Stroke Action Team is a group of people who are united in their commitment to positive stroke patient outcomes. The Stroke Action Team will engage in a variety of activities including sharing a vision, working and learning collaboratively and participating in shared decision making about stroke care. The Stroke Action Team is a powerful development approach and a potent strategy for change and improvement in the stroke system of care.

Each Stroke Action Team will be comprised of staff from a Primary Stroke Center (PSC), Stroke Capable Hospitals, Emergency Medical Services (EMS) transport units, and other professionals as determined locally.

Many Thanks

Many thanks to the following individual for their assistance with the Stroke Action Team orientation webinars held in September and October. Without the generosity of your time and commitment these sessions would not have been possible.

- Meg Nugent, Sarah Pavelka, and Sheila Gregan, Iowa Healthcare Collaborative
- Dr. Harold Adams, University of Iowa Hospitals and Clinics
- Dr. Jim Torner, University of Iowa College of Public Health
- Brian Helland, Clive Fire Department
- Terri Hamm, Mercy Medical Center, Des Moines

Iowans expect the best possible care by the full continuum of healthcare providers.

Effective acute stroke care is dependent on the rapid identification of stroke symptoms, the immediate activation of the EMS system, and delivering the stroke victim to a facility capable of providing appropriate assessment and treatment. Effective treatment and management can lead to a higher quality of life, prevent deaths and reduce disability.

By improving the knowledge, attitudes and skills of the stroke patient care team around a culture of safety team performance and patient outcomes are optimized. The end result will be a higher performing team where members share a clear vision of the plan, utilize concise/structured communication techniques, adapt to changing situations, and maximize the use of information, skills and resources for optimal outcomes.

“**If you do what you’ve always done, you’ll get what you’ve always gotten.”**

Tony Robbins
Stroke Action Teams

December 2013—June 2014 Schedule of Events

Monthly Content/Coaching Sessions:
Monthly content and coaching sessions will be held from 11:30 am—12:30 pm via webinar the first Tuesday of each month beginning in December. Each monthly session will be 1 hour in length and for convenience the webinars will be recorded for later viewing. It is highly recommended that at least one stroke action team member participate in each of the monthly sessions. Topics will be announced prior to each session and will be based, in part, on feedback from participants.

Session Dates:
December 3, 11:30 am—12:30 pm
January 7, 11:30 am—12:30 pm
February 4, 11:30 am—12:30 pm
March 4, 11:30 am—12:30 pm
April 1, 11:30 am—12:30 pm
May 6, 11:30 am—12:30 pm
June 3, 11:30 am—12:30 pm

Hands-On Training
There will be two opportunities for hands-on training, with each of the sessions being held twice, once in Des Moines and once in Iowa City. It is highly encouraged for as many members possible of each Stroke Alert Team to attend these sessions. The sessions will be very interactive and provide the opportunity to learn from other teams and to practice the skills learned throughout the year.

These sessions will be held in February and May (May dates to be announced)

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<th>Session</th>
<th>Dates</th>
<th>Topics (will be repeated at both locations)</th>
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| 1       | February 18, Des Moines  
February 20, Iowa City | Quality Improvement /Stroke Syndromes and the MEND exam |
| 2       | May, Des Moines University, Des Moines  
May, University of Iowa, Iowa City | Stroke Action Team simulation /De-Briefing |

For more information contact

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In Iowa, there is one Comprehensive Stroke Center (CSC), as well as 16 Primary Stroke Centers (PSC’s), and 87 Stroke Capable Hospitals.

The map above shows the location and 30 minute drive time to the CSC and PSC’s across the state and in bordering states. Stroke Capable hospitals are denoted with black triangles.

**Stroke capable hospitals** are those that have CT capability and can administer tTPA if indicted. If the stroke patient is eligible for more advanced care they are then transported to the closest PSC or to the CSC.

**Primary Stroke Centers** are hospitals that have received certification through The Joint Commission or other certification body and that have met a number of additional requirements including having a stroke team available 24/7.

**Comprehensive Stroke Center** certification is available only to Joint Commission accredited acute care hospitals. Hospitals seeking CSC certification must meet all the general eligibility requirements for Disease Specific Care and PSC certification. The University of Iowa is the only CSC in Iowa.

**Transport recommendations from the Iowa EMS Protocol for stroke**

1. If assessment is positive for stroke, and onset of symptoms can be established within the past 4.5 hours, then determine the appropriate destination:

   a. If transport time to a **Primary Stroke Center is less than 30 minutes**, it is recommended that all of these patients be transported directly to the Primary Stroke Center.

   b. If transport time to a **Primary Stroke Center is greater than 30 minutes**, then transport to the nearest stroke capable hospital.

   c. Consider the use of air transport if it will facilitate the arrival of the acute stroke patient for treatment within 4.5 hours to a Primary Stroke Center or stroke capable hospital.

If transport to a Primary Stroke Center or stroke capable hospital cannot be achieved to arrive within 4.5 hours, then transport to the closest appropriate facility.