



St. Vincent
Hospital

Stroke Center Certification

JCAHO Certification

August 27, 2004

- St. Vincent Hospital was founded in 1888 by the Hospital Sisters of the Third Order of St. Francis
- 2360 employees, 566 physicians, 547 licensed beds, Verified Level II Trauma Center, Eagle III Critical Care Transport
- Centers of Excellence:
 - Neuroscience Center
 - Regional Cancer Center
 - Regional Emergency Center
 - Regional Pediatric Center
 - Regional Perinatal Center
 - Regional Rehabilitation Center

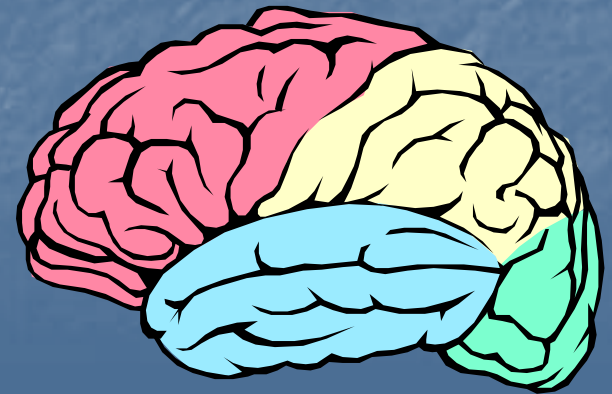


SVH Mission & Values

- St. Vincent Hospital's mission is to carry out the healing ministry of the Catholic church by providing high-quality general, acute, and selected tertiary health care services to Green Bay, Northeast Wisconsin, and nearby Upper Michigan.

St. Vincent Hospital Stroke Center Mission

- The Stroke Center exists to benefit the individuals and the community we serve by providing comprehensive clinical care through stroke prevention, evaluation, diagnosis, management, and rehabilitation.



Stroke Center Goals

- Rapid triage and management of acute stroke patients in the EC
- Neurology involvement in stroke patients (potential tPA candidates)
- Reduction in the incidence and complications of stroke
- Community education & stroke prevention

Stroke Center Objectives

- Implementation of EC stroke activation system
- Annual stroke educational opportunities for EMS, staff, physicians
- Increased use of Ischemic Stroke clinical pathway
- Prevention of complications: DVT, aspiration
- Community education and reduction of modifiable risk factors

Stroke Prevention

- Neuroscience CNS Classes/ workshops
- Community Stroke Screenings
- Wisconsin Stroke Alert Day in conjunction with UW Hospital 5/04
- May "Media Blitz" annually to educate community



Target Population

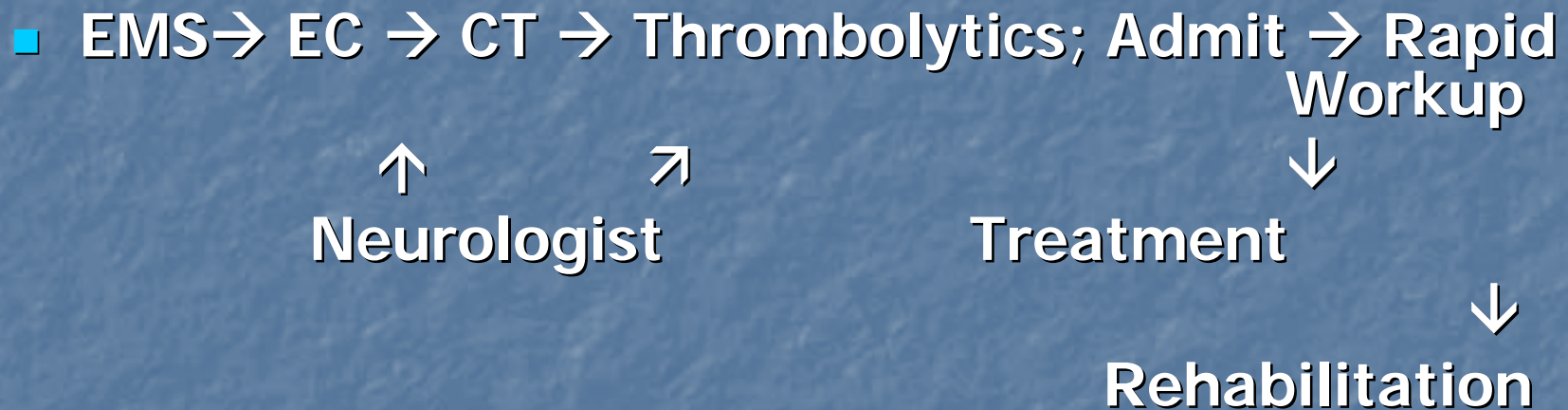
- Northeastern Wisconsin and the upper peninsula of Michigan (14 counties)
- Community Stroke Screens target SVH employees, senior citizens, students



Transportation Issues

- Window to Treatment issues
- Share protocols with outlying areas
- Quick & straightforward communication
- Ground &/or Air transportation options
- Paramedic and RN Critical Care Transport Team

Acute Stroke Team Concept



Follow-up with EMS and Referring Hospital

Stroke Team

- The team adjusts depending upon the activity:
 - EC Physicians/Triage
 - Neurologist
 - Radiologist
 - Neurosurgeon
 - Hospitalist
 - Stroke Units:
 - Neuro ICU
 - Neuro IMCU
 - Rehabilitation



Stroke Activation

- Overview
- Algorithm
- Activation log
- Acute Stroke Team packet



Stroke Center
Resources

Acute Stroke Team Packet

- Inclusion/Exclusion Criteria for tPA
- Pharmacy Mixing Protocol
- Stroke Activation Log: combination of 3 forms
- NIHSS flowsheet and screening tools


Stroke Center Resources - Microsoft Internet Explorer provided by St. Vincent Hospital

File Edit View Favorites Tools Help








Back Forward Stop Refresh Home Search Favorites

Address <http://intra.svg.hshs.org/departments/strokecenter/> Go Links

The Neuroscience Center

St. Vincent 

Stroke Center Resources

<u>Name</u>	<u>Modified</u>
 01 Stroke Order Sets	08/25/2005 11:20 AM
 02 Acute Stroke and IV tPA	08/02/2006 01:43 PM
 03 Clinical Pathways and Ischemic Stroke Admit Orders	08/16/2006 08:40 AM
 04 Guidelines (ischemic stroke, ICH, SAH, IV, tPA, IA tPA)	10/29/2004 01:09 PM
 05 Stroke Network	04/13/2006 09:56 AM
 06 Patient and Staff Resources	04/20/2006 03:07 PM
 99 NIH Stroke Scale	08/16/2006 08:40 AM

Trusted sites

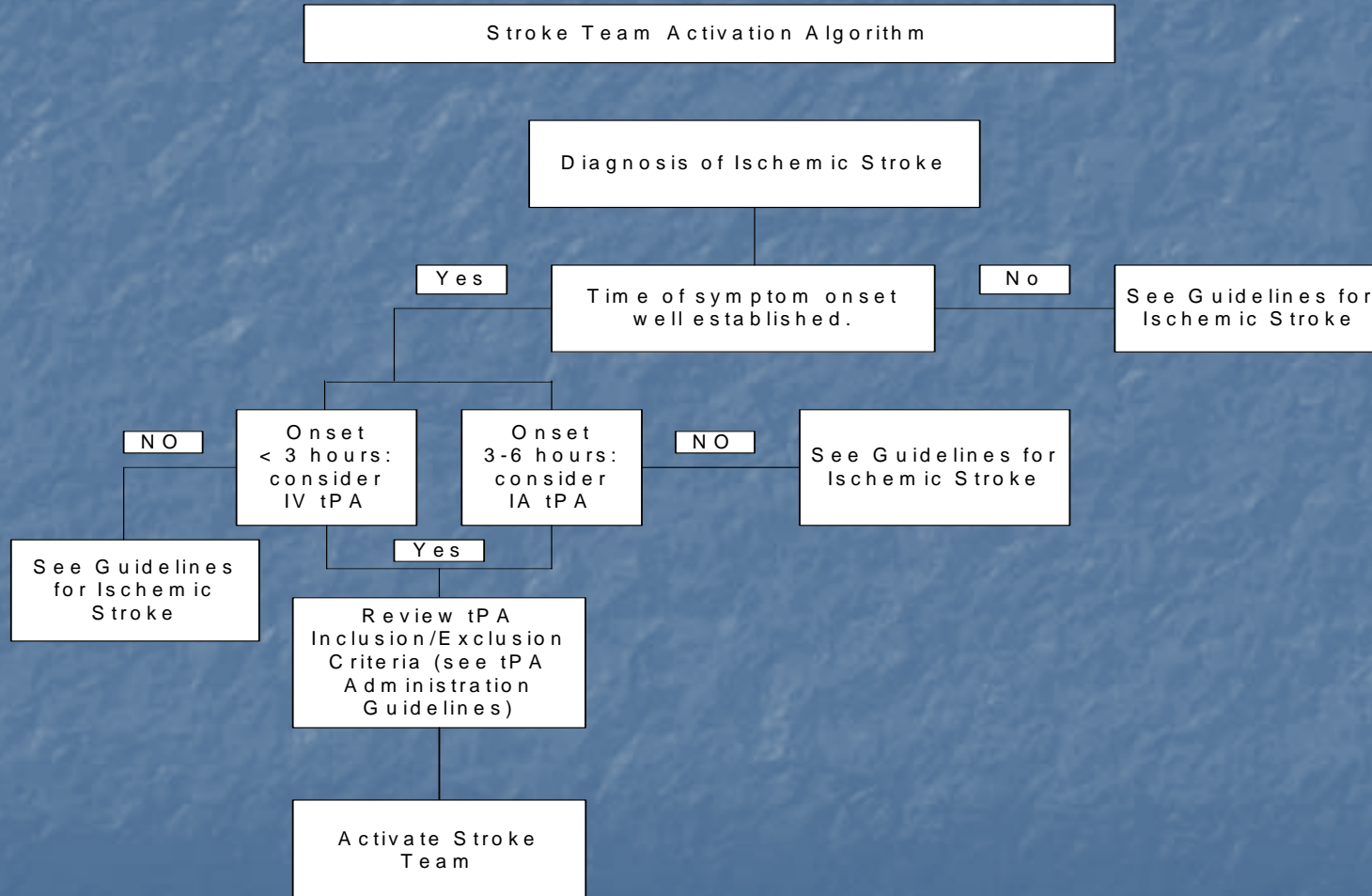
Stroke Team Activation Overview

- Activate Stroke Response System
- Document: symptoms, events....
- Emergency Department Arrival
- Acute Stroke Team Packet
 - Available on Intranet

EMS notifies Emergency Department

- Squad communication establishes "Window" to treat; THANKS to ACLS et al
- Direct transport to St. V's
- CT waiting for patient arrival
- Patient rapidly assessed; scanned
- Neurology notified
- Neuro ICU notified: bed to EC
- Pharmacy notified: tPA protocol

Stroke Team Activation Algorithm



Patient Name/Label

St. Vincent Hospital
Green Bay, Wisconsin
www.stvincenthospital.org

Stroke Center

Stroke System Activation Log

If patient is determined as a potential candidate for tPA, the EC HUC will implement the following:

- Call for stat CT scan of the brain (non-contrast).
- Order stat CBC with platelets, PT, PTT, type & screen, glucose, EKG, and pregnancy test (on female patients).
- Call neurologist on call.
- Call Neuro ICU charge RN to alert him/her to potential tPA patient.
- Call radiologist for stat formal reading of CT.
- Call for old records (may include referral or regional hospitals), including all discharge summaries.
- Call pharmacist to be present for tPA administration.

Document the Following Event Timing Items

Symptom onset: _____

Arrival to EC: _____

Mode of arrival POV* Squad Helicopter _____

Exam by ECMD: _____

Time CT obtained: _____

Pharmacy notified of potential candidate: _____

Labs and EKG Obtained: _____

Exclusion checklist completed: _____

Consent signed: _____

Drug ordered: _____

Drug given: (bolus) _____

(infusion) _____

Comments: _____

tPa indicated Yes No

Reason: _____

*POV – privately owned vehicle

Contact	Name (first/last)	Time Activated	Call Response	Arrival in EC
Neurologist				

If patient is determined as a potential candidate for tPA, the EC RN will implement the following:

- Stated pt weight _____
- Monitor vital signs, including BP (obtain BP in both arms and utilize the arm that has the higher BP), LOC, and weakness at least every 15 minutes.
- Start oxygen to keep saturation greater than or equal to 95%.
- Establish 2 #18 gauge peripheral IV sites, attach stopcock directly to catheter for blood studies. Start IV 0.9 NS at TKO rate to second IV site.
- Complete a bedside blood glucose check.
- Initiate cardiac rhythm monitoring.
- Complete the Clinical Inclusion/Exclusion checklist.
- Obtain exact list of patient's current medications (within past 3 weeks).
- Insert foley catheter if needed.

EC Physician Name _____ RN Signature: _____
(first/last) (first/last)

White: Chart Yellow: Neuro CNS

2/05

Emer.Ctr./Transport Record

tPA In Acute Stroke

- Activation log
- tPA Guidelines
- tPA Criteria
- tPA Orders
 - Administration
 - Post tPA

Ischemic Stroke

- Guidelines
- Clinical Pathways
- Orders

ICH & SAH

- Guidelines
- Multidisciplinary Approach
 - Neurosurgeon
 - Neurologist
 - PM&R
 - Hospitalist/Intensivist

Process Improvement Indicators

- CT within 30 min.
- Neurology Consult for Ischemic Stroke Patients
- tPA Door to Needle within 90 min.
- Continuing Education for Stroke Team Staff

Opportunities

- Benchmark measures with other stroke centers - GWTG
- Education of physicians, staff, EMS, regional facilities
- Community Stroke Education *Brain Attack*: call 911 & recognize TIA

Future Plans

- Regional Hospital tPA
- Stroke Network
- Increase EMS/ Prehospital
- Education ~ Newsletter
- Stroke-Specific CARF accreditation
- Establish Interventional: IA tPA, Intracranial-Stents; coiling ~ pending
- Research Studies

