

We have hospitals that admit more and less than 220 strokes/TIA annually in our health system. (650, 120, 30 respectively- the largest of these 2 are PSC certified) Our core team is always separate and we view it as the 'administrative' team who are responsible for the oversight of the program. They have the 8 hours mandatory CE annually. I recommend you keep it very small to assure compliance and name those that absolutely will do the 8 hours each year. We wrote both 'teams' into our acute stroke policy.

Our 'stroke team' is as casual as you indicated and is made up of the ED docs, RNs and neurologist as needed for consultation.

I do a monthly newsletter that is sent out to all of our health system that reviews stroke education updates. The ED RN and docs had to do the 80% review of the acute stroke policy though. The RRT had to learn our inpatient guidelines but don't go to the ED for any stroke admits.

Kimberly Gray RN, MSN, CNRN, Stroke Program Coordinator SJMHS

We are a community hospital that does not have inhouse physicians or residents (except for an emergency room physician) with a stroke volume about 200. We began our stroke alert process in April 2008 by designating a stroke medical director which is a neurologist, a stroke neurologist on call list, and Rapid Response (pharmacy is part of the Rapid Response team is needed for tPA, etc.). The Rapid Response RN attends all stroke alerts both inhouse and in the ED. The ED physician or Rapid Response RN has the authority to directly contact the stroke neurologist on call (without contacting the attending physician for consultation) if a stroke alert is called. This works well and the neurologist makes the decision if they will see the patient immediately based on the information provided. Training for Rapid Response RN includes 8 hours of stroke education annually and the requirements set forth by the American Heart Association to be certified with the NIHSS. The Rapid Response performs all NIHSS assessments and does a swallow screen on ALL patients. The neurologist confirms their findings with their exam (when present). This helps to make sure we are following the current standard of care.

Bonnie Schleder

Our Community based hospital is very similar as described below with approximately the same number of stroke annually. For our in house strokes, we also have our RRT respond with a consult to a Neurologist as soon as the RRT determines that it is a possible stroke. For our stroke coming through the EC, our EC staff physicians with a consult to a Neurologist would define our stroke team. We are working on becoming a Primary Stroke Center and have decided that our educational requirements (8 hours annually) will be our Stroke Rounding Team (Core Team) consisting of PT, OT, SLP, CNS and the 2 main Neurologist that see the majority of our patients. Our EC Physician staff have all recently completed the online NIHSS certification.

We have done education for all of our Critical Care nursing staff which are part of our RRT and have a packet of information, including an algorithm for our Stroke Protocol on every crash cart.

Additionally we have a red stroke folder in the EC with a similar stroke protocol which is customized for our EC staff and have done several educational in-services regarding this.

I would be happy to share this stroke packet which we have on our crash cart and in the EC with anyone that is interested.

Cathleen Solecki

We define our stroke team as the staff of:

1. EMS
2. Emergency Dept
3. Neurology/Neurosurgery
4. Hospitalists
5. Neuro-ICU
6. Neuro-unit
7. Medical Imaging
8. RRT

We provide ongoing education on various topics related to stroke. Yes, our core team is defined as the Medical Director and the Stroke Coordinator.

Jo Goffinet, St. Mary's Hospital, Madison, WI 53718

We have an RN from critical care/or ER, ED physician, lab and RRT participate on team. When a stroke is coming into ER, we have lab present, and the page notifies radiology that a CT will be needed soon. For education we have a group we call stroke champions, which are required to complete 8 hours of education annually. These staff represent ED, ICU and MS and days and nights. They are our resource team. Hope that helps.

Anne Barton, Director, Quality Resources, ProMedica North Region

Evanston Hospital- our Acute Intervention Stroke Team (AIST)- are 24/7 stroke attending physicians who respond to stroke pager. This team which also includes the advanced practice nurse meet the 8 hour education requirement.

For in-house strokes- we teach the staff to call the AIST if they are able to recognize signs of stroke; if they are not sure, they are taught to call our RRT who consists of respiratory therapy, critical care nurse and critical care resident to help with initial assessment. If this team thinks pt may be having stroke- they activate the AIST and order head CT. (The RRT is not part of our AIST and therefore ed requirements are not similar)

We do ~400 strokes per yr. I have myself, the neurologist, a nurse from the ED and the Nurse Manager from the medical stroke unit on my "Stroke Team".

They are the only ones I require the 8 hrs of education. The stroke response team is different and includes ED physicians and radiology for the ED strokes. In house strokes are responded to by the Rapid Action Team or RAT team. This is a hospitalist physician, ICU charge nurse and a respiratory therapist. Eventually I would like to require more staff to have the 8 hrs but it is difficult to mandate for others.

Cathy Hulse RN BSN CNRN, Grant Medical Center

We have members representing our stroke team from all the units where stroke patients may be admitted. In addition we have a float nurse, supervisor nurse and rehab member on the team, plus the two neuroscience leaders that lead the stroke program. We have a total of 9. The team has to have 8 hours of stroke education a year if they are on the team. We do many educational offerings a year and this had not been a problem to meet.

Kelly Schuler BSN, RN, CRN, Neuroscience Leader, OSF St. Joseph Medical Center

We see just over 100 strokes each year. Almost all arrive via the ER. Our stroke team consists of the ER attending and the RN. They are both required to have 8 CEU/CME annually related to stroke. We do not yet have a rapid response team at our hospital

Kim Hamm, RN, MSN, Clinical Performance Analyst, POH Regional Medical Center

We actually have a core team (which are the leaders from the areas most involved with our stroke patients)Members are from our hospital based ambulance service, ED, Radiology, critical care, ortho neuro unit, our hospital neurologist, stroke team coordinator, and our adm executive from the Neuroscience service line. About 12 people. We also have our monthly stroke team meetings with a combination of core and non core members. QI, educators and staff from the areas most involved in stroke. We require 4 hrs from this group. The stroke team is more fluid some members participate in more of a consultation role and come when issues arise that affect their areas.

Susan Savastuk MEd, BSN,RN,CDE,CRRN

We see approximately 340 stroke patients per year. Our ER physicians and RNs with Neurology consult are the stroke team. They are required to have 8 hours of stroke education per year. The RRT responses to in house strokes. This consists of the ICU charge nurse/designee, the ICU resident, and ICU attending. Each of them also are required to have the 8 hours of stroke education.

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