Kansas Initiative for Stroke Survival

What is Emergent Stroke Ready?

- Create written acute care protocols related to emergent stroke care
- Develop a transport plan with one or more hospitals that have neuro-interventional expertise.
- Designate a director of stroke care, which may be a clinical member of the hospitals staff or a designee of the hospital administrator; to oversee the hospital’s stroke care policies/procedures.
- Administer thrombolytic therapy (e.g. tPA) per current nationally-recognized, evidence-based stroke protocols or guidelines
- Conduct Brain Image tests (e.g. CT Scan) and complete within 45 minutes.
- Conduct blood coagulation studies
- Maintain a log of stroke patients
- Collect data on all strokes treated. (recommend use of Get with the Guidelines- Stroke)
- Share aggregate stroke data monthly with the Stroke Task Force – through the American Heart Association Quality Improvement department.

Someone to Call:

All EMERGENT STROKE READY facilities will be provided a Stroke Support List that includes Kansas facilities who have agreed to provide 24 x 7, no-obligation, neuro-consultation for the purpose of discussing treatment / transport decisions.

Stroke Facts for Kansas

- Stroke is the #4 Killer of Kansans
- Only 2% of Kansans with Acute Ischemic Stroke receive IV tPA (the recommended treatment – expect this number to be 10 – 15 %)
- Stroke caused one in 16 deaths in 2008
- Stroke mortality rate is going down – however Kansas is higher than the nation
- Stroke mortality is higher for African American Kansans than white Kansans
- Rural / Densely Settled Rural have a higher mortality rate – compared to the Semi-Urban/Urban Kansas.
- More than ⅓ (54%) of person who die from stroke- die before reaching a hospital, clinic or medical center.
- Only 22.8% of Kansans know all stroke signs/symptoms and identify 911 as the correct first response.

RESOURCES

- Sample Acute Ischemic -- Stroke Orders and Transport Protocol
- Sample Checklist for Acute Stroke/Progress Note (inclusion/exclusion)
- Sample Consent Form for tPA
- NIH Stroke Scale training recommendations
- Dosing Education
- Access to Online Education
- Program Website http://www.heart.org/kiss

CALANDER

- July 1, 2013
  Re-attestation forms due for existing Emergent Stroke Ready facilities
- July 9, 2013
  Core Principles of Stroke Webinar 10 a.m. Go to KISS website for details
- July 31, 2013
  Deadline for NEXT round of Attestations. Promotion to be completed August 2013.
- August 13, 2013
  Core Principles of Stroke Webinar 10 a.m. Go to KISS website for details
- August 15 & 16, 2013
  Kansas State Stroke and STEMI Summit—Wichita Marriott (12 noon to 12 noon)
2013 Kansas Initiative For Stroke Survival Hospital Stroke Treatment Capability Map
2000-2010 Cerebrovascular Disease (ICD10 I60-I69)
35+ Age-Adjusted Death Rate per 100,000

Death Rate per 100,000

Class 1 (38.6 - 86.3)
Class 2 (68.4 - 117.6)
Class 3 (102.7 - 116.0)
Class 4 (116.1 - 173.8)
Insufficient Data

Source: CDC/NCHS Compressed Mortality File
Map Created: 4/30/2013 - Kuhn

SPOT A STROKE

FAST
FACE DROPPING ARM WEAKNESS SPEECH DIFFICULTY TIME TO CALL 911
strokeassociation.org

American Heart Association
Together to End Stroke™