I WILL NOT HAVE A STROKE.

A Stroke Prevention Messaging Toolkit

WORLD STROKE DAY
BY THE NUMBERS

- Every 40 seconds someone in the U.S. has a stroke\(^1\)
- 80% of brain disease has a link to cardiovascular disease \(^2\)

BRAIN HEALTH RISK

Stroke and early mental decline in mid-life have been linked to unhealthy lifestyles.

- 3 out of 5 Americans will develop a brain disease in their lifetime \(^4\)
- 99 percent of the U.S. adults has at least one of seven cardiovascular health risks \(^3\)

The actions you take affect your brain health. It is never too late to improve it.

Maintain a healthy body to have a sharp mind and healthy brain while reducing your risk for stroke, heart disease and difficulty with thinking and learning.
GET ENOUGH SLEEP.
For adults 7-8 hours per day, more for teenagers and children.

EAT HEALTHY.
Increase the amount of fruits and vegetables you eat while reducing sodium, added sugar and unhealthy fats.

EXERCISE.
150 minutes PER WEEK

GET REGULAR CHECKUPS.
Schedule regular visits with your doctor and talk to your doctor about your risks and ways to reduce them.

DON'T SMOKE — IF YOU SMOKE, STOP.
HIGH BLOOD PRESSURE CAN LEAD TO COGNITIVE IMPAIRMENT

HOW CAN I LEARN MORE?
1. Talk to your doctor, nurse or other healthcare professional
2. Call 1-888-4-STROKE (1-888-478-7653) or visit heart.org/brainhealth

1 https://www.ahajournals.org/doi/pdf/10.1161/CIR.0000000000000659, page e227
2 https://www.ahajournals.org/doi/10.1161/STR.0000000000000148
4 https://www.heart.org/en/Health-Topics/Brain-Health
5 https://www.ahajournals.org/doi/pdf/10.1161/CIR.0000000000000659, page e230
THANKS TO OUR VENDORS

• SIM-ND
• Essentia Health Fargo
• AstraZeneca
• Sanford AirMed
• Essentia Health Fargo
• Genentech
• Amgen
• Sanford Rehabilitation Hospital
• ND Dept of Health
• American Heart Association
• ND Brain Injury Network
ND MISSION: LIFELINE STROKE: YEAR 2 ACCOMPLISHMENTS AND VISION FOR YEAR 3

Janna Pietrzak, RN, ND Mission: Lifeline Stroke Director
American Heart Association
BISMARCK, N.D., JUNE 23, 2017 – THE AMERICAN HEART ASSOCIATION/AMERICAN STROKE ASSOCIATION HAS ANNOUNCED A STATEWIDE COMMITMENT OF $5.6 MILLION FOR ITS MISSION: LIFELINE STROKE INITIATIVE TO EXPAND AND ENHANCE STROKE CARE IN NORTH DAKOTA. THE FOUNDATION OF THIS NEW INITIATIVE IS A THREE-YEAR GRANT OF $4.3 MILLION FROM THE LEONA M. AND HARRY B. HELMSLEY CHARITABLE TRUST.
Mission: Lifeline Stroke works to reduce barriers and delays in care by improving efficiencies in each system: Community, EMS, Emergency Department, Radiology, Laboratory, Endovascular lab, Critical Care Unit and Rehabilitation.

One of the cornerstones of the program is focusing on the “System” rather than each individual entity so that feedback can be gathered to improve quality of care for stroke victims.
NORTH DAKOTA TRAVEL OBSERVATIONS...

NORTH DAKOTA **REALLY IS A BEAUTIFUL STATE!**
IT’S BEST NOT TO HIT A **VERY** LARGE BIRD AT HIGHWAY SPEEDS
WHAT WE LACK IN NUMBERS WE MAKE UP FOR IN QUALITY
PUBLIC AWARENESS

SPOT A STROKE™

FACE
Drooping

ARM
Weakness

SPEECH
Difficulty

TIME
to Call 911

StrokeAssociation.org
Together to End Stroke
• AGENCY MABU, BISMARCK, ND CONDUCTED MARKETING AND MESSAGING RESEARCH TO IDENTIFY AND DISCOVER THE BARRIERS TO CALLING 9-1-1 FOR A STROKE.

• DEVELOPED A COMMUNICATIONS CAMPAIGN THAT IS RURAL-ORIENTED AND DIRECTLY TARGETS ONE OR MORE OF THE BARRIERS IDENTIFIED.
• 47% OF RESPONDENTS STATED THAT THEY HAD LEARNED THE SIGNS OF STROKE, HOWEVER ONLY 17% CLASSIFIED THEMSELVES AS VERY FAMILIAR.

• THE MOST COMMON SIGNS IDENTIFIED WERE “SPEECH/SLURRED WORDS” AND “FACE/DROOPING FACE” AT 39% AND 30%, RESPECTIVELY.

• IN TERMS OF F.A.S.T. AWARENESS, 46% OF SURVEY RESPONDENTS CORRECTLY IDENTIFIED “FACE” WHILE ONLY 15% IDENTIFIED “TIME.” “ARM” AND “SPEECH” WERE IDENTIFIED 32% AND 23%, RESPECTIVELY.

• RESPONDENTS INDICATED THEY WOULD CALL 9-1-1 64% OF THE TIME. WHEN ASKED WHY IT MAY BE BETTER TO BE TRANSPORTED BY PERSONAL VEHICLE, 74% RESPONDED YOU MAY BE ABLE TO GET TO THE HOSPITAL FASTER. MEN AND THOSE OVER 65 WERE FAR LESS LIKELY TO CORRECTLY IDENTIFY THE COMPONENTS OF F.A.S.T.
SYMPTOMS BASED COMMUNICATION CAMPAIGN – LAUNCHED AND RUNNING!

- RURAL MOVIE THEATER ADVERTISING (JUNE 7-AUGUST 22)
  TOTAL IMPRESSIONS: 90,686
- TV ADVERTISING (SEPT. 2-15)
  ANOTHER RUN SCHEDULED FOR 1/27-2/8 AND 5/4-5/17
- DIGITAL MEDIA HIGHLIGHTS
  - Facebook Impressions YTD: 96,406 (including 63,329 who watched the ENTIRE video)
  - Google Search Campaign: 4.98% Click-Thru Rate (very high!)
  - Google Ads: 324,845 impressions to date
  - Video Ads (YouTube & Other Sites): 60,047 views year-to-date
SYMPTOMS BASED COMMUNICATION CAMPAIGN – LAUNCHED AND RUNNING!

- UPCOMING CAMPAIGN HIGHLIGHTS: HOLIDAY SHOPPING SEASON CAMPAIGN, INCLUDING BILLBOARDS IN FARGO/BISMARCK, MALL ADVERTISING IN FARGO/BISMARCK AND A STATEWIDE RURAL RADIO CAMPAIGN.
YOUTH EDUCATION

- PARTNERED WITH 2 NORTH DAKOTA HEALTH/PE TEACHERS, LEAH WHEELING, BISMARCK, ND AND JASON STEELE, MINOT, ND

- CREATED SEVERAL ACTIVITIES FOR ELEMENTARY AND MIDDLE SCHOOL STUDENTS THAT FOCUS ON STROKE SYMPTOMS AND THE IMPORTANCE OF CALLING 9-11 IF SYMPTOMS ARE IDENTIFIED

FAST Freeze TAG

Objective: Freezees are trying to get every player frozen before “thawers” thaw everyone out.

Set Up: determine boundaries and remind students of safety in tagging.

Rules: Determine Freezees and Thawers for the round. Freezees tag students and say a letter F-A-S-T. That tagged student must then demonstrate in a frozen position that symptom of FAST. Thawers then run around saying “Face or Arm or Speech or Time to Call 911” to a frozen player. If the Thawers is correct in guessing the frozen position the frozen player is thawed and may rejoin the game.

For younger students it is recommended teachers provide the actions for each F-A-S-T symptom. They can be as simple as holding the face (F), holding the arm (A), covering the mouth (S), and pointing at the wrist or making a hand telephone by the face (T).
EDUCATION
JUNE 2018-MAY 2019

- **ANNUAL STROKE CONFERENCE IN OCTOBER 2018 HAD 214 ATTENDEES.**
- **4 ADVANCED STROKE LIFE SUPPORT (ASLS) TRAININGS, REACHING 121 PROVIDERS.**
- **ND EMS ASSOCIATION CONDUCTED 53 TRAININGS REACHING 752 EMS PROVIDERS.**
- **SIM-ND/TERTIARY STROKE COORDINATORS CONDUCTED 37 TRAININGS AT CAHS WITH 458 PARTICIPANTS.**
HEMISPHERES ONLINE STROKE EDUCATION

Level II – Stroke Pathophysiology

<table>
<thead>
<tr>
<th>Level</th>
<th>Course Name</th>
<th>Testing Min</th>
<th>CNE</th>
<th>CME</th>
<th>CEH</th>
<th>FLCEH</th>
<th>PT CCH*/CE*</th>
</tr>
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<tbody>
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<td>LEVEL II</td>
<td>Stroke Pathophysiology</td>
<td>60</td>
<td>5.00</td>
<td>5.00</td>
<td>4.00</td>
<td>4.50</td>
<td>5.00</td>
</tr>
</tbody>
</table>

Course Description

Level II of Hemispheres 2.0® stroke pathophysiology, presents cerebral circulation with an emphasis on ischemic and hemorrhagic stroke. Thrombotic, embolic, and lacunar strokes are graphically depicted for review, as well as subarachnoid and intracerebral hemorrhage. Learn about cerebral aneurysms, typical stroke locations, stroke syndromes, and associated deficits. Interactive functionality supports all learning styles and requires active participation by the learner.

Level III – Emergency Response to Stroke

Course Description

Level III of Hemispheres 2.0® addresses the stroke chain of survival from “time last seen normal” through to EMS, emergency department, and disposition. Guideline based, time-sensitive best practices provide current and crucial aspects of emergent stroke care in a comprehensive and logical manner. Learn neurological assessment, stroke treatment modalities, and complications. Interactive graphics encourage exploration and enhance the learning experience. Imaging basics related to CT and MRI, endovascular interventions and possible complications are presented. Periodic quizzes throughout the lesson reinforce presented information.

Level IV – In-Hospital Ischemic Stroke

Course Description

Level IV of Hemispheres 2.0® admission of the ischemic stroke patient, begins with a multidisciplinary team approach to achieve specific goals, namely to avoid complications, restore function, and improve outcomes. Stroke best practices for needed assessments, diagnostics, interventions, education, nutrition, activity, and consults are presented. These are chronologically organized into therapeutic, personal, psychosocial, and safety needs. In addition, learn to correctly perform a dysphagia screen and modified Rankin scale. Care notes, teaching tips and other helpful patient-caretaker education are incorporated into the course.
ADVANCED STROKE LIFE SUPPORT ®

HANDS-ON, 8-HOUR COURSE THAT:

WAS DEVELOPED BY EXPERTS IN STROKE, EMERGENCY MEDICINE, PREHOSPITAL CARE, AND NURSING EDUCATION

IS UPDATED AND IMPROVED CONTINUOUSLY

HAS BEEN USED TO TRAIN THOUSANDS OF EMS PERSONNEL, NURSES, AND PHYSICIANS FROM HUNDREDS OF INSTITUTIONS ACROSS THE U.S. AND THROUGHOUT THE WORLD

SATISFIES THE EDUCATIONAL REQUIREMENTS FOR JOINT COMMISSION-CERTIFIED STROKE CENTERS
Best stroke class I have attended

So glad I attended, very informative. Instructors did an awesome presentation. I learned A LOT. Thank you.

This was a fantastic class. I think it would be very beneficial to bring this training to my service area. Thank you for putting this on.

I liked that chapters and presentations were short. Nice breakup. Outstanding program. Every healthcare provider that cares for a stroke patient should attend this course. All instructors did great.

The class was great! I feel like I will be more competent in the care of a stroke patient after this course.

Very educational and great quality of instruction. A “must do” course for all care providers.

Very good class, good information, very helpful in improving my care and diagnosis of stroke patients.

It was a great experience. I learned a lot! I definitely feel more comfortable with my stroke knowledge!

Very interactive course, kept the attention of participants, very good demonstration of quick assessment tools

I think it was a great presentation: lots of useful information for my CAH hospital. Thanks.

Liked the review- helped to tie it all together, it was great to have instructors from different facilities to hear what they are doing and share experiences. Also enjoyed the spectrum of care from prehospital to hospital. Excellent course. Should be mandatory for all prehospital providers.

This is definitely a course that could benefit all in our area!
STROKE EDUCATION RECORDINGS

• WILL SOON BEGIN PROCESS OF RECORDING ENDURING EDUCATION

• LIKELY TOPICS INCLUDE: STROKE ASSESSMENT (BEFAST), STROKE SEVERITY SCORING (FAST-ED AND NIHSS), IV ALTEPLASE ADMINISTRATION
STATEWIDE DATA COLLECTION
Mission: Lifeline Stroke
GWTG Data Report
North Dakota
GWTG Impact

- Over 2,500 Hospitals participate in one or more of our quality improvement programs
- 5,838 Hospitals participate in our individual programs
- Get With The Guidelines contains over 7 Million patient records
- Over 80% of the U.S. population is covered by one or more of our quality improvement programs

- National GWTG Stroke Hospitals: 3,229
- National Benchmark: 6,117,504

- Additional Benchmarks:
- ND statewide: 41 Participating hospitals
### Patient Last Known Well (LKW) Time to ED Arrival Time

<table>
<thead>
<tr>
<th>Year</th>
<th>LWK to Arrival by EMS/Private Vehicle* Median # of Minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>ND Critical Access Hospitals</td>
<td></td>
</tr>
<tr>
<td>2016</td>
<td>126.5</td>
</tr>
<tr>
<td>2017</td>
<td>161.5</td>
</tr>
<tr>
<td>2018</td>
<td>120</td>
</tr>
<tr>
<td>ND PSCs/CSCs</td>
<td></td>
</tr>
<tr>
<td>2016</td>
<td>167</td>
</tr>
<tr>
<td>2017</td>
<td>175</td>
</tr>
<tr>
<td>2018</td>
<td>205</td>
</tr>
</tbody>
</table>

*Median last known well time to arrival at hospital among patients who arrived by EMS or private vehicle*
Patient Arrival Mode

ND CAHs Only

% of Patients

Year

2016

2017

2018

EMS

Private Transport

Transfer from another hospital

Not determined or missing

46.9%

42.2%

43.9%

51.6%

51.1%

55.0%

0.0%

0.3%

0.0%

1.60%

1.40%

1.1%

Patient Arrival Mode
Patient Arrival Mode

ND PSCs/CSCs Only

<table>
<thead>
<tr>
<th>Year</th>
<th>EMS</th>
<th>Private Transport</th>
<th>Transfer from another hospital</th>
<th>Not determined or missing</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>30.7%</td>
<td>31.8%</td>
<td>0.4%</td>
<td>0.4%</td>
</tr>
<tr>
<td>2017</td>
<td>32.0%</td>
<td>28.8%</td>
<td>0.8%</td>
<td>0.8%</td>
</tr>
<tr>
<td>2018</td>
<td>32.9%</td>
<td>32.1%</td>
<td>0.6%</td>
<td>0.6%</td>
</tr>
</tbody>
</table>
Door to CT Within 25 Minutes – ND CAHs Only

<table>
<thead>
<tr>
<th>Year</th>
<th>% of Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>57.1%</td>
</tr>
<tr>
<td>2017</td>
<td>68.0%</td>
</tr>
<tr>
<td>2018</td>
<td>72.0%</td>
</tr>
</tbody>
</table>
%Door To CT <= 25min

Percent of Patients

Time Period


All Hospitals | All ND Hospitals | ND CAH

American Heart Association
Patients with a Reported NIH Stroke Scale Score

2016: 75.9% (All ND Hospitals), 86.2% (ND PSCs/CSCs), 75.9% (ND CAHs)
2017: 77.5% (All ND Hospitals), 86.6% (ND PSCs/CSCs), 78.5% (ND CAHs)
2018: 78.5% (All ND Hospitals), 89.8% (ND PSCs/CSCs), 89.8% (ND CAHs)
Dysphagia Screen

Percent of Stroke patients who undergo screening for dysphagia with an evidence-based bedside testing protocol approved by the hospital before being given any food, fluids, or medication by mouth.

Time Period: Q1 2013 - Q2 2015; Site: Jamestown Regional Medical Center (5635)

- All Hospitals
- All ND Hospitals
- ND CAH
Door-to-Needle Time Within 60 Minutes

% of Patients

- All ND Hospitals
- ND PSCs/CSCs
- ND CAHs

2016:
- All ND Hospitals: 35.3%
- ND PSCs/CSCs: 74.1%
- ND CAHs: 66.2%

2017:
- All ND Hospitals: 65.0%
- ND PSCs/CSCs: 78.9%
- ND CAHs: 74.1%

2018:
- All ND Hospitals: 52.6%
- ND PSCs/CSCs: 84.6%
- ND CAHs: 78.2%
Percent of acute ischemic stroke patients receiving intravenous tissue plasminogen activator (alteplase) therapy during the hospital stay who have a time from hospital arrival to initiation of thrombolytic therapy administration (door-to-needle time) of 60 minutes or less.
Door-in-Door-Out Times at First Hospital Prior to Transfer for Acute Therapy

Percentage of confirmed stroke patients for whom ≤ 90 minutes was spent in the ED prior to transfer to a higher-level stroke center (e.g., PSC, CSC, etc.) for time-critical therapy.

Time Period: Q1 2018 - Q2 2019

- **All Hospitals**
- **All ND Hospitals**
- **ND CAH**
STROKE SURVIVOR SUPPORT
"How many people get a chance to do their life over again? Not many. So, I'm going to take full advantage of it."
Sabrina Warren-White, Stroke Survivor

Your REHABILITATION Options

High-quality rehab will help ensure that you reach your full-potential recovery. We offer this guide to help you get started. It includes the information you and your family need to make informed decisions and plan the rehabilitation journey. The best stroke rehab results from a combined effort by you and your loved ones along with a team of healthcare professionals.

You are not alone. There are more than 7 million stroke survivors in the United States.
CHOOSING THE RIGHT SETTING

YOU CAN REHAB AT:

- Inpatient rehabilitation facility
- Skilled nursing facility
- Long-term care facility
- Long-term acute care hospital
- Home-based or outpatient care

Your needs determine which type(s) is best for you.

INPATIENT REHABILITATION FACILITY (IRF)

An IRF can be a separate unit of a hospital or a free-standing building that provides hospital-level care to stroke survivors who need intensive rehabilitation.

IRFs provide at least three hours per day of active rehabilitation at least five days a week with:

- Physical therapists
- Occupational therapists
- Speech therapists
- Nurses (available 24/7)
- Doctors typically visit daily

Medicare generally covers your care in an IRF. You will need to pay your Medicare Part A deductible and coinsurance. Some Medicare supplemental (“Medigap”) insurance policies will cover part or all of your deductible and coinsurance so check your insurance coverage. Private insurance coverage for IRF care varies.

“The AHA / ASA recommends IRF care if you can tolerate at least three hours a day of stroke rehabilitation.”
SKILLED NURSING FACILITY (SNF)
A SNF provides rehabilitation care and skilled nursing services for patients who:
- Are not well enough to be discharged to home and cannot tolerate the more intensive amount of therapy provided by an IRF.
- Can benefit from having a a registered nurse on site for a minimum of eight hours per day (on a physician’s plan).
- Need nursing and/or rehabilitation.
- Don’t need daily supervision by a physician, although the care provided must still be based on a physician’s plans.
A SNF can be a stand-alone facility, but when it is in a nursing home or hospital, it must be a separately licensed unit, wing or building.
Medicare will generally cover up to 100 days in a SNF. You will pay nothing for the first 20 days. There will be a co-pay for days 21-100. Some Medicare supplement (“Medigap”) insurance policies will cover part or all of your co-pay so check your insurance coverage. Private insurance coverage for care at a SNF varies.

LONG-TERM CARE FACILITY
- Long-term care facilities (nursing homes) provide long-term basic nursing care and assistance for people who need help with everyday activities, such as dressing or bathing. This is residential care for people who can’t live in the community.
- Long-term care facilities provide limited rehabilitative services except for those receiving care through a separate SNF wing or unit.
- Long-term care is generally paid out of pocket, by long-term care insurance or through the Medicaid program. Medicare and most private health insurance (comprehensive medical) policies do NOT cover long-term care facility care.

LONG-TERM ACUTE CARE HOSPITAL
- Long-term acute care hospitals provide extended care to people with complex medical needs (such as being on a ventilator) due to a combination of acute and chronic conditions.
- The average length of stay is 25+ days.
- Medicare, Medicaid and most private health insurance plans cover this care, although copays or coinsurance may apply.

HOME-BASED OR OUTPATIENT CARE
- Home-based or outpatient care is provided by home healthcare agencies or in outpatient office.
- Medicare, Medicaid and some private insurance plans cover home health care and outpatient therapy services.
- Many private insurance companies impose caps on the number of outpatient therapy sessions they will cover.
“YOU CAN HAVE A STROKE. BUT THE STROKE DOES NOT HAVE TO HAVE YOU. THERE IS LIFE AFTER A STROKE.”

NANDA WALTON AHA NEWS

ONLINE RESOURCES

Nursing Home Comparison:
Before you decide, research the care & quality of Medicare and Medicaid-certified nursing facilities in the country.
medicare.gov/nursinghomedecmpare

North Dakota Aging and Disability Resource Link:
Connect with services needed to maintain or improve the quality of life; explore this site or contact the free and confidential ADRL to guide you to the services and support available in your community.
1.855.462.5460
carechoice.nc.assistguide.net/

Inpatient Rehabilitation Facilities:
Find and compare the quality of rehabilitation facilities.
www.medicare.gov/inpatient
rehabilitationfacilitycompare

North Dakota Brain Injury Network:
Get personalized information and support to assist in making informed decisions and maximize the quality of life following a brain injury; search for resources on NDBIN’s online directory or contact them for assistance navigating the recovery journey.
1.855.866.1884
info@ndbin.org

AMERICAN STROKE ASSOCIATION offers a wide range of resources at strokeassociation.org/recovery
ND STROKE SURVIVOR TO SURVIVOR NETWORK

- Statewide telephone-based support program for stroke survivors and their caregivers
- Based on the “Stroke Survivors Empowering Each Other” Illinois initiative
- First phone calls were made over 1 year ago!
- 5 ND tertiary centers currently participating
GOALS

• PROVIDE SUPPORT, GUIDANCE AND ENCOURAGEMENT

• CONNECT STROKE SURVIVORS WITH SUPPORT PROGRAMS AND ACTIVITIES

• OFFER CURRENT RESOURCES AND STROKE EDUCATION

• MONITOR PATIENT PROGRESS AND SEEK REFERRAL GUIDANCE

• PROVIDE SS2S VOLUNTEERS THE OPPORTUNITY TO GIVE BACK AFTER THEIR STROKE JOURNEY
# PHONE CALL SUMMARY FORM (B)

**INSTRUCTIONS:** For each call with the stroke survivor, record the issues they are experiencing and your follow-up actions.

**STROKE SURVIVOR NAME:**

<table>
<thead>
<tr>
<th>Completed Calls Information</th>
<th>FIRST CALL</th>
<th>SECOND CALL</th>
<th>THIRD CALL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of the call</td>
<td>Date:</td>
<td>Date:</td>
<td>Date:</td>
</tr>
<tr>
<td>Who did you speak to?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Survivor</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Caregiver</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Other</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>- Voicemail</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Memory/cognitive issues</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>- Yes</td>
<td>Notes:</td>
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<tr>
<td>Emotional disturbances</td>
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<td>Other physical or mental difficulty</td>
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<td>- Hearing</td>
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<tr>
<td>- Vision</td>
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<tr>
<td>- Sensory/Pain</td>
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<tr>
<td>- Other</td>
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<tr>
<td>Filling a prescription issues</td>
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<td>- Yes</td>
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<td>Therapy compliance issue</td>
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<td>Notes:</td>
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<td>- No</td>
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<td></td>
<td></td>
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<tr>
<td>Transportation issues</td>
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<tr>
<td>- Yes</td>
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<tr>
<td>- No</td>
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<td></td>
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<tr>
<td>Insurance issues</td>
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</tr>
<tr>
<td>- Yes</td>
<td>Notes:</td>
<td>Notes:</td>
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</tr>
<tr>
<td>- No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Issues making/attending follow-up appointment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Yes</td>
<td>Notes:</td>
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<td>Need for Home Services</td>
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<td>- Services</td>
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<td>Attended Stroke Support Group</td>
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**What types of resources**

**Can the survivor name signs of stroke?**
SS2S STATS

- BETWEEN OCT 2018-OCT 2019, SS2S VOLUNTEERS MADE CALLS TO 149 INDIVIDUALS, INCLUDING STROKE SURVIVORS (N=127) OR THEIR CAREGIVERS (N=22).
- SEVEN PERCENT (N = 10 OF 149) OF PROSPECTS REACHED REQUIRED ADDITIONAL FOLLOW-UP BY HOSPITAL STAFF.
• SS2S Volunteers mailed additional resources to stroke survivors for 54% percent of the calls where the prospect was reached (N= 80 of 149).

• Of the issues stroke survivors indicated they were struggling with, fatigue was the issue most commonly reported (20%, N= 30 of 149), followed by memory/cognitive issues and vision difficulties (13%, N= 20 of 149).
• Funded by Department of Human Services
• Free service to individuals, family members and professionals

• Created to be the central source of brain injury support, information, and education

www.ndbin.org
855-866-1884
ND BRAIN INJURY NETWORK COLLABORATION

• THE NORTH DAKOTA LEGISLATURE PASSED A BILL ADDING ACQUIRED BRAIN INJURY (ABI), WHICH INCLUDES STROKE, TO THE STATE’S CENTURY CODE DEFINITION OF BRAIN INJURY IN 2019.

• THIS DEFINITION CHANGE ALLOWS THE NORTH DAKOTA BRAIN INJURY NETWORK TO PARTNER WITH THE AMERICAN STROKE ASSOCIATION IN ITS EFFORTS TO PROVIDE AN INTEGRATED SYSTEM THAT ASSISTS INDIVIDUALS ACROSS NORTH DAKOTA WHO MAY HAVE SUFFERED FROM A STROKE.
Presents:

Webinar Wednesdays!

A Webinar Series designed to meet your needs whether you are a brain injury/stroke survivor, caregiver or provider.

The following Webinars will be available live and will also be archived for later viewing if you are unable to attend live. These Webinars will be presented using the platform, Zoom.

If you wish to log in via computer you can do so at the links below. If you would just like to call in and listen you may do that as well by following the instructions on the link for the Webinar you would like to view!

Series Schedule-Most Wednesdays from 1:30-3:00 pm

November 13, 2019; Fatigue Pie
Rebecca Quinn, LMSW, CBIST
Rebecca is the Program Director for the NDBIN and is considered the statewide expert on brain injury. Join her just time for Thanksgiving Pie as she explains the barriers fatigue causes to individuals with brain injury and strategies to help overcome those barriers.
To log in go to: https://und.zoom.us/j/222637440

November 20, 2019; ND Assistive
Staff from ND Assistive will be explaining what ND Assistive does and give us a virtual tour of their new Smart Home’s located in Fargo and Mandan! Don’t miss this exciting advancement in technology for North Dakotans!
To log in go to:

December 4, 2019; TeleRehab
Quality Living, Inc. (QLI) in Omaha, Nebraska is a medical rehabilitation center specializing in traumatic brain injury, spinal cord injury, stroke and other neurologic injury. They recently have started providing Tele Rehabilitation, come listen to what that is all about and how it may benefit you!
To log in go to:
RESOURCE MANUAL FOR BRAIN INJURY SURVIVORS

NDBIN Resource Directory
Use the interactive map to locate services in North Dakota. To see what services are available in each area, click on the blue marker in the map below.

Find a Service
What service you are looking for? All services

Types of Services
- Adult Day Care
- Adults & Aging Services
- Advocacy
- Alternative Medicine
- Assistive Technology
- Cognitive Rehabilitation
- Driver Evaluation
- Educational Services
- Financial Assistance and Equipment Loans
- Guardianship
- Independent Living Services
- Law Services
- Mental Health
- Mental Health Recovery Centers
- Music Therapy
- Neuropsychology
- Occupational Therapy
- Physical Therapy
- Residential Placement
- Residential Services
- Speech Therapy
- Support Groups
- Transportation
- Veteran
IN THE WORKS...
ESO HEALTH DATA EXCHANGE UPDATE

• DELIVERS BIDIRECTIONAL, AGNOSTIC DATA SHARING BETWEEN EMS AND HOSPITALS.

• ENABLES QUALITY MANAGERS TO BRING TOGETHER EMS AND HOSPITAL PERFORMANCE DATA, MAKING IT EASIER THAN EVER TO DO SYSTEM QUALITY IMPROVEMENT — AND STUDY THE ENTIRE CARE CONTINUUM.
• HOSPITAL CLINICIANS CAN VIEW CRITICAL EMS DATA IN THEIR EHR, VIRTUALLY IN REAL TIME. PLUS, HDE GIVES HOSPITAL TEST RESULTS AND OUTCOMES BACK TO EMS FOR QUALITY IMPROVEMENT.

• EMS AGENCIES CAN USE HDE TOGETHER WITH ESO PAYER INSIGHT AND AUTOMATICALLY ACCESS HOSPITAL-GATHERED INSURANCE FOR SHORTENED PROCESSING TIME AND INCREASED COLLECTIONS. BILLING STAFF CAN EVEN IMPORT HOSPITAL DEMOGRAPHIC DATA DIRECTLY INTO ESO BILLING.
EMS TRANSPORT PLAN
Acute Stroke Ready Hospital (ASRH) Certification

ASRH certification recognizes hospitals with a stroke program that meets minimum requirements. ASRH certification fulfills a community need within a stroke system of care.

Some of the key requirements are:

- Acute stroke team available 24/7
- Access to a neurologist 24/7 via in person or telemedicine
- Sufficient diagnostic services
- Ability to provide IV thrombolytics

For a complete list of eligibility and requirements refer to the ASRH standards
ND STROKE GUIDELINES
FINAL OBSERVATION...
QUESTIONS OR SUGGESTIONS?

JANNA PIETRZAK BSN
ND MISSION: LIFELINE STROKE DIRECTOR
AMERICAN HEART ASSOCIATION, MIDWEST AFFILIATE
(701)730-3305
JANNA.PIETRZAK@HEART.ORG