

Stroke Smart Medical Practice Update

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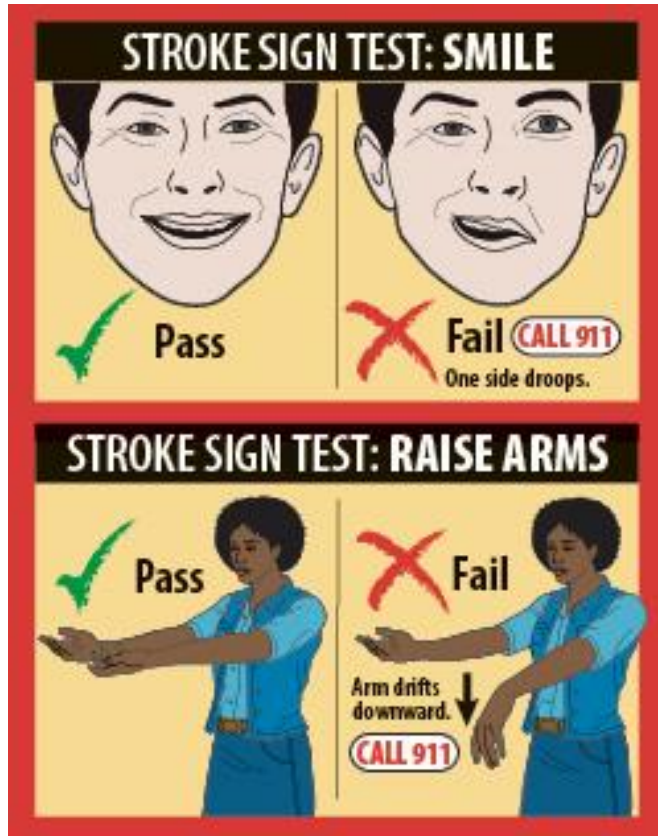
In Memory of
Grandma Rose



Today's Objective

- Update VSSTF on progress with Stroke Smart Medical Practice
- Encourage additional participation in initiative

Stroke Smart Medical Practice – Objective



Build stroke awareness and literacy among patients and medical practice staff to reduce pre-hospital delay and facilitate timely treatment of strokes

Why Medical Practice Focus?



1. Studies suggest 1/3 of patients with ischemic strokes first called their doctor for an appointment*
2. 80% of population see a medical professional annually; if high risk, even greater frequency
3. Patients trust their doctors
4. Patient attention is focused (vs. multitasking, phone distractions, etc.)

**Journal of American Heart Association, Sept 2019 ♦ Frontiers in Neurology, November, 2017 ♦ Stroke Management, May, 2008*

Stroke Smart Medical Practice - Elements

1. Train all office staff to spot strokes and follow the practice protocol if a stroke is suspected *suggested: minimum annually*
2. Provide *Stroke Smart* education and materials for all patients
Examples: wallet cards, magnets, posters, PSA videos
3. Identify high risk patients and provide (intentional) *Stroke Smart* education and materials
4. Incorporate *Stroke Smart* script in voicemail to spot and instruct calling 9-1-1 *suggested*
5. Track metrics on practice *Stroke Smart* effectiveness

Health System Practices - Activities:



Mary Washington Healthcare

- Piloting implementation of all elements in a primary care site
- Developed online Stroke Smart course to train staff
- *Stroke Smart Information Sheet* provided to all patients
- Coding Epic system to flag high risk stroke patients
- Phone system voice recording has been completed



- Piloting (all elements) in (3) primary care practices and (2) neurology practices
- Produced testimonial video
- New voice recording for phone system (in process)



- Focused on workflows and how to effectively incorporate patient education
- Implemented patient education and staff training at largest Richmond clinic (ACC-2)



- Implemented patient education and staff training in 40 Richmond clinics
- Created a PSA video that is shown in offices
- Implemented patient education at Maryview Medical Center (Portsmouth)



- Implemented patient education in (12) primary care practices



Independent Practices

- Patient education materials sent to 16 independent practices and wellness centers through our marketing efforts

Other Notable- Activities:

Stroke Smart Medical Collaboration Formed

Purpose:

- Identify and curate resources to facilitate the adoption of SSMP elements in practice, minimizing duplication of efforts and sharing best practices
- Identify opportunities to expand the initiative to practices and systems with an emphasis on areas with high stroke prevalence



Collaboration - Activities:

Proposed changes to VDH webpage to house all materials

- Stroke Smart Medical
 - Stroke Smart Medical Practice ♦ Stroke Smart Hospitals/Health Systems
 - Stroke Smart Urgent Care ♦ Stroke Smart Assisted Living ♦ Stroke Smart Rehabilitation Centers
- Stroke Smart Communities
 - Stroke Smart Schools ♦ Stroke Smart Business ♦ Stroke Smart Senior Centers
- Stroke Smart Faith Based Organizations
- Stroke Smart Pharmacy

Collaboration Activities Cont'd:

Stroke Smart Medical – Website Elements:

- **Overview and Implementation Resources**
 - ❖ Stroke Smart Medical Practice Overview (video)
 - ❖ Implementation “roadmap”

- **Staff Training**
 - ❖ 30 Minute Video (with actual stroke presentation examples)
 - ❖ Post Assessment
 - ❖ 911 Hesitancy roll-play video and script

- **Patient Training**
 - ❖ 3 minute and 9 minute videos
 - ❖ Stroke Smart Information Sheet-- provided to patients

- **High Risk Patient Training**
 - ❖ Assessment Tools
 - ❖ Nurse education script

- **Phone System**
 - ❖ Sample phone scripts



Assistance Available:

- Provide information from others' efforts
- Share resources
- Offer to meet and discuss

Where do I start if I'd like to adopt SSMP in my health system?



- Step 1: Identify service line leadership for primary care
- Step 2: Go through chain of command to get meeting
- Step 3: Present and educate on SSMP
- Step 4: Identify pilot site and begin implementation discussion

Questions?



How to help?

Help us grow the program by piloting in practices



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OR

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THE SIGNS OF A STROKE

B E F A S T

BALANCE

EYES

FACE

ARM

SPEECH

TIME



LOSS OF
BALANCE



LOSS
VISION



FACE
DROOPING



ARM
WEAKNESS



SPEECH
DIFFICULTY



TIME TO CALL
AN AMBULANCE