Stroke Smart Medical Practice

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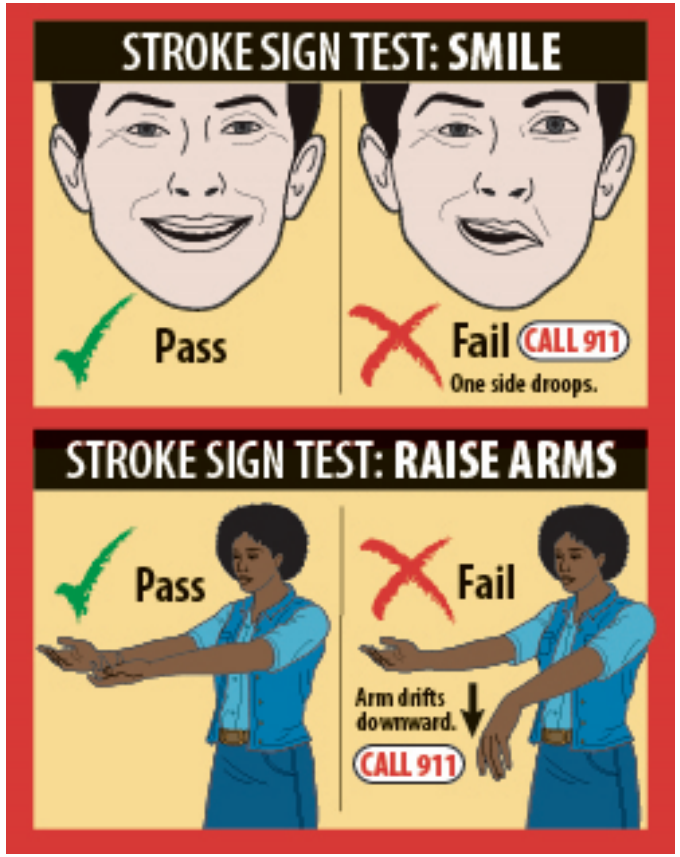
Stroke Smart – Objective



Reduce pre-hospital delay and increase timely treatment

Little to no progress has been made here!

Today's Objectives:

- Review **Stroke Smart Medical Practice** (SSMP) pilot initiative

- Gain your backing (vote) as we move forward

History of Stroke Smart

2017 — Stroke Smart Alexandria, City of Alexandria, Virginia

2020 — VSSTF, Virginia Stroke Systems Task Force: Stroke Smart Alexandria introduced to VSSTF

2021 — CDC, Centers for Disease Control and Prevention: Grant received from Paul Coverdale National Acute Stroke Program

Stroke Smart Virginia

2022 —  Expanded proclamations in cities and counties


CERTIFICATE of RECOGNITION

By virtue of the authority vested by the Constitution of Virginia in the Governor of the Commonwealth of Virginia, there is hereby officially recognized:

STROKE SMART COMMONWEALTH

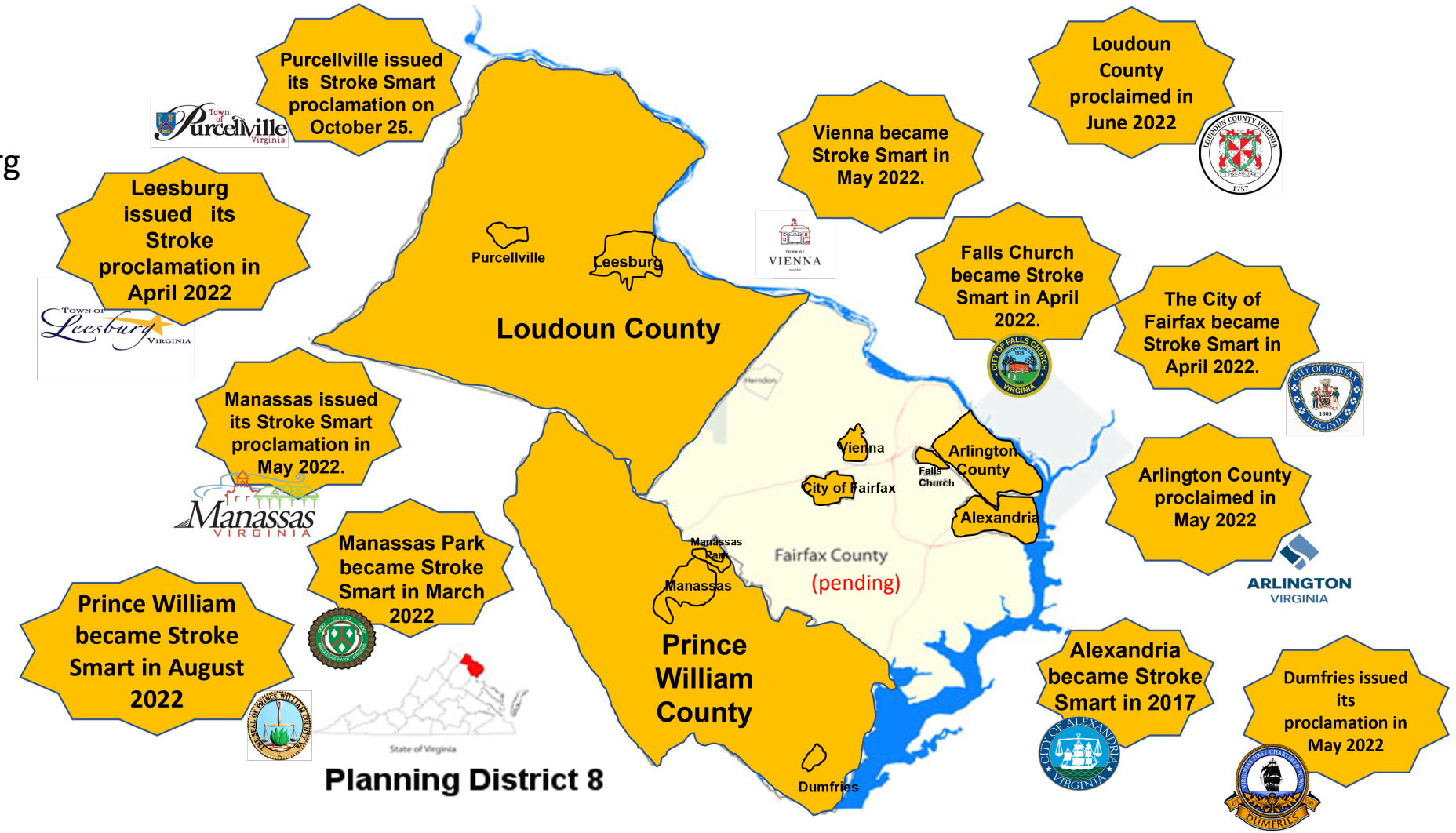
Governor

Secretary of the Commonwealth

Focus has been on cities and counties

Also Stroke Smart:
City of Fredericksburg

In Progress:
Fairfax County
Stafford County
Richmond City



Next area of focus:
Medical Practices & Primary Care Physicians

Why Primary Care Focus?

1. 80% of population see a medical professional annually; if high risk, even greater frequency
2. Patients trust their doctors
3. When in a doctor's office, people are ready to receive medical information
4. Patient attention is focused (vs. multitasking, phone distractions, etc.)

Problem 1: Pre-hospital delay linked to primary care facility

Studies suggest, 1/3 of the time people **call their primary care physician first**

If a patient is given appointment and comes into office, **odds of pre-hospital delay are quadrupled**

Source: "*Reasons for Prehospital Delay in Acute Ischemic Stroke*"; Journal of the American Heart Association, September 12, 2019

Goal 1: Don't schedule appointments for people having a stroke; instead instruct them to call 9-1-1

Proposed Intervention:

1. Train all office staff to spot strokes and follow the practice protocol if a stroke is suspected (annually)
    - reinforce with posters in staff areas
2. Incorporate script in voicemail to spot strokes and instruct to call 911 *(suggested)*
    - when office is closed
    - when lines are busy

Problem: Public isn't Stroke Smart

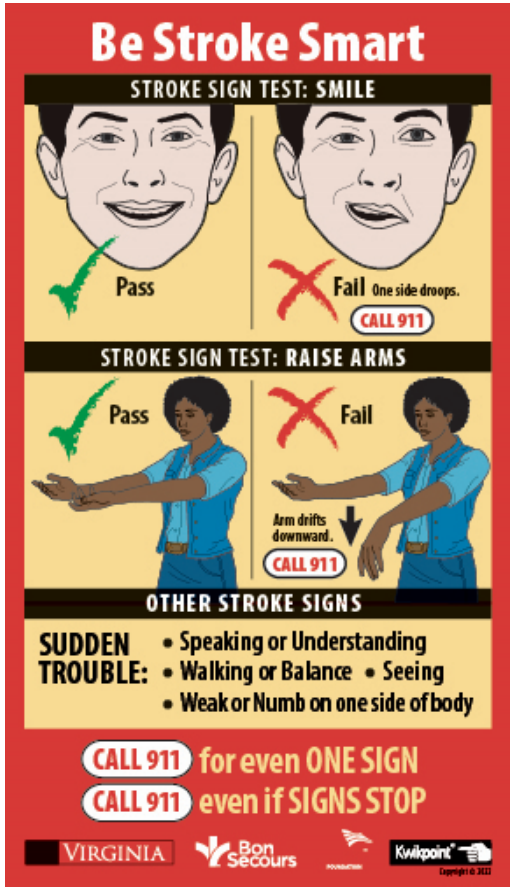
- ~10% get treatment
- 70%- 80% of stroke patients don't arrive in time for treatment because they didn't call 9-1-1

Goal 2: Provide effective education on stroke signs and actions to take

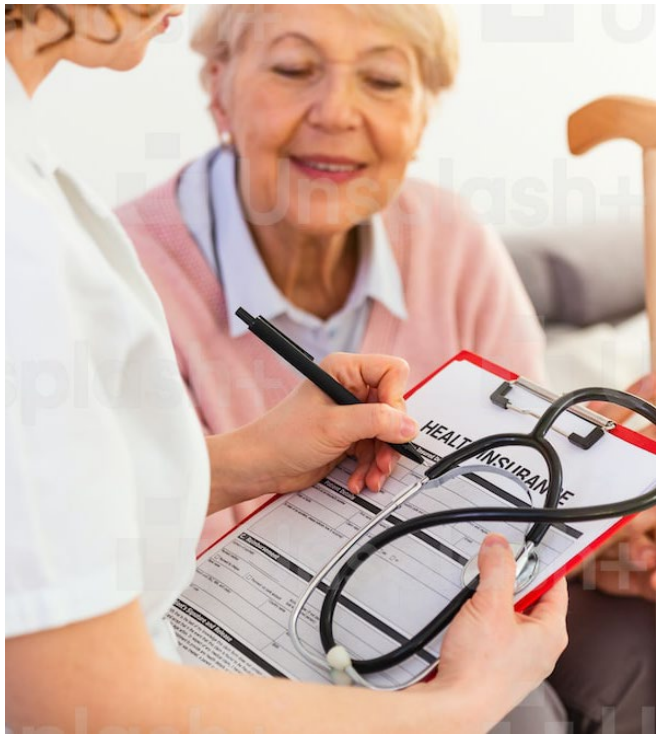
Proposed Intervention:

3. General education for <u>all patients</u> (waiting areas)

- Posters on walls
- Availability of wallet cards & magnets to take home
- PSA video on screens if available in waiting area, telehealth holds, downloadable QR code-- *suggested*
- Stroke Smart information on practice website, in newsletters and other communication vehicles-- *suggested*



Proposed Intervention cont'd:



4. Identify and educate high risk stroke patients (exam room)

- Clinical staff would identify patients at high risk
  - Walk them through Stroke Smart education
  - Stress importance of calling 911
  - Encourage retention of memory aids and sharing with loved ones

Measure Effectiveness

5. Track Office Metrics (short term)

Track basic metrics in office to understand reach and effectiveness

Suggested:

a. amount of material distributed

b. number of high-risk patients educated

c. number of staff trained

d. number of patients referred to 911 after contacting practice

Measure Effectiveness

VDH Stroke Registry (long term)

- Treatment Ratio
- Last Known Well (LKW) to ED
- ED Arrivals via 9-1-1

How has SSMP been developed?

a. Piloting with hospitals (Bon Secours, VCU, Mary Washington)
b. Work with VDH (Patrick Wiggins – Principal Investigator)
c. Survey – in progress with independent physician offices
d. NOVA EMS Council
e. Other interviews with PCP's, NPs, stroke nurses, neuroscience professionals

VCU Health

NORTHERN VIRGINIA EMS COUNCIL

MSV FOUNDATION

Mary Washington Healthcare

Bon Secours

VDH VIRGINIA DEPARTMENT OF HEALTH
VDHLiveWell.com

Stroke Smart Medical Practice Elements

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

What's Next?

1. Receive approval from VSSTF on Stroke Smart Medical Practice pilot criteria
2. Continue pilot and obtain feedback on elements, effectiveness, buy-in
3. Develop a "certification" to support Stroke Smart Medical Practice adoption
4. Continue to raise awareness and scale program

Questions?

VOTE - Stroke Smart Medical Practice Elements

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How to help?

Help us grow the program through survey and piloting practices

Email: Foundation@msv.org