

Stroke Smart Medical Practice Initiative

Spot a Stroke – Stop a Stroke – Save a Life

Tragically, one in three stroke patients first call their medical provider to request an office appointment rather than 911 because they do not recognize the medical emergency.¹ This delay can result in death or a lifetime disability for the patient. **Stroke Smart Medical Practice** aims to educate the public and medical office staff to recognize patient stroke signs and actions to take. Through adopting (5) actions, we can save lives and reduce disability from strokes.

- *Train office staff to spot strokes and follow practice protocol if a stroke is suspected.*
- *Ensure Stroke Smart education and materials are accessible to all patients.*
- *Identify high risk patients and provide targeted Stroke Smart education.*
- *Incorporate Stroke Smart script in phone system recordings.*
- *Track metrics on Stroke Smart program activities.*

The following are some suggested ways to effectively implement each element:

1. Train office staff to spot strokes and follow practice protocol if stroke is suspected.

- ❖ Educate **all staff**, particularly those who answer phones, on stroke signs and the practice protocol to employ when a stroke sign is observed in a patient. Suggested: annually
- ❖ Display *Stroke Smart* poster in the front desk area as a staff work aid to help identify patient stroke signs.
- ❖ Ensure any new front office staff are trained in stroke signs and office protocol after they join.

2. Ensure Stroke Smart education and materials are accessible to patients

- ❖ Display Stroke Smart wallet cards and magnets (English and Spanish available) at the front desk, waiting rooms, and/or exam rooms for patients to readily access. Encourage distribution at check-in/out.
- ❖ Provide a Stroke Smart Fact Sheet to patients which describes the initiative, stroke signs and actions, and directs them to ask their nurse if they would like further education.
- ❖ Display Stroke Smart poster(s) in exam rooms, elevators, and other patient accessible areas.
- ❖ Loop Stroke Smart patient training video in waiting areas, telemedicine holds, or display as a QR code

3. Identify high risk patients and provide targeted Stroke Smart education

- ❖ Identify patients at high risk for stroke and have a nurse (or health care staff) present them with a *Stroke Smart* wallet card and magnet accompanied by a simple explanation of the signs. Encourage patients to take extras and distribute them to family, coworkers, and friends.
- ❖ Tools such as the American Heart/American Stroke Association “*Stroke Risk Quiz*”, National Stroke Association “*Stroke Risk Scorecard*”, or an EHR system “flag” are tools to identify those at high risk

4. Incorporate Stroke Smart script in phone system recordings

- ❖ Incorporate stroke information into the office phone system (daytime and after-hours) or loop in system announcements for patients on hold.

5. Track metrics on Stroke Smart program activities

- ❖ Identify metrics to assess effectiveness of Stroke Smart initiative at the practice level
- ❖ Possible metrics include # of magnets/wallet cards distributed to patients, % of staff trained, # of calls where stroke is spotted and action taken, # of video views, etc.

Access Stroke Smart resources on the VDH website: www.vdh.virginia.gov (keywords: Stroke Smart)

¹ Reasons for Prehospital Delay in Acute Ischemic Stroke Joachim Fladt, MD, et. al, Journal of the American Heart Association, October 2019; <https://www.ahajournals.org/doi/10.1161/JAHA.119.013101>