

“Stop Stroke” Advisory Committee Hospital Stroke Capacity Survey

Instructions:

How to Complete this Survey

This booklet has been sent to you in advance for your review and to assist you and/or your staff in gathering any materials required for you to respond to the survey.

To complete this survey, we would like to conduct a 30-minute interview with the appropriate person at your hospital. Danielle Louder of the Maine Cardiovascular Health Program will conduct the interview at your convenience. The survey itself should only take about 30 minutes of your time. Please use this booklet as a guide in preparing for this interview and to identify any materials you may need to answer questions or material you would be willing to share as a part of this important study. Danielle will contact you in advance and schedule an appointment to conduct this interview at a time of your choosing.

If you have any questions about the survey or would like to schedule a time for a one-on-one interview, please contact Danielle at 622-7566 x226

Information Requested

The booklet has been divided into two main sections: a checklist of your current systems and protocols related to stroke, and a more in-depth survey of your plans, procedures, and potential stroke care interests and initiatives.

The first section asks about written procedures and protocols you may have related to stroke diagnosis and management. For this section we wish to understand if you have written procedures for specific aspects of stroke diagnosis and management, and if you do have such written procedures, whether you would be willing to share them as a part of this survey, so we can more fully understand procedures currently implemented by Maine hospitals. Regardless of whether you have such written procedures, we would also like to know if you would be interested in helping to develop such procedures to meet statewide needs and interests. Please feel free to complete this first portion of the survey on your own, before the interview, if you wish.

The second section asks more specific questions about plans, procedures, and services. The questions will focus on some of your current services and your future planning. Please note that several of the questions in section 2 will refer to procedures listed in the first section.

Key Definitions/Abbreviations and Survey References:

To assist you in answering these questions, please use the following definitions:

1. **Pre-hospital Stroke Care:** Any diagnoses, treatment and/or management of stroke patients, prior to arrival at a hospital facility. (ie: Emergency Medical Services care)
2. **Acute Stroke Care:** Initial diagnoses, treatment and/or management of stroke patients upon arrival at a hospital facility, typically provided in the Emergency Department in conjunction with Laboratory services
3. **Sub-Acute Stroke Care:** Subsequent care provided to stroke patients after the acute phase, including but not limited to: inpatient, surgery, rehabilitation, housing, community health services, etc.
4. **Pathway/Protocol:** A set of general, or disease-specific guidelines for diagnosing, treating and managing patients throughout the continuum of care
5. **Primary Prevention:**
 - a. Educating people about risk factors and lifestyle changes to reduce risk of stroke
 - b. Identifying and altering risk factors to prevent the onset of cardiovascular disease (CVD) leading to stroke
6. **Secondary Prevention:**
 - a. Identifying and treating people with established disease and those at very high risk of developing CVD.
 - b. Treating and rehabilitating patients who've had a stroke to prevent another cerebrovascular event
7. **Education Activities:** For the purpose of this survey, these are educational opportunities offered to healthcare providers and allied personnel, to increase and/or maintain knowledge levels around best practice for stroke patients throughout the continuum of care. These may include a variety of options, such as internet, presentations, self-study, trainings, lectures, etc. and may or may not include formal education credits.

Abbreviations

1. **EMS:** Emergency Medical Services
2. **TIA:** Transient Ischemic Attack (mini-stroke)
3. **ED:** Emergency Department
4. **tPA:** Tissue Plasminogen Activator (clot busters/Activase)

The following documents were used as reference in the development of the Hospital Stroke Capacity Survey:

(1) Joint Commission on Accreditation of Healthcare Organizations (JCAHO): *Primary Stroke Center Certification – Addendum to Disease-Specific Care Certification Manual*; 2004.

(2) American Stroke Association (ASA): *Recommendations for the Establishment of Stroke Systems of Care – Recommendations from the American Stroke Association's Task Force on the Development of Stroke Systems*; Stroke. 2005; 36:000-000

(3) Brain Attack Coalition: *Recommendations for the Establishment of Primary Stroke Centers*; JAMA. 2000; 283:3102-3109

	Does your hospital have this written procedure?		Would you be willing to share this procedure?		Would you be interested in helping to develop this procedure in Maine?	
	Yes	No	Yes	No	Yes	No
Pathways and Protocols: Sub-acute Care						
Does your hospital have designated clinical protocols or pathways to treat stroke patients in the sub-acute setting? (TIA, ischemic, hemorrhagic)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a specific protocol for the case management of stroke patients?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a general or specific physicians' order set to prevent recurrent strokes? (i.e. medications, behavioral, rehab and other)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NEUROIMAGING AND NEUROLOGICAL SERVICES						
Are there written procedures for neuroimaging for stroke patients?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there written procedures for neurological services for stroke patients?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
QUALITY AND PERFORMANCE IMPROVEMENT						
Have you implemented performance improvement measures for stroke?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If there are procedures that you are willing to share for use in this survey, please make a copy to provide to Danielle Louder at the time of the interview

Section 2. Plans, Procedures, and Services

I. Stroke Plans

1. Is stroke care a piece of your immediate and/or long-range strategic initiatives? (IF YES: Please answer question 2; IF NO: Please skip to question 3)

2. Could you please describe your plans, including any tentative timelines? (i.e. primordial, primary or secondary prevention, public awareness, pathways/protocols in pre-hospital through rehabilitation, patient/family/community ed, etc.)

3. Would you like to be kept informed of the progress that the “Stop Stroke” advisory committee and partners make around enhanced stroke care?

II. Community Education and Awareness

4. Does your hospital provide community education and awareness around stroke? (IF YES: Please answer questions 5-6; IF NO: Please skip to question 7)

5. Which groups in the community are they focused on? (please include any support groups)

6. Would you describe any initiatives? Please include titles, the target population, the focus of the initiative, dates conducted, their frequency, and any other information you feel would help describe these initiatives.

7. Would you be interested in receiving stroke education and awareness information for use in your community?

III. Stroke Diagnosis and Management

A. Pathways/Protocols: Pre-Hospital

8. Does your Emergency Department receive pre-hospital notification that a potential stroke victim is en-route?

? Inconsistently	? Somewhat Consistently	? Consistently	? Always
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9. Does your hospital support and participate in education activities for EMS personnel? (IF YES: Please answer question 10; IF NO: Please skip to question 11)

10. Would you describe these education activities including their focus, timing, frequency, and other information that would help describe these activities?

11. Does your hospital have access to airlift EMS services? (IF YES: Please answer question 12; IF NO: Please skip to question 13)

12. What is the average response time?

B. Pathways/Protocols: Acute Care
Protocols to treat stroke patients in the acute setting

13. Does your hospital have tPA available for stroke patients?

IF YOUR HOSPITAL HAS DESIGNATED CLINICAL PROTOCOLS OR PATHWAYS TO TREAT STROKE PATIENTS IN THE ACUTE SETTING (ED), PLEASE ANSWER QUESTIONS 14 THROUGH 16

14. When were these clinical protocols or pathways to treat stroke patients in the acute setting instituted?

15. Does the protocol include the use of tPA when appropriate?

16. How often are the protocols to treat stroke patients in the acute setting reviewed or updated?

Physicians' order set to treat stroke patients

IF YOUR HOSPITAL HAS A PHYSICIANS' ORDER SET TO TREAT STROKE PATIENTS, PLEASE ANSWER QUESTION 17.

17. How often is the physicians' order set to treat stroke patients reviewed or updated?

C. Telemedicine

18. Does your hospital have telemedicine capabilities? (IF YES: Please answer questions 19 – 20; IF NO: Please skip to question 21)

IF YOUR HOSPITAL HAS TELEMEDICINE CAPABILITIES:

19. During what days and times are your telemedicine services available?

20. Have these services been utilized in stroke diagnosis and care? (Please skip to and answer question 22)

IF YOUR HOSPITAL DOES NOT HAVE TELEMEDICINE CAPABILITIES:

21. Do you believe that telemedicine services would be helpful to your facility?

22. What role would/do you see telemedicine playing in treating stroke patients at your facility?

D. Pathways/Protocols: Sub-acute Care
Clinical protocols or pathways to treat stroke patients in the sub-acute setting

IF YOUR HOSPITAL HAS DESIGNATED CLINICAL PROTOCOLS OR PATHWAYS TO TREAT STROKE PATIENTS IN THE SUB-ACUTE SETTING, PLEASE ANSWER QUESTIONS 23 THROUGH 24.

23. When were these clinical protocols or pathways to treat stroke patients in the sub-acute setting instituted?

24. How often are the protocols to treat stroke patients in the sub-acute setting reviewed or updated?

General or specific physicians' order set to prevent recurrent strokes

IF YOUR HOSPITAL HAS A GENERAL OR SPECIFIC PHYSICIANS' ORDER SET TO PREVENT RECURRENT STROKES, PLEASE ANSWER QUESTION 25.

25. How often is the physicians' order set to prevent recurrent strokes reviewed or updated?

IV. Stroke Team/Unit

A. Stroke Team

26. Does your hospital have a designated stroke team? (IF YES: Please answer questions 27-32, IF NO: Please skip to question 33)

IF YOUR HOSPITAL HAS A DESIGNATED STROKE TEAM

- 27. If yes to team, who is the director of the team? (please specify position)
- 28. Who (what roles) is on the team? (please specify positions and specialties)
- 29. What specific functions do team members serve?
- 30. When are team members available?
- 31. Who activates the stroke team, and how?
- 32. Is documentation kept that details the functions and meetings of the team? (Please skip to question 34)

IF YOUR HOSPITAL DOES NOT HAVE A DESIGNATED STROKE TEAM

33. Would you be interested in creating a stroke team at your facility?

B. Stroke Unit

34. Does your hospital have a designated stroke unit? (IF YES: Please answer questions 35-36; IF NO: Please skip to question 37)

IF YOUR HOSPITAL HAS A DESIGNATED STROKE UNIT

- 35. Where is the stroke unit located?
- 36. Does the hospital have designated beds for sub-acute stroke care?

IF YOUR HOSPITAL DOES NOT HAVE A DESIGNATED STROKE UNIT

37. Would you be interested in creating a stroke unit at your facility?

V. Neuroimaging and Neurological Services

A. Neuroimaging Services

38. Does your hospital have neuroimaging services? (IF YES: Please answer questions 39-40; IF NO: Please skip to question 41)

IF YOUR HOSPITAL HAS NEUROIMAGING SERVICES

39. If yes, during which days and times are neuroimaging and interpretation services available?
40. What is the average time in which these services are available?

IF YOUR HOSPITAL DOES NOT HAVE NEUROIMAGING SERVICES

41. Are neuroimaging services included in your strategic planning?

B. Neurological Services

42. Does your hospital have neurological services either at the hospital or available through transfer to another hospital? (IF YES: Please answer questions 43-49; IF NO: Please skip to question 50)

IF YOUR HOSPITAL HAS NEUROLOGICAL SERVICES

43. What services are available?
- a. Neurological
 - b. Neurosurgery
 - c. OTHER (specify)_____
44. Are these services available at your hospital, or do they require transferring the patient to another facility? (IF ON-SITE: Please answer questions 45-47; IF OFF-SITE: Please answer questions 48-49)

IF YOUR HOSPITAL OFFERS NEUROLOGICAL SERVICES ON SITE

45. During which days and times are services available?
46. During which days and times is an operating room available?
47. What is the average time in which these services are available?

IF NEUROLOGICAL SERVICES ARE AVAILABLE OFF-SITE

48. What is the distance in miles to the transfer hospital?
49. What is the name of this hospital?

VI. Quality/Performance Improvement

50. Does your hospital provide continuing education, such as CMEs, competencies, etc. in stroke care for professional staff, including DOs, MDs, RNs and allied health professionals? (IF YES: Please answer question 51)
51. Would you describe the activities, their focus, timing, frequency, etc.?
52. Please feel free to add any additional comments.

Thank you again for your assistance with this important survey of stroke capacity in Maine