

Utilizing Networks to Improve Statewide Stroke Care

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Disclosures

- None

Objectives

- 1. Understand the evidence supporting stroke systems of care**
- 2. Recognize gaps in stroke care in our community**
- 3. Strategize ways to harness existing networks across Oregon to improve prevention, treatment and recovery of stroke**

ASA Policy Statement

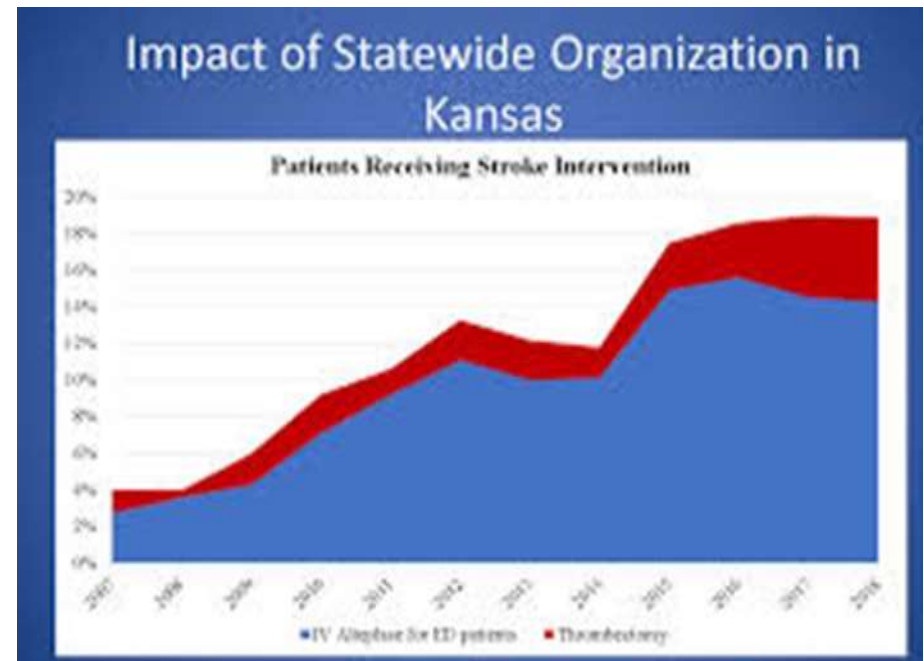
Recommendations for the Establishment of Stroke Systems of Care: A 2019 Update

A Policy Statement From the American Stroke Association

Opeolu Adeoye, MD, MS, FAHA, Chair; Karin V. Nyström, RN, MSN, FAHA;
Dileep R. Yavagal, MD; Jean Luciano, CRNP; Raul G. Nogueira, MD;
Richard D. Zorowitz, MD; Alexander A. Khalessi, MD, MS, FAHA;
Cheryl Bushnell, MD, MHS, FAHA; William G. Barsan, MD; Peter Panagos, MD;
Mark J. Alberts, MD, FAHA; A. Colby Tiner, MA; Lee H. Schwamm, MD, FAHA;
Edward C. Jauch, MD, MS, FAHA

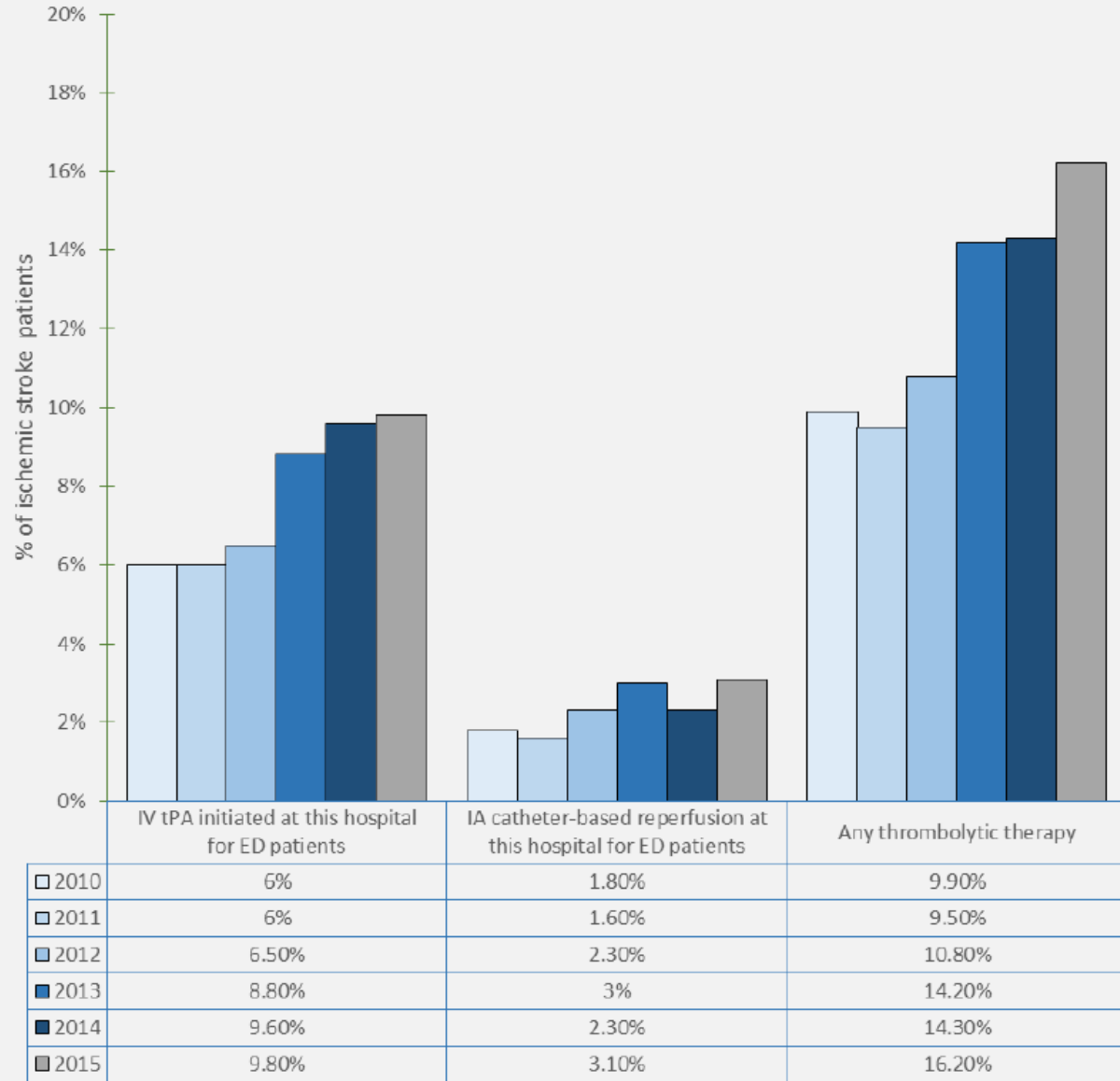
Kansas Initiative for Stroke Survival

- **KISS is organized as a four prong approach to the care of acute stroke.**
 1. Organize and partner with EMS to provide screening, evaluation, and routing to ensure the fastest and safest delivery of care.
 2. Provide Education and support to ANY hospital that desires assistance in evaluation and treatment of stroke.
 3. Assist with the transport and evaluation/treatment through a network of both Primary and Comprehensive Stroke Centers;
 4. Improve the public's knowledge of stroke to provide the opportunity for treatment.
- **How does KISS do this?**
 1. By providing free education at all levels for providers in each of the 6 ambulance regions in the state of Kansas through Stroke Bootcamps, "First Tuesdays" 30 minute stroke webinars, and statewide case reviews.
 2. By providing a free Physician 24/7 stroke support line to assist with the evaluation and decision on treatment/transfer for any of your stroke patients.
 3. Certification/Attestation for Emergency Stroke Ready Hospital. (see Resources)



OREGON

Thrombolytic Therapies
2010-2015



GAPS

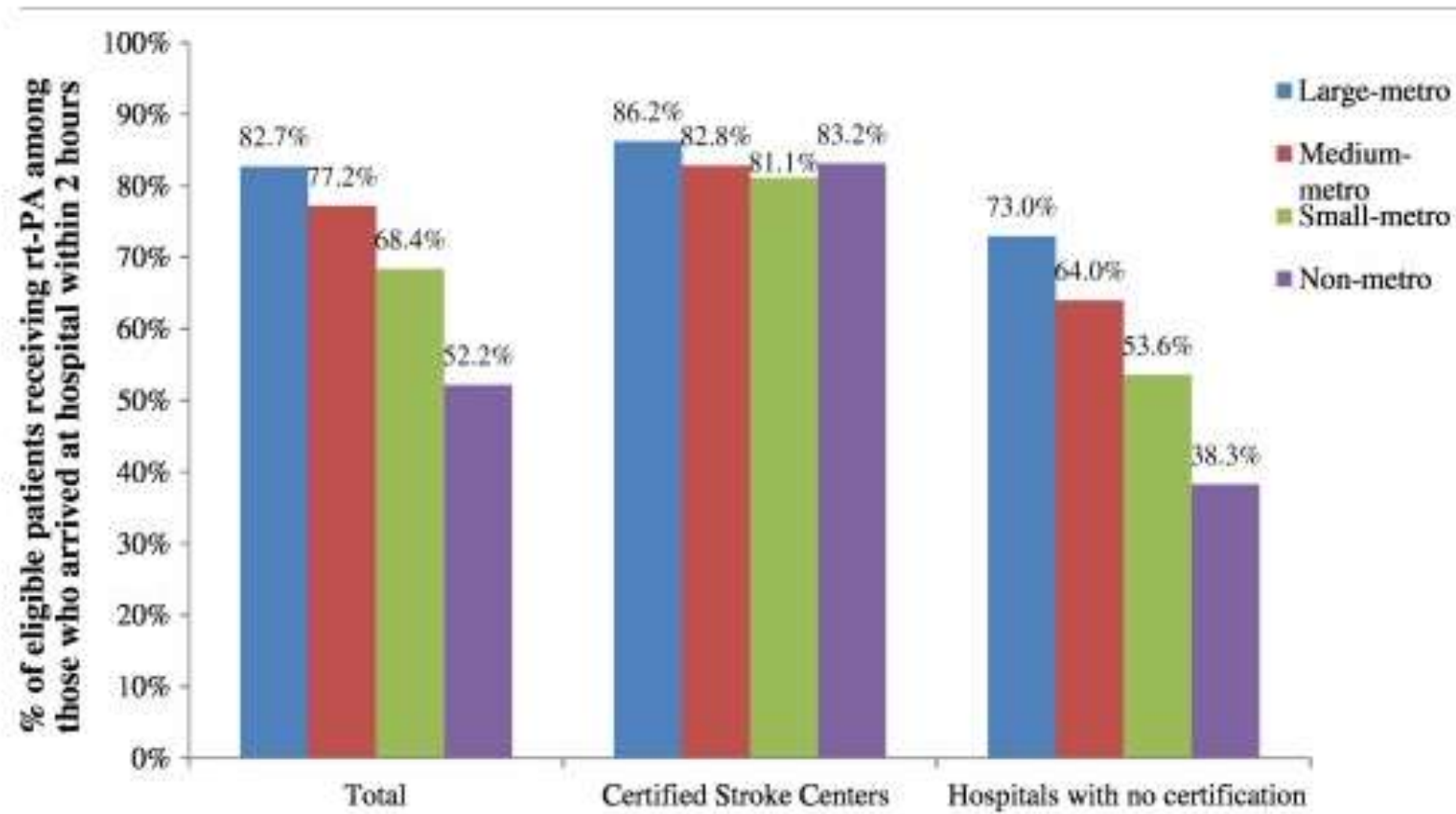


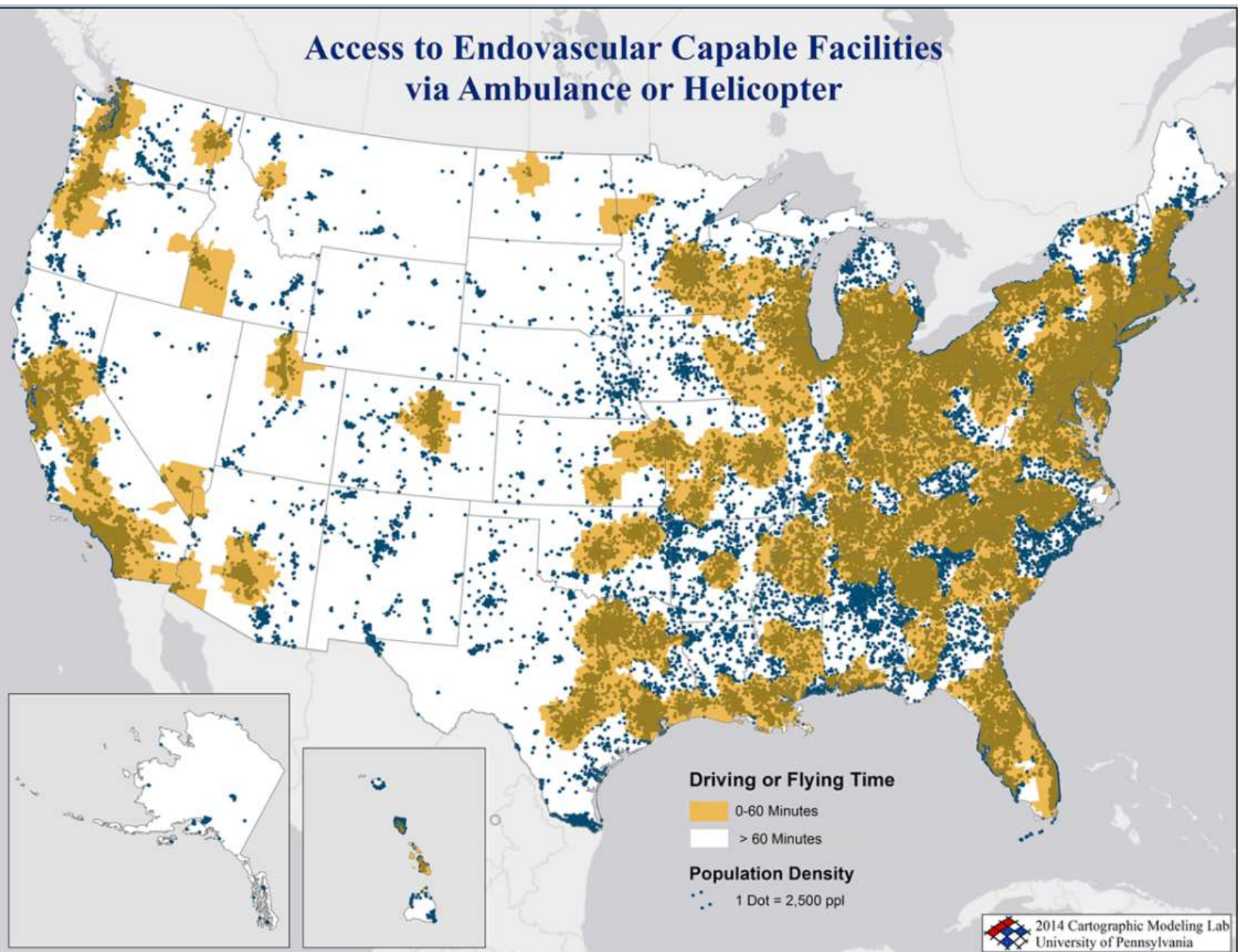
Table 1. Levels and Capabilities of Hospital Stroke Designation

	ASRH	PSC	TSC	CSC
Location	Likely rural	Likely urban/suburban	Likely urban	Likely urban
Stroke team accessible/available 24 h/d, 7 d/wk	Yes	Yes	Yes	Yes
Noncontrast CT available 24 h/d, 7 d/wk	Yes	Yes	Yes	Yes
Advanced imaging (CTA/CTP/MRI/MRA/MRP) available 24 h/d, 7 d/wk	No	Yes	Yes	Yes
Intravenous alteplase capable	Yes	Yes	Yes	Yes
Thrombectomy capable	No	Possibly	Yes	Yes
Diagnoses stroke pathogenesis/manage poststroke complications	Unlikely	Yes	Yes	Yes
Admits hemorrhagic stroke	No	Possibly	Possibly	Yes
Clips/coils ruptured aneurysms	No	Possibly	Possibly	Yes
Dedicated stroke unit	No	Yes	Yes	Yes
Dedicated neurocritical care unit/ICU	No	Possibly	Possibly	Yes

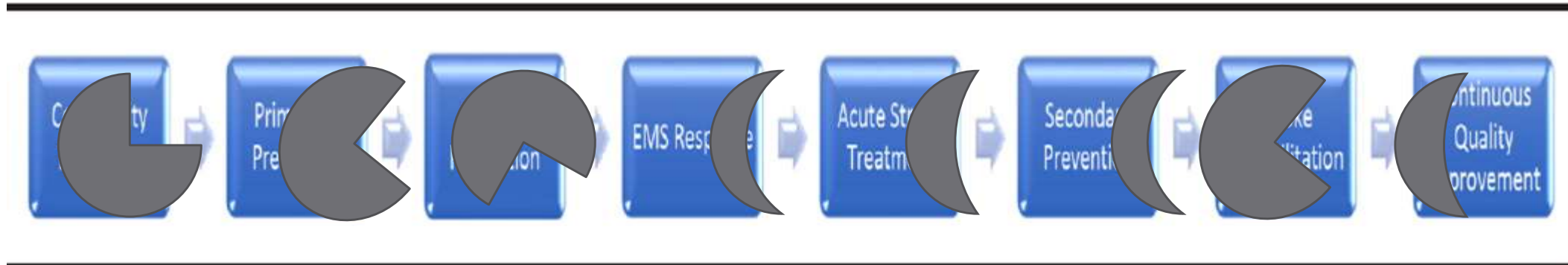
ASRH indicates acute stroke-ready hospital; CSC, comprehensive stroke center; CT, computed tomography; CTA, computed tomography angiography; CTP, computed tomography perfusion; ICU, intensive care unit; MRA, magnetic resonance angiography; MRI, magnetic resonance imaging; MRP, magnetic resonance perfusion; PSC, primary stroke center; and TSC, thrombectomy-capable stroke center.



Access to Endovascular Capable Facilities via Ambulance or Helicopter

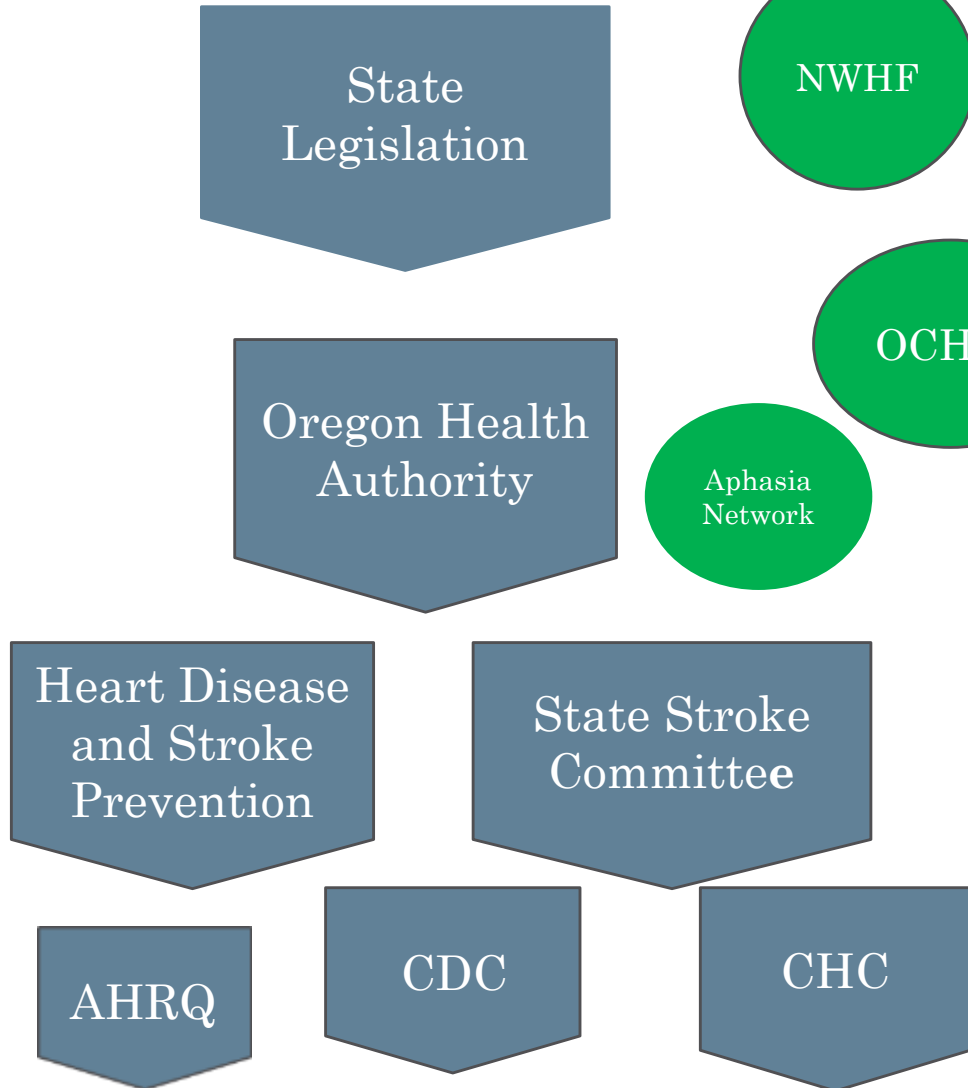


CONTINUUM OF STROKE CARE

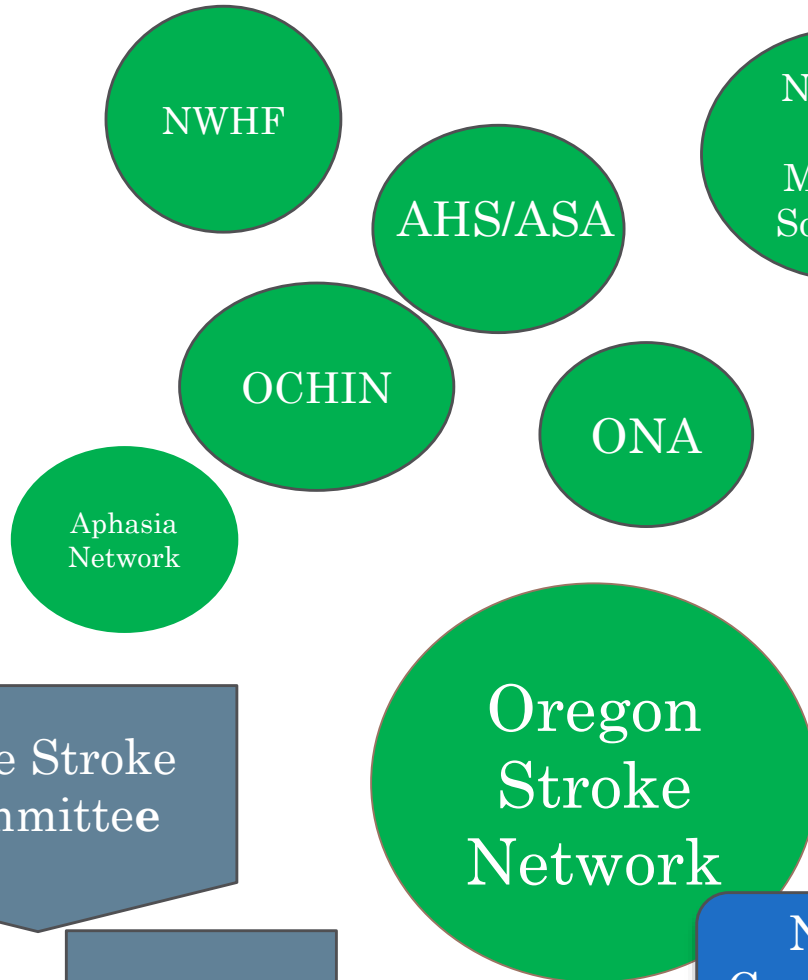


GAPS

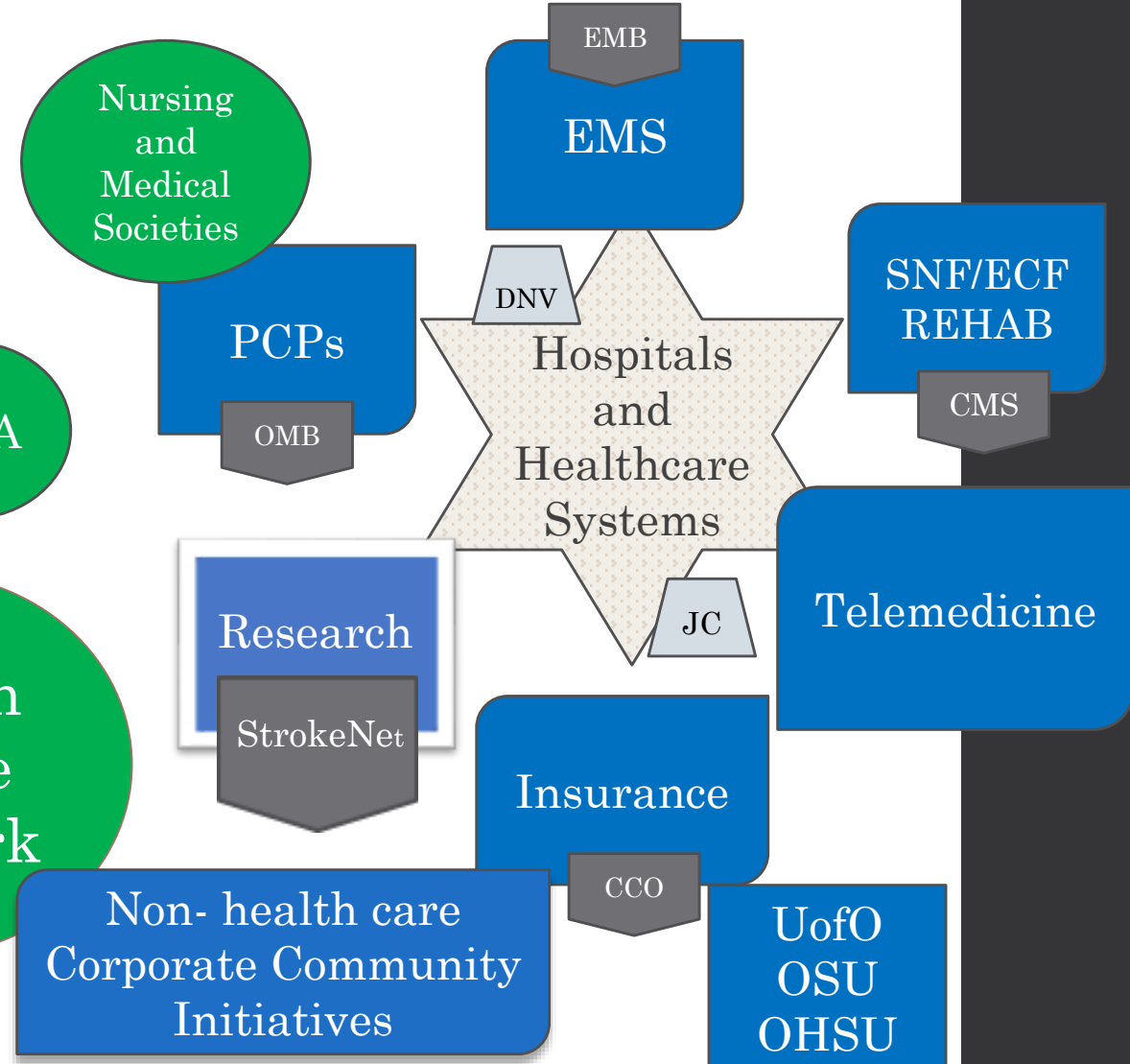
Governmental



Not-for-Profit



Private & Academic



Stroke Care Committee

- Established under the Oregon Health Authority (OHA) as a result of the passage of Senate Bill 375 during the 2013 legislative session.
- The purpose of the Committee is to assist OHA with achieving continuous quality improvement in the quality of stroke care by:
 - (a) Analyzing data related to the prevention and treatment of strokes;
 - (b) Identifying potential interventions to improve stroke care; and
 - (c) Advising the OHA on meeting its objectives, including but not limited to the objectives of the emergency medical services and trauma system developed pursuant to [ORS 431.607](#), that are related to stroke care.

Healthy places, healthy people: A framework for Oregon

Statewide

Policies support the healthy choice as the easy choice for adults and children:

- Workplaces, schools and public places are tobacco-free.
- Safe biking and pedestrian routes, alternative transportation and recreational opportunities are easily accessible and affordable.
- Healthy foods are easily accessible and affordable.
- Schools offer physical education.
- Tobacco and obesity prevention and education infrastructure is funded.

Policies protect adults and children from unhealthy influences:

- Tobacco is expensive.

Awareness and education messages promote chronic disease prevention, early detection and management.

Information about health and economic cost of chronic disease is collected and reported.

All Communities

Optimal availability of:

- Chronic disease self-management programs
- Healthy food choices
- Physical activity opportunities

Minimal exposure or access to:

- Secondhand smoke
- Tobacco products
- Unhealthy foods
- Advertising and promotions of tobacco and unhealthy food

Schools • Worksites • Health Systems

Policies and environments support healthy eating, daily physical activity and tobacco-free lifestyles. They also promote chronic disease early detection and management.

COMPONENTS FOR AN EFFECTIVE NONPROFIT

Strong Executive Leadership

- Conveys a strong social vision, energizes and listens to stakeholders, leverages opportunities to innovate and meet changing client needs, and is open to constructive critical feedback and new ideas.

Create Deep Social Impact

- Takes a compelling vision, breaks it into programs that work, and hones the model over time to achieve the mission

Effective Relationship Building

- Leverages external resources, engages people with different points of view, solicits feedback, and sustains long-standing partnerships

Organizational Stability

- Solid financial and operational footing, with no significant management, staff or board turnover in the last few years

Engagement of Volunteers

- Connects the work of volunteers to the organization's ability to strengthen its foundation for greater sustainability

Commitment to Capacity Building

- Senior leadership has shown a willingness to devote time and resources to capacity building functions.



Oregon Stroke Network

The Oregon Stroke Network (OSN) is a nonprofit organization comprised of a variety of healthcare professionals in many practice settings across the state who care for patients diagnosed with stroke.

[About Us](#)[Membership](#)[Subcommittees](#)[Professional](#)

Survivors, Caregivers, Family



Community Outreach



Professional Resources



Professional Events

