Stroke Smart VIRGINIA

Stroke Smart Medical Practice
Guided Roadmap for Implementation

Stroke Smart Medical Practice is an initiative aimed at the primary care setting to reduce stroke prehospital delay. Studies show 1/3 of patients don't recognize symptoms and call the physician office for an appointment which causes delay. By implementing (5) actions, a practice can positively impact patient outcomes.

Overall Project Start Plan:

1. Form an interdisciplinary team to implement the initiative at the practice
2. Discuss roles (i.e agenda setting, notetaking, scheduling, and virtual links), ground rules, frequency and duration of meetings (standard day and time recommended)
3. Review the (5) Stroke Smart Medical Practice actions and discuss the aims of each
4. Discuss any guiding principles (i.e., no extra provider time should be taken, new processes should fit into existing workflows, etc.)
5. Review what other SSMPs have done in implementation
6. Decide which action to focus on 1st and begin discussing implementation using the questions provided
7. As team progresses, identify if Actions 1 - 5 will be implemented one at a time or simultaneously

Action 1: Train all office staff to spot strokes and follow the practice protocol if a stroke is suspected

1. Who should be included in staff training? (ideally, everyone)
2. How will we communicate WHY this training is important and what initiative is aimed to do? (for staff understanding and buy-in)
3. What content should be included in the training?
    a. Stroke signs and how they present
    b. Why it is important to call 911
    c. Role play 9-1-1 hesitancy?
4. Who will conduct the training? Stroke coordinator? Outside individual? Video provided online (30 min video available)?
    a. Do we want to tap into existing training or create our own version?
5. Will the training be done live, online synchronously or asynchronously? How long? How often will we do training?
6. How will new employees be trained?
7. What is our office protocol if a phone receptionist detects a caller may be experiencing a stroke?
    a. What should be done if caller is hesitant to call 911 or go with EMS? Should we role play?
8. Is there continuing education credit that people will receive?
9. How will we test for understanding?

Action 2: Ensure Stroke Smart education and materials are accessible to all patients *Examples: wallet cards, magnets, fact sheets, posters, PSA videos*

1. Materials
    a. What materials would we like to provide? Do we use what is available or create our own?
    b. How do we think collateral should be distributed?
        i. "self-service": how are patients made aware that they can take? Are they in a holder? Are they on a patient clipboard? Do patients know they can take as many as they'd like? Where are they located? Should a sign be next to materials?
        ii. Handed personally to the patient– are materials packaged (in an envelope)? Is there any communication (info letter) that goes with it? How does the envelope get stuffed?
    c. Sustainment – how do we restock? Should shipments be scheduled at certain intervals or does someone order when low? How do we know when we are low? Do we assign to a staff person?
    d. How do we integrate into workflows?

Action 2 Continued

2. Posters:
    a. Where should they be placed? *Potential areas: Exam rooms, front desk, restrooms, doors, tables, walls, elevators*
    b. When should a poster be replaced?
3. Stroke Video:
    a. Do we want to show a stroke awareness video to patient? How would we offer (i.e. QR code? Show in waiting areas? On website? "On hold" time for telehealth appt?)
    b. Do we want to create our own PSA video?
4. Monthly newsletters, social media, portal with announcements:
    a. Do we want to share information on our website (digital platform) or in print communication?

Action 3: Identify high risk patients and provide *Stroke Smart* education

1. How will we identify high risk patients?
    a. Is a "flag" put in the electronic medical record (EMR)? What criteria is used? How can EMR be programmed w/flag? Who will provide education to patient when flagged? Is a script needed?
    b. Does intake nurse (or other) make a judgement call based on patient health information? When is it done? Is a script needed?
    c. What is used in educating patients (hand them materials, use poster)?
2. What training and communication needs to be done with staff?

Action 4: Incorporate Stroke Smart script into phone system recordings

1. Where do we recommend placing a message – everyplace 9-1-1 is referenced in voicemail? After hours voicemail?
2. Will we use existing script or create our own?
3. Who will be used to record?
4. How does recording get onto system?
5. Will recording be for our medical practice only or also others?
6. Do we record something for telemedicine holds?

Action 5: Track metrics on Stroke Smart program activities

1. What would be helpful to track to measure effectiveness for the office?
    a. How do we track the quantity of materials that get distributed? How often?
2. Will we track if someone gets diverted to call 911 vs. coming into office?
    a. How?
    b. Track in office vs. central dashboard?
3. How will we communicate and celebrate "wins" in the office and communicate to health system?
4. Long term measurement – identify how to align with stroke registry (baseline & future assessment)

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

VDH VIRGINIA DEPARTMENT OF HEALTH

VIRGINIA HOSPITAL & HEALTHCARE ASSOCIATION
An alliance of hospitals and health delivery systems

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