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Welcome to:

- Transylvania Medical Center
- Granville Health System
- Park Ridge Hospital
- WakeMed Cary

## Welcome!

Dear NCSCC members,

We hope this newsletter finds you at the start of a very healthy and successful year. To help kick off the new year, we have joined

forces to create a new edition of the quarterly newsletter to help educate you on changes taking place with the Collaborative and keep you informed of all things stroke related. NCSCC hopes you enjoy

the publication!

Regards,

*The NC Stroke Care Collaborative Team*



## Standardizing Stroke Orders -

### Is this “cookbook medicine”?

Standardized orders for stroke are the focus of the newsletter this month. There have been mixed opinions about whether or not these interventions are the best interventions to use to improve stroke treatment. While numerous studies have shown that hospitals that use standing orders show an increase in the quality of patient care, reduced costs, and an improvement in outcomes, standing orders frequently go unutilized.

The California Acute Stroke Pilot Registry (CASPR), a CDC-sponsored Coverdell Stroke Registry, conducted a study at seven hospitals to evaluate the impact on quality of care from implementing standardized admission and discharge orders for patients with ischemic stroke. The investigators measured six points of care including: thrombolysis within three hours, antithrombotic medica-

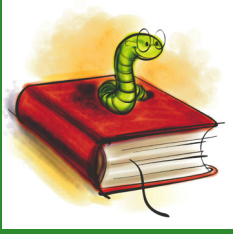
tion within 48 hours, DVT prophylaxis by hospital day two, smoking cessation counseling, and prescriptions for lipid-lowering and antithrombotic medications at discharge.

Results showed that stroke care improved in six of the seven hospitals that implemented standing orders. As further support for the use of standing orders, the seventh hospital that participated in the registry did not implement any standing orders and showed no improvement in care. So what is keeping hospitals from adopting standing orders? The reasons are not always clear. Some critics of standing orders claim that they are considered cookbook medicine. Dr. J.D. Bartleson provides an insightful critical commentary on the study conducted by CASPR. Bartleson

explains, “we want to do the right thing for our patients. We strive to practice the best care based on the best medical evidence. But, it is impossible to remember to do all of the right things for every patient every time. A reminder at the point of care is an obvious tool for helping to ensure that we do the right thing.” As more and more research reveals the positive impact that standing orders have on improving care, it seems only natural that hospitals will increase implementation.

Does your hospital use standing orders?

1. *The California Stroke Pilot Registry Investigators. The impact of standardized stroke orders on adherence to best practices. Neurology 2005; 65:360-365.*



**\*\*Stay tuned\*\***

2009 Innovative Grant winners will be announced soon and featured in next quarter's newsletter!

*\* Announcements \**

- 2009 Innovative Grant Awardees Selected!
- Blackboard Resources recently added!
- 2008 version of FAQ's published!
- Reliability Sampling information to be sent out in March...Check your e-mail!

**NCSCC Awards over \$112,000 in Grants to NCSCC Hospitals in 2008!**

Hospital Name	2008 Award	Program/Project Title in FY 2007-2008
Watauga Regional Medical Center	\$5,380.00	Enhancing Stroke Education for Healthcare Providers, Patients, Care-takers & the Community Program
Moses Cone Memorial Hospital	\$15,000.00	Beyond Harmonized Performance Measure Program
Wayne Memorial Hospital	\$15,000.00	Stroke Nurse Coordinator
Pitt County Memorial Hospital	\$15,000.00	Improvement of Anti-Hypertensive Medication Compliance Program
Rex Healthcare	\$15,000.00	Rex Stroke Education Program
CMC- NorthEast	\$15,000.00	Are You Stroke Aware? Program
Thomasville Regional Medical Center	\$8,150.00	Thomasville Medical Center Makes StrokeSense Program
Iredell Memorial Hospital	\$11,604.00	Community Stroke Education Program
Onslow Memorial Hospital	\$15,000.00	Stroke Nurse Coordinator
Maria Parham Hospital	\$6,945.00	Vance County Community Outreach Program for Stroke



**Spotlight on a 2008 Grant Winner: CMC - NorthEast**

CMC - NorthEast was awarded \$15,000 as part of NCSCC's 2008 Innovative Grant Program. One outcome of their project was a video entitled the "Faces of Stroke". This video presses the point that no one is immune to having a stroke. It can happen to a person of "any age, any race, and any time". By heeding the warning signs, however, the consequences of suffering a stroke can be greatly reduced.

The video has been distributed and viewed at health fairs, in doctors' offices, and given to at risk patients across NC to educate them on the risk factors associated with stroke and the precautions that they can take. Knowledge is power, and there is not a moment to spare - "Time lost is brain lost."

Great job CMC-NE for completing an excellent NCSCC Innovative Grant Program!



# Featured Site: Frye Regional Medical Center

## An Interview with Stacey Coffey, Neuroscience Program Coordinator

**Q:** When did Frye first start using standing orders / How was the process initiated?

**A:** We started using standing orders in the Fall of 2007. When I first accepted the position of Neuroscience Program Coordinator, one of the first things I did was perform an assessment of what we had in place and what we needed to implement. A good working set of standing orders was needed, and by working with our stroke director and our hospitalist group, and after about ten revisions, we were able to establish a set that worked for everyone and met our performance standard needs.

**Q:** What are the barriers (if any) that you have found in the process for using standing orders?

**A:** On occasion, the orders are not utilized. This is usually an oversight either by the physician or the

unit secretary not pulling the orders; however, sometimes a physician prefers using a different order set.

**Q:** How have the physicians at Frye reacted to the use of standing orders? Have they “bought in” to the process, or has there been resistance? Explain.

**A:** It has taken some time to get everyone used to using the stroke standing orders, but for the most part, this is becoming part of the routine when admitting our stroke patients.

**Q:** Have you seen any measureable changes (positive or negative) as a result of implementing standing orders?

**A:** We have definitely seen an improvement in our performance measure compliance. Besides being order sets, they also work as a guide to remind us of our focus when caring for our stroke patients. This also helped us achieve our goal of becoming a primary stroke center in June of 2008.

**Q:** What do you hope Frye will gain from using standing orders?

**A:** Ultimately, the hope is to mini-

mize the complications from stroke by addressing each area of concern and as a result have improved patient outcomes.

**Q:** Would you recommend for more hospitals to adopt standing order?

**A:** Yes, I think it is definitely a necessary component to any stroke program.

**Q:** Is there anything else you would like to share?

**A:** When building a stroke program, there is never an endpoint. It is always a work in progress, looking for ways to improve and provide quality patient care.

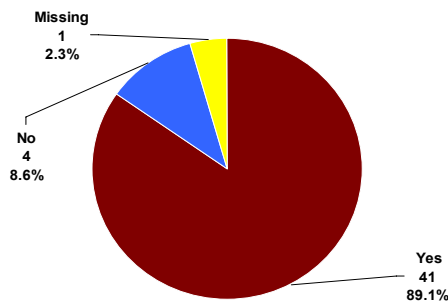


Frye Regional Medical Center, Hickory, NC

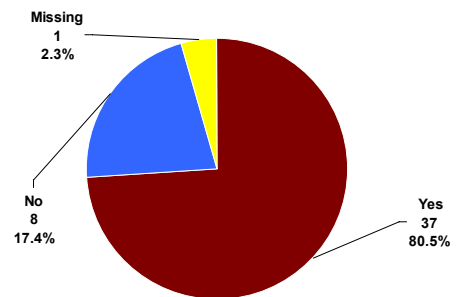


## NCSCC Hospital Standing Orders

2008 N.C. Hospital Inventory, Question 2.3.1  
Hospitals that have a written protocol for t-PA



2008 N.C. Hospital Inventory, Question 2.3.2  
Hospitals that have a written protocol for emergency care for Ischemic or Hemorrhagic Stroke patients



Source: 2008 Hospital Inventory for the NC Stroke Care Collaborative and the Paul Coverdell National Acute Stroke Registry.

Source: 2008 Hospital Inventory for the NC Stroke Care Collaborative and the Paul Coverdell National Acute Stroke Registry.

# Blackboard 101:

*Have you logged on to Blackboard lately?* If you haven't, you are missing out on a wealth of information! Blackboard is updated regularly with essential NCSCC information including announcements and upcoming events, QI presentations, stroke-related publications, a discussion forum, and much more!

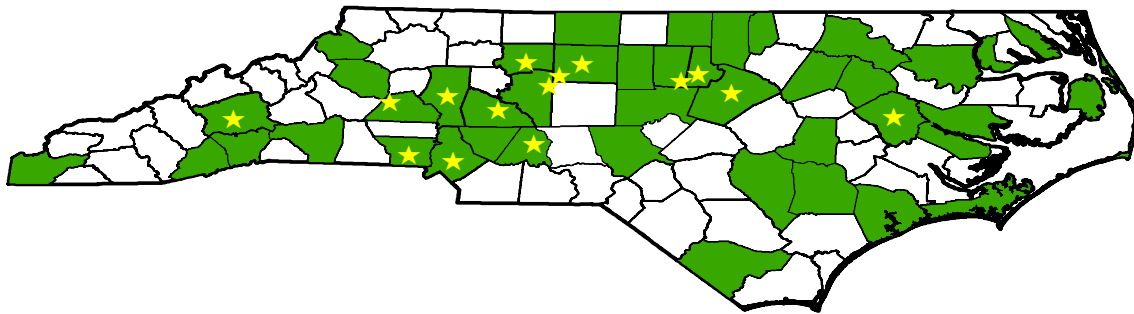
Logging on is easy. Go to the website—<http://blackboard.unc.edu> and enter

your username and password. If you forgot them, simply e-mail Jennifer Gardner ([gardner7@unc.edu](mailto:gardner7@unc.edu)); and she will gladly send that information to you. You can also access Blackboard through the NCSCC website at [www.ncstrokeregistry.org](http://www.ncstrokeregistry.org) by clicking on the Blackboard link on the left side of the page. So what are you waiting for? Log on today!

**Standing Orders that are available on**

**Blackboard:**

- **Ischemic Stroke & TIA**
- **Hemorrhagic Stroke & ICH**
- **Subarachnoid Hemorrhage**



## NCSCC Participating Hospitals 2008-2009

Alamance Medical Center  
 Albemarle Hospital  
 Annie Penn Hospital  
 Beaufort County Hospital  
 Bertie Memorial Hospital  
 Carolinas Medical Center \*  
 Caldwell Memorial Hospital  
 Carteret General Hospital  
 Catawba Valley Medical Center  
 Chatham Hospital  
 Chowan Hospital  
 Columbus County Hospital  
 Duke University Hospital \*  
 First Health Montgomery  
 First Health Moore Regional  
 Frye Regional Medical Center \*  
 Gaston Memorial Hospital\*  
 Granville Health System

Halifax Regional Medical Center  
 Heritage Hospital  
 High Point Regional Medical Center \*  
 Iredell Memorial Hospital \*  
 Lake Norman Medical Center  
 Lexington Memorial Hospital  
 Maria Parham Medical Center  
 Mission Hospitals \*  
 Moses Cone Memorial Hospital \*  
 Murphy Medical Center  
 Nash Health Care Systems  
 Northeast Medical Center  
 Onslow Memorial Hospital  
 Outer Banks Hospital  
 Pardee Hospital  
 Park Ridge Hospital  
 Person Memorial Hospital  
 Pitt County Memorial Hospital \*

### Legend

- ★ **JC-PSC Hospitals**
- **NCSCC Counties**

Rex Hospital  
 Rowan Regional Medical Center \*  
 Rutherford Hospital  
 Sampson Regional Med. Center  
 Stanly Regional Medical Center\*  
 Thomasville Medical Center \*  
 Transylvania Medical Center  
 UNC Hospitals \*  
 Wake Forest U. Baptist Med Ctr. \*  
 Wake Medical Center \*  
 Wake Medical Center - Cary  
 Watauga Medical Center  
 Wayne Memorial Hospital

## EMS Stroke Plan of Care - Effective January 2009

- Beginning January 1, 2009, all EMS counties must have a plan to address the triage and destination of stroke patients.
- The purpose of implementing a stroke plan is to assist in the rapid identification of stroke patients, minimize the time between symptom onset and definitive care, identify the best destination for patients, standardize care, and provide ongoing evaluation to ensure compliance.
- A stroke system should create or support interaction and **collaboration** and be effective in preventing and treating stroke.
- EMS systems will have until December 31, 2009 to comply with the new regulations.
- Time is Brain!



**Collaborative (adj.):** done with or working with others for a common purpose or benefit; accomplished by collaboration .



### Jim Long dies of stroke at age 68

North Carolina has suffered the loss of a great leader. Retired Insurance Commissioner, Jim Long, suffered a serious stroke and passed away at the age of sixty-eight. Long experienced a hemorrhagic stroke on January 21 while on his way to a legislative committee meeting in Raleigh. A hemorrhagic

stroke occurs when blood escapes from the arteries and floods into the brain. EMS transferred Long to Rex Hospital where he lapsed into a coma and failed to regain consciousness.

A native of Burlington, Long attended North Carolina State and the University of North Carolina-Chapel Hill where he earned bachelor's and law degrees. Long was a third-generation lawyer and legislator. Before becoming Insurance Commissioner, he served three terms in the House from 1971 to 1975.

During his six terms regulating the insurance industry in the state, Long continuously cut increases and saved consumers over \$4.2 billion in auto insurance premiums alone during his tenure. As a result, North Carolina has

the fifth-lowest auto insurance rates in the United States.

Long is survived by his wife, Peg O'Connell, two children, and five grandchildren. O'Connell is head of NC **Prevention Partners** as well as the manager of external affairs for the **National Forum for Heart Disease and Stroke Prevention**. Long's wife encourages people to educate themselves about stroke and stroke prevention. She admitted, "This is a terrible day for our family, yet I know Jim would want some good to come of this...There is nothing more precious than health and family."

O'Connell has also been active in the NCSCC and always endorsed its efforts. The NCSCC will dearly miss Jim Long, and he will never be forgotten. It is important that people learn from his death that stroke can happen to any one at any time. It is pertinent for people to become aware of the risk factors and warning signs associated with stroke as well as know how to respond quickly if a stroke occurs.



# March 2009

**MARK YOUR  
CALENDARS!!**



**ATTENTION:** Check the Blackboard calendar often for more events to be added in the coming weeks!

**Do you know of an event you would like to have added to calendar in the next issue of NCSCC News?**

**Please send submissions to :**

**Jennifer Gardner  
gardner7@unc.edu**

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4	5	6	7
8	9	10	11	12 Integrated Stroke & Cerebrovascular Conference - Charleston, SC	13	14
15	16	17	18	19	20	21
22	23	24	25 1-2 QI Conf. Call- "Beyond the Hospital" Program	26	27 10-3 Regional Hospital Workshop at Wayne Memorial	28
29	30	31				

# April 2009

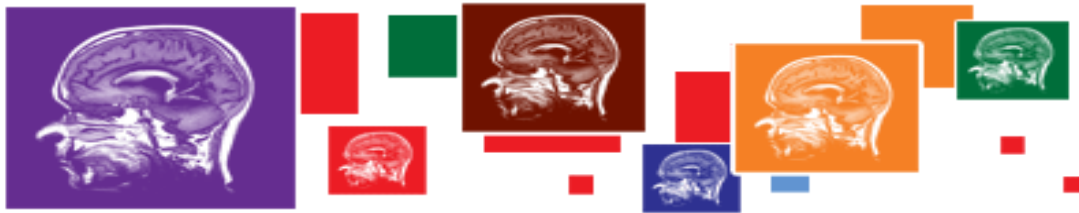
Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22 1-2 QI Conf. Call- Impact of NC Stroke Disability and Death	23	24	25
26	27	28	29	30		



## 2008 FAQ's Published

Frequently Asked Questions, vs. 9f has been compiled and is available on the NCSCC Blackboard. Please make use of this valuable resource . Feel free to direct additional questions to Carol Murphy (cmurphy@unc.edu).

**Do you need more Stroke Care Cards? Don't miss out on entering valuable patient information into the database! E-mail your order to Jennifer Gardner at gardner7@unc.edu.**



## We want your feedback!

*How can we better serve you?*

We are glad that you have made the decision to be a member of the Collaborative!

We are very interested in hearing your feedback (positive or negative) so that we can effectively work together toward improving the quality of stroke care in NC.

Please e-mail us with questions, comments, or concerns, and we will try our best to meet your needs!

If you have additional information you would like to include in future editions of the Quality Quarterly newsletter, please let us know.

Take care!



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