

Stroke Education



EMS Partners



Providers

Our Patients

Community



Nursing & Ancillary Team Members

How do we determine stroke education for our teams?

- Core Measure Misses
- Rounding on teams (with candy!!)
- Stroke Simulations
- Annual Stroke Needs Assessment

How do we keep them accountable?

- Clinical awareness forms
- Unit Performance Improvements Projects (based on Core Measure Data / misses)
- Corrective Action Plans
- Leaders to report misses and corrective action(s) on monthly facility stroke meetings

Stroke Corrective Action Plan								
Team Members Stroke Coordinator ED Manager Cardiac / Telemetry Manager ICU Manager Data Analyst								
ED/ ICU - Post Thrombolytic Monitoring Documentation								
Task	Impact	Owner(s)	Start Date	Due Date	Resources Needed	Status	Barriers	Updates
Establish a plan to ensure compliance	Identify trends and set goals to improve patient care as it relates to TJC certification requirements	ED Leader - Ensure Compliance ICU Leader - Ensure Compliance Stroke Coordinator - provide post thrombolytic audit to leaders						Please provide action steps taken to address non-compliance

Nursing & Ancillary Team Members

PMC Stroke Program Education / Learning Assessment
2023

Our goal is to provide educational content that will help you to fill individual gaps in knowledge and/or skills and to identify opportunities for improvement for our stroke program.

The Neuro APPs will provide education throughout the year, and to ensure that the learning opportunities and materials we provide are relevant to your educational needs and goals, we ask that you please take a few minutes to complete this survey.

Thank you

UNIT: NSICU

Job Role: RN

SKILLS	Not Applicable	Developing skills	Confident in performing	Expert	Need education/practice
CLINICAL					
<i>Demonstrates the ability to perform or assist with</i>					
• NIHSS in uncomplicated stroke patient			10	5	
• NIHSS in complicated stroke patient		2	10	3	
• Basic neuro assessment			8	7	
• Complicated neuro assessment			12	3	
• Neurovascular assessment			8	7	
• Visual field deficit(s) assessment		1	10	4	
• Ataxia assessment			11	4	
• Dysphagia screening			7	8	
• Hypertonic sodium chloride continuous IV infusion protocol			7	8	
• Thrombolytic treatment administration and monitoring	1	3	8	3	
• External ventriculostomy device (EVD) management	2	1	7	5	
• Care of patient with continuous EEG monitoring	1	1	5	8	
• Use of TelaDoc cart	5	7	1	1	1
• Emergency Department Code stroke process	x				
• In-house Code Stroke process	4	2	9		
• PLEASE ADD ADDITIONAL NEED HERE:					
•					
•					

2023 Neuro Apps Education Schedule			
Unit	Time Frame	Topic	Presenters
ED	February - March	performing NIHSS and neuro assessment thrombolytic treatment and monitoring	Courtney Boggs Megan Kluesner
	July - September	recognizing depression in stroke patient recognizing posterior stroke	Lauren Shook Haley Williams HeeYoung
	October - November	Revisit above topics for any new team members	Courtney Boggs Courtney Taylor Robert Stahr
NSICU	February - March	Hypertonic Solution treatment and monitoring recognizing major stroke syndromes performing complete neuro assessment and NIHSS	Courtney Boggs Megan Kluesner
	July - September	recognizing depression in stroke patient recognizing posterior stroke	Lauren Shook Haley Williams HeeYoung
	October - November	Revisit above topics for any new team members	Courtney Boggs Courtney Taylor Robert Stahr

Feedback Tools

 Stroke and Neuroscience PMC	Patient Name:		
	MR:		
	Acct. #:		
	Medic #:		
	ED MD:		
	ED MD (Assist):		
	Radiologist:		
Admitting Neurologist:			
Admit Date: 10/3/2023	Time	Running Time	PMC Goals
LKW:		0:00:00	≤ 2hrs
Call Dispatched:		0:00:00	
Arr on scene:		0:00:00	
Depart scene:		0:00:00	
Mode of Transport:	EMS		
DI time OSF:			
DO time OSF:		0:00:00	≤ 120 min
Transport Time (Transfers Only):		0:00:00	
Arrival to PMCED:		0:00:00	<2 hours
Code Stroke Called/Paged:		0:00:00	
ED Physician @ Bedside:		0:00:00	< 10 min
Neurologist Paged:		0:00:00	
Telen - Neurologist Ordered/Join:		0:00:00	
Neurologist @ Bedside:		0:00:00	≤ 15min
Pharm with Activase @ Bedside:		0:00:00	
Brain Imaging Ordered:		0:00:00	≤ 10 min
Brain Imaging Complete:		0:00:00	≤ 25 min
Brain Imaging Read:		0:00:00	≤ 45 min
CTA Imaging Arrival to Ordered:		0:00:00	
CTA Imaging Complete:		0:00:00	
Door to IV Activase Order		0:00	
TNK Administered		0:00:00	≤ 30 min
Pre-TNK NS Flush			
Post-TNK NS Flush			
Initial NIH score			
NIH post treatment			
Anesthesia type: MAC/Gen			
Arr PMC to IR suite:		0:00:00	
Arr at PMC to GP:		0:00:00	
IR arrive to GP:		0:00:00	
Arrive at IR to First Pass:		0:00:00	
Arr at PMC to First Pass:		0:00:00	≤60 or tx ≤120
Arr at IR to Second Pass:		0:00:00	
Arr at IR to Recan:		0:00:00	
GP to Recan:		0:00:00	
TICI Score:		2b	≥ 2b
Neuro MD Bedside to Activase:		0:00:00	
Total Time from Sx Onset:		0:00:00	
Sudden onset Right-sided weakness, slurred speech ~ midnight. Door to TNK: 32 min			
Team Members:			
Medic:			

Patient Name:				MRN:		DOS:		Arrival time:	
ED MD:				Neuro MD:		CT Scan Order:			
Pre-flush with NS:				Door to Drug time:		Stroke Narrator used?			
Tenecteplase push:				TNK Order Set?		Post-thrombolytic orders:			
Post-flush with NS:				Transfer of Care Time:					
	Due Time:	VS	BP	Neuro Check		Due Time:	VS	BP	Neuro Check
Every 15 Minutes X 8 (2 Hours)									
Every 30 Minutes x 12 (6 Hours)									
					Nurses:				
					ED:				
					ICU:				
					Pharm:				



ED: Brain Pin award for Thrombolytic DTN
Inpatient: Perfect Stroke Documentation
 Inhouse code stroke called with timely interventions achieved



TJC Required Stroke Documentation



Annabelle Black, RN, MSN, SCR.N

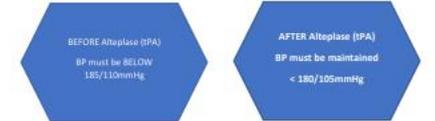
Making healthcare remarkable



- Power Point Presentations
- Flyers
- Badge Buddies
- Zoom meetings
- TNK Validation Sessions
- ASLS Classes
- Staff Meetings
- Rounding
- Stroke Simulations
- SCR.N & CNRN Review Class
- Vendor Education
- ***Gap Analysis***



BP Reminders



Hemorrhagic Strokes: Intracranial (ICH) & Subarachnoid (SAH)
BP Management is Critical with SAH
Maintain BP <140/90mmHg



Tenecteplase for Stroke

- ✓ Pull from Pyxis by overriding *Tenecteplase Stroke Kit*
- ✓ Reconstitute using diluent included in the kit; swirl gently; a clear pale-yellow color is normal
- ✓ Dosing is based on *actual weight*; **maximum 25mg**
 - ✓ Remove only intended dose from the vial
- ✓ **BP must be <185/<110 PRIOR to giving Tenecteplase**
- ✓ **Flush IV with 10cc Normal Saline prior to TNK, then slowly push TNK bolus over 5-10 seconds, then immediately flush with another 10cc Normal Saline**



Post-thrombolytic Care

- ✓ **VS & neuro checks, *must include deficit(s)*:**
 - Q 15 minutes x 2 hours
 - Q 30 minutes x 6 hours
 - Q 60 minutes x 16 hours
- ✓ Maintain **Blood Pressure <180/<105**
- ✓ Notify provider for mental status decline or complication
- ✓ **Do not give** any anticoagulants or antiplatelets within 24 hours of thrombolytic
- ✓ **Perform dysphagia screen prior to anything by mouth**



Care of the Stroke/TIA Patient

- ✓ Dysphagia screen **before** anything by mouth (including sublingual meds)
 - ✓ **NIHSS** documented @ 0700 and 1900 (notify provider for change of **3 or more** points)
- ✓ Vital signs and neuro check **every 4 hours**
- ✓ Documentation of *daily, individualized* stroke **education**, including patient-specific **risk factors**
- ✓ **VTE prophylaxis** – SCDs/Lovenox/Heparin



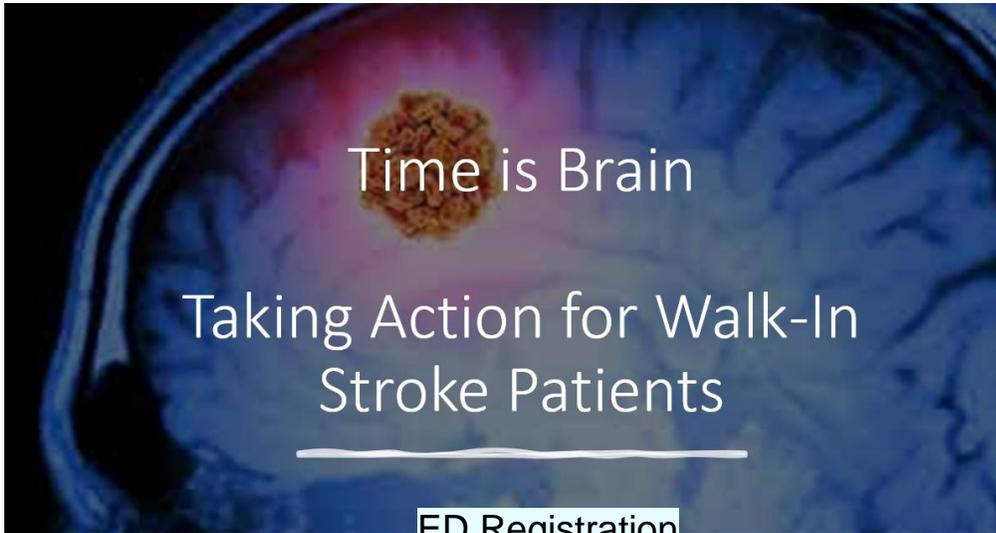
Initiating a Code Stroke

Overhead page "Code Stroke" to 4-5555
To initiate consult, call
Care Connections 888-599-2120 - Option 1

Be prepared to give:
Patient name, date of birth, MRN, last known normal, and provider contact number

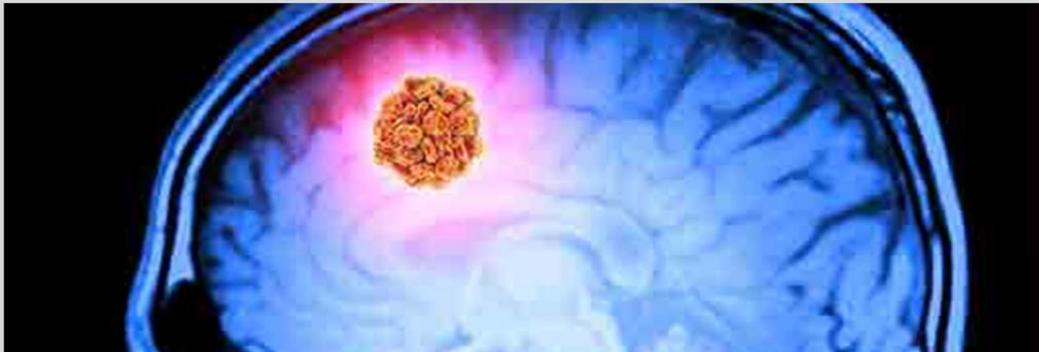
For any video cart issues call 877-484-9119





ED Registration
Volunteers

Stroke Presenting Signs and Symptoms



In House CODE Stroke Presbyterian Medical Center

- 1) Check fingerstick blood glucose level; if < 60mg/dl, treat per protocol or MD order.
If stroke symptoms are still present—call a Code Stroke
- 2) Page the Code Stroke Pager: **704-356-0631**. Wait for three consecutive beeps; enter your call back number, then add *99 to indicate a code stroke
- 3) Primary RN to stay with patient at all times to help answer questions from RRT/Neuro team and assist:
 - Provide date and time when patient last known well
 - Provide date and time of stroke symptom recognition
 - Reason for hospitalization
 - Current medications

Posted at nurses'
stations

CODE Stroke for Matthews Medical Center

- 1) Page RRT (Rapid Response Team) **4-5555**
- 2) Check fingerstick blood glucose level; if < 70mg/dl, treat per protocol or MD order
- 3) Perform neurological assessment: Facial Droop, Arm Drift, Ataxia, Abnormal Speech, Headache "worst headache of his life"

If stroke is apparent:

- 4) Call the **CODE STROKE** via **4-5555**.
 - 5) RRT accompany patient to CT scan stat.
- *Use Flow Diagram Attached****
- 1) MUR call Centralized Bed Placement and notify of code stroke. (see bottom right for phone number)
 - 2) RRT to assist tele neurologist with NIHSS.
 - 3) Do not give the patient anything to eat or drink until a bedside dysphagia screening has been done (done by nurse)

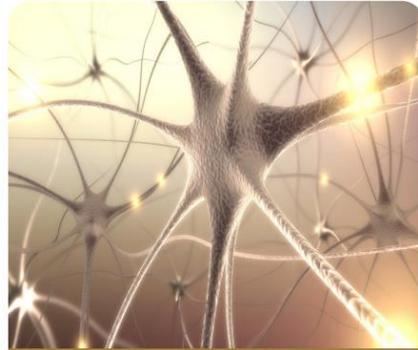
1. Make sure a complete NIH Stroke Scale has been done by a person who is certified to administer the test.
2. Ensure **ALL Quality Measures** are implemented:
 - a. DVT Prophylaxis is used (heparin, Lovenox or SCDs)
 - b. Antithrombotics started by day 2*
 - c. Rehab consult: PT/OT/Speech
 - d. Lipid panel drawn by day 2 and statin therapy for LDL \geq 100*
 - e. Anticoagulation for Afib*
 - f. Antithrombotics on discharge*
 - g. Complete stroke education using Stroke Patient & Family Education Daily patient specific education

RRT: 4-5555
Bed Placement:
1-888-599-2120

18th Annual Neuroscience Conference

November 3, 2023
8:30 am–3:30 pm

Statesville Civic Center
301 S. Center Street
Statesville, NC

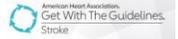


Register online at northwestabcc.org

Program Overview and Objectives

The 18th Annual Neuroscience Conference will explore the latest advancements in acute hospital management, as well as post-hospitalization. This knowledge-based conference will include the most recent clinical practices in stroke care to maximize acute stroke care and recovery as well as post-hospitalization.

Vendors
Local Chapters
Local Symposiums
Regional Symposiums
ISC



Hemorrhagic Stroke: What you need to know about new additions to Get With The Guidelines® -Stroke

American Heart Association
April 26th, 2023

COGNITIVE IMPAIRMENT FOLLOWING ISCHEMIC AND HEMORRHAGIC STROKE

A SCIENTIFIC STATEMENT FROM THE AMERICAN HEART ASSOCIATION/AMERICAN STROKE ASSOCIATION

Nada El Hussein, MD, MHSc.; Irene Katzan MD, MS; Natalia S. Rost MD, MPH; Margaret Lehman Blake, PhD, CCC-SLP; Dong Byun, RN, PhD; Sarah T. Pendlebury FRCP DPhil; Aparicio MD, MPH; María J. Marquie PhD; Rebecca F. Yan MD, PhD; Eric E. Smith MD, MPH; On behalf of the American Heart Association Stroke Council, Council on Cardiovascular and Stroke Nursing, Council on Cardiovascular and Stroke Epidemiology and Intervention, Council on Hypertension, and Council on Lifestyle and Cardiometabolic Health



Nurse Continuing Education Offerings

Whether you're looking to stay current on the latest practices, maintain a professional license or certification requirement, the **Johnson and Johnson Institute** is pleased to offer continuing education courses for nurses. These continuing education courses are offered at no charge and are available in both lecture based and on-line modules.

To access learning across a wide range of clinical specialties, please visit the [Johnson & Johnson Institute](http://www.johnsonandjohnsoninstitute.com).

Acute Ischemic Stroke

CE SEMINAR

CE Seminar Speaker:
Heather Byrd MSN, RN
Medical Education Manager

Date: August 1, 2023
Time: 11 am ET
Length: 1 Hour



Why Should You Attend?

Acute ischemic stroke (AIS) is a leading cause of serious disability and death globally. Significant efforts have been made, particularly in the U.S., to research interventions that yield the best outcomes for patients who suffer from AIS. Five recent clinical trials have demonstrated the efficacy of endovascular therapy via mechanical thrombectomy after traditional care. These groundbreaking studies generated the American Heart Association (AHA) and American Stroke Association (ASA) to update their guidelines for emergency treatment of patients with AIS to include recommendations for endovascular treatment using mechanical stent retrievers.

Description

This continuing education activity is intended for nurses, radiologic technologists, and other healthcare professionals who want to learn more about or gain knowledge and skills in acute ischemic strokes.

Objectives

- Identify risk factors for ischemic stroke
- Describe the etiology, epidemiology and prevalence of acute ischemic stroke
- Review basic anatomy of the brain and the functions of different regions of the brain
- Describe current evidence-based approaches to neurovascular imaging in acute ischemic stroke patients
- Discuss updated guidelines for the management of patients with acute ischemic stroke
- Identify evidence-based treatment and interventions
- List antiplatelet and anticoagulant protocols and therapy

Accreditation Information

California Board of Registered Nursing
Pflieder Education is a provider approved by the California Board of Registered Nursing, Provider Number CEP14944, for 2.0 contact hours.

American Society of Radiologic Technologists
This activity is approved for 2.25 Category A CE credits by the (ASRT)

[Click here](#)

OR



scan the QR code to register for this course



NH Annual Neuro Bowl

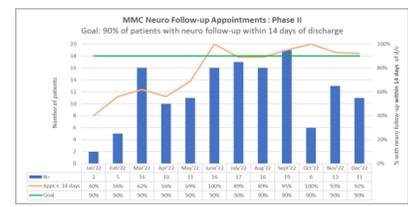
- In person & Virtual
- Study Guide
- All Disciplines
- Expert Panel
- Audience Participation
- Trophy & Prizes
- Research Posters
- T-Shirt Competition



N: Keeping the continuum: Process Improvement to close the gap from inpatient to outpatient stroke care
 Annabelle Black, MSN, RN, SCRNI Carissa Dehlin, BSN, RN Haley Brennan MHA, BSN, RN, SCRNI Amanda Lambert, BSN, RN, SCRNI

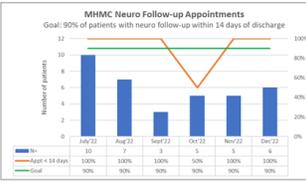
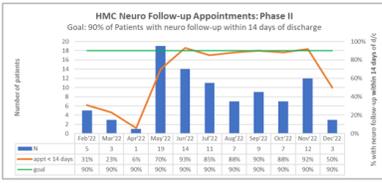
Background and Purpose
 The Novant Health Greater Charlotte Market community advanced stroke centers are proud to discharge the majority of their acute ischemic stroke and transient ischemic attack patients to home after hospitalization. We recognized the importance of prompt outpatient neurology follow-up for these patients to improve outcomes, while reducing returns to the emergency department and readmissions. We set a goal for 90% of stroke and TIA patients discharging to home to be seen in an outpatient neurology clinic within 14 days of discharge.

Results
 Prior to the start of this initiative, patients were not consistently being seen for outpatient follow-up within 14 days of discharge. In some regions, appointments were often months later or not made at all, impeding our organizational mission of exceptional patient care. As demonstrated by the graphs, a drastic improvement in appointment timeliness was seen at the onset of the initiative in June 2022 at Huntersville Medical Center and Matthews Medical Center, with maintained results at or near goal through the end of the year. Mint Hill Medical Center required a different implementation process but has displayed excellent data outcomes since its project initiation in July 2022.



Conclusion & Recommendations
 Utilization of a facility-specific protocol for scheduling of outpatient neurology appointments with consistent data monitoring and analysis allows for measurable improvements in the timeliness of patient follow-up. A goal of 14 days or less from discharge is reasonable and achievable. Our team recommends that all community hospitals work within their facility confines to establish a process that best utilizes the resources at hand to schedule stroke and TIA patients for follow-up. Regular communication with leaders at the outpatient clinics can help to plan for foreseen barriers, such as staffing changes and holidays. Patients seen for follow-up shortly after hospital discharge reap the rewards of the continuum of care that is shown to improve overall health and outcomes after stroke.

Methods & Actions
 The stroke coordinator for each community hospital in the Greater Charlotte Market implemented an appointment scheduling protocol best suited for their hospital and local clinic's volume, staffing, and flow. Data and any noted barriers are collected, reviewed, and presented monthly at best practice meetings. These findings are further discussed at bimonthly meetings with the clinic coordinators, where staffing and scheduling changes are also communicated.

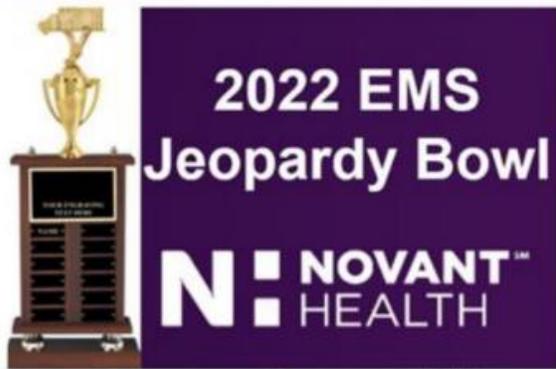


For more information contact: Annabelle Black, GCM Stroke Program Manager • Annabelle.black@novanthealth.org



Emergency Services Agencies

2023 EMS Jeopardy Bowl



N: Posterior Stroke

Posterior strokes can be more difficult to identify due to a wide range of non-specific presenting symptoms. More than a third of posterior circulation strokes are initially misdiagnosed and represents 20 – 25% of all ischemic strokes. Delayed or incorrect diagnosis results in inadequate acute care and poorer outcomes. Posterior circulation strokes have longer “door to needle” times for intravenous thrombolysis than anterior circulation strokes.

Fast → **B (balance) E (eyes) FAST** → Think “Five D’s”:

- Dizziness
- Diplopia (double vision)
- Dysarthria (difficulty speaking)
- Dysphagia (difficulty swallowing)
- Dystaxia (lack of coordination)

Brain regions supplied by the posterior circulation and regional symptoms of posterior circulation ischemia

Other cortical regions (including medial temporal and parietal lobes)

Blood supply—Supplied by posterior cerebral artery in some but not all people
Ischaemia symptoms—Neuropsychological such as memory deficits, alexia, acalculia, agraphia, prosopagnosia

Thalamus

Blood supply—Posterior cerebral artery
Ischaemia symptoms—Sensory loss or disturbance

Occipital lobes

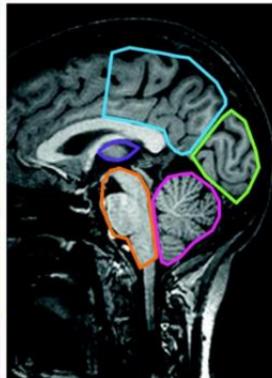
Blood supply—Posterior cerebral artery
Ischaemia symptoms—Visual field defects

Brainstem (midbrain, pons, medulla)

Blood supply—Basilar, superior cerebellar, and anterior inferior cerebellar arteries
Ischaemia symptoms—Limb weakness, sensory loss, cranial nerve palsies; classical brainstem syndromes with crossed signs; “locked-in” syndrome; “top of the basilar” syndrome

Cerebellum

Blood supply—Superior, anterior inferior, and posterior inferior cerebellar arteries
Ischaemia symptoms—Vertigo, ataxia, nystagmus, and other cerebellar signs.



Paramedic Class –Stroke education EMS agencies

- Stroke/LVO Scale class
- Podcasts
- Vendors
- Stroke feedback
- Case Reviews
- Present at monthly stroke meetings
- ASLS



Advanced Stroke Life Support® Lincoln EMS Prehospital Course Agenda



November 30th – Class 1 (18 participants)
December 1st – Class 2 (18 participants)

This curriculum offers health care providers the training to make a rapid evaluation, stabilize, and care for stroke patients. (Paramedics and Emergency Medical Personnel)

- Identifies the five main stroke syndromes and relate them to pathophysiology and clinical signs
- Incorporates videos to visually demonstrate the neurologic exam on a normal patient and on a patient exhibiting signs that mimic a stroke, as well as characteristics associated with the various stroke syndromes



Providers

Emergency Department

- **Power Point Presentation Annually**
 - Facility level stroke certification level
 - Potential indications for transfers to Tertiary Facility
 - Facility specific admissions and transfers for type of stroke patients
 - Target Stroke Phase III time interval goals (list each facility goals)
 - EMS Triage and Destination Plan (for each County)
 - CPGs review for each stroke certification level
 - Review of ED Specific Stroke Order Sets

Hospitalists

- **Power Point Presentation Annually**
 - Facility level stroke certification level
 - Potential indications for transfers to Tertiary Facility
 - Facility specific admissions and transfers for type of stroke patients
 - CPGs review for each stroke certification level

Tela-Providers

- Facility level stroke certification level
- Potential indications for transfers to Tertiary Facility
- Facility specific admissions and transfers for type of stroke patients

Neuro Provider Stroke ORIENTATION CHECKLIST

Provider Name: _____ Dates of Orientation: _____

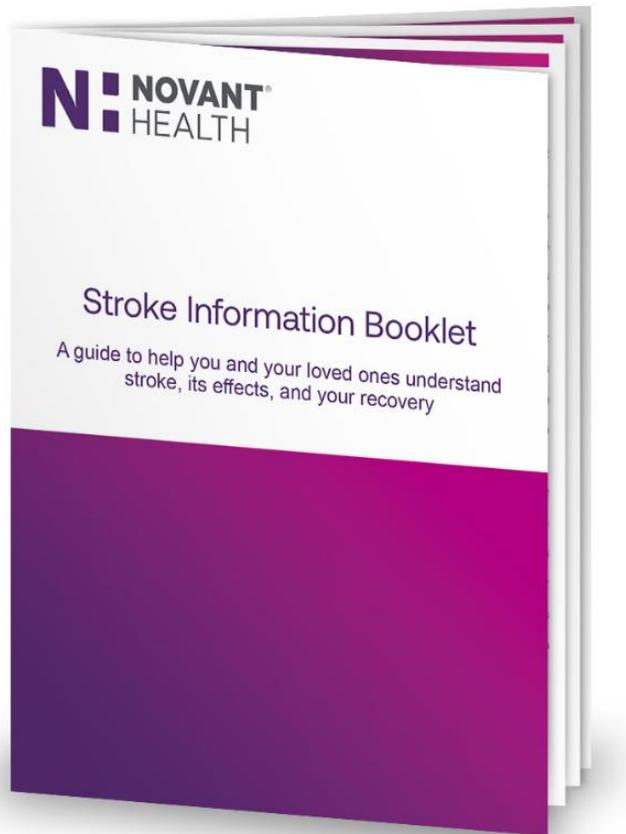
Category 1: Facility Stroke Certification Orientation – Stroke Coordinator	Completed ✓	Initials of Preceptor	Date
New Team Members Orientation <ul style="list-style-type: none"> <input type="checkbox"/> Facility Stroke Certification level <input type="checkbox"/> Stroke Metric Requirements and Documentation <ul style="list-style-type: none"> <input type="checkbox"/> Comprehensive Stroke Center Core Measures <input type="checkbox"/> Primary Stroke Center Core Measures <input type="checkbox"/> Acute Stroke Ready Core Measures 			
Category 2: Thrombolytic Orientation – Annabelle – Stroke Coordinator	Completed ✓	Initials of Preceptor	Date
<ul style="list-style-type: none"> <input type="checkbox"/> Thrombolytic used <input type="checkbox"/> Order sets <input type="checkbox"/> Inclusion and exclusion <input type="checkbox"/> Validation Skills Check list <input type="checkbox"/> CBL: NE0342 Tenecteplase for Acute Ischemic Stroke <input type="checkbox"/> Monitoring requirements 			
Category 3: Code Stroke Process - Neuro Hospitalist	Completed ✓	Initials of Preceptor	Date
<ul style="list-style-type: none"> <input type="checkbox"/> Emergency Department process <input type="checkbox"/> In-house process <input type="checkbox"/> Transfers to NH Tertiary Facility <input type="checkbox"/> Transfers from Community Facilities 	<input type="checkbox"/>		
Category 4: ICH and SAH documentation requirements - Neuro ICU Attending	Completed ✓	Initials of Preceptor	Date
<ul style="list-style-type: none"> <input type="checkbox"/> ICH severity score documentation <input type="checkbox"/> Hunt and Hess score documentation 	<input type="checkbox"/>		

Orientation Checklist for all new Neuro Providers

Patients

Table of Contents

- Chapter 1: What is a Stroke?
- Chapter 2: Signs of a Stroke
- Chapter 3: Types of Strokes
- Chapter 4: Tests You May Have
- Chapter 5: Changes After a Stroke
- Chapter 6: What do I need to do?
- Chapter 7: Risk Factors
- Chapter 8: Lifestyle Choices That Can Lead to a Stroke
- Chapter 9: My Personal Risks for a Stroke
- Chapter 10: My Numbers, Goals, and Personal Plan
- Chapter 11: Blood pressure log
- Chapter 12: Confidence Scale
- Chapter 13: The Preparedness for Caregiving Scale
- Chapter 14: Appointments and Phone Numbers
- Chapter 15: Notes or Questions



My Personal Plan after stroke

Name: _____ Date: 7/7/2023
 Stroke navigator: Joanna Duda RNC, BSN, SCRNP tel # 704-316-0095
 The Type of stroke I had is: Ischemic stroke (blood clot)

<p>Highlighted are your Stroke Risk Factors (page 17)</p> <ul style="list-style-type: none"> High Blood Pressure Smoking High Cholesterol Diabetes Cardiac Diagnosis/ Afib Alcohol/ Drug Use Migraine headaches/ aneurysm Obesity History of Stroke or TIA (or family history) Carotid Artery Disease Sleep Apnea 	<p>What I Need To Do To Prevent another Stroke or TIA</p> <ul style="list-style-type: none"> Blood Pressure Goal: below 140/90 LDL (bad cholesterol) goal is less than 70 My current LDL : 218 A1C goal if you have Diabetes less than 6.4 My current A1C : 6.8 	<p>Other Notes:</p> <p>If you are diagnosed with stroke or TIA and discharge home, a Stroke Navigator will follow up with you by phone and will schedule an appointment for you in our Stroke Bridge clinic.</p>
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Important things to remember in your recovery

- Take your medications as prescribed. **Medications are important in preventing stroke!**
- Make follow up appointments with your doctors and make sure you keep them. It is important for a doctor to have a visit with you to check on your recovery and monitor your risk factors.
- If you have questions about what you need to do to keep yourself healthy, ask one of your health care providers or Stroke Navigator!

Stroke is an Emergency
When every minute counts, make sure you can recognize the signs of stroke with:

FAST 911

F - Facial Drooping
A - Arm Weakness
S - Speech Difficulty
T - Time to Call 9-1-1



Novant Health
 Presbyterian Medical Center
 Stroke Care

Your Voice Matters.

Thank you for choosing Novant Health.

We are committed to providing a remarkable patient experience to you and your loved ones. Your voice helps us deliver on this commitment.

Please scan the QR code below to provide valuable feedback about your medical care.

Share Your Experience.



You can also provide feedback by visiting NovantHealth.org/PresbyterianStrokeCareSurvey



Stroke-Videos
 Patient Education



Stroke Single Page Codes
 Patient Education

NOVANT HEALTH

NOVANT HEALTH

Community

Patient Demographics
 County Health Assessment
 Health Departments
 Local Businesses
 Corporate Contracts
 Sponsorships



January

Event: Black Nurses Rock Greater Charlotte Chapter Community health fair
Date: 1/08/2022
Location: Charlotte
Attendees: 50

February

Event: Health fair for students and faculty
 Stroke Awareness
Date: 2/7/2022
Location: Livingstone College Salisbury
Attendees: 75

March

Event: SACUBS
 6-9 y/o - Signs and symptoms of a stroke, Calling 911, How to be a brain healthy kid
Date: 3/13/2022

in
 children and parents

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May

Event: National EMS Week
Dates: 5/16/22 – 5/20/22
Locations: Presbyterian-, Rowan-, Huntersville-, Matthews- and Mint Hill Medical Centers

Event: LATINA 107.5 FM/102.3 FM
 Stroke Awareness in Spanish/ Radio show
 Provider: Jeffrey Spoon, PA/ Douglas Lowe, PA
Date: 5/4/2022

Event: Cheerwine Festival
Date: 5/21/2022
Location: Salisbury, NC
Attendees: 313 kids & 8029 adults

Event: Town Center Farmer's Market
Date: 5/28/2022
Location: Huntersville, NC
Attendees: 50 adults / 15 kids

Event: Huntersville Farmer's Market
Date: 5/31/2022
Location: Huntersville Medical Center
Attendees: 25

June

Event: Charlotte Independence Soccer Game Men's Health Night
Date: 6/26/2022

August

Event: Huntersville Farmers Market
Date: 8/09/2022
Location: Huntersville, NC
Attendees: 30 Adults

October

Event: Rowan Ladies night out
Date: 10/18/22
Location: Salisbury, NC
Attendees: 200 Adults

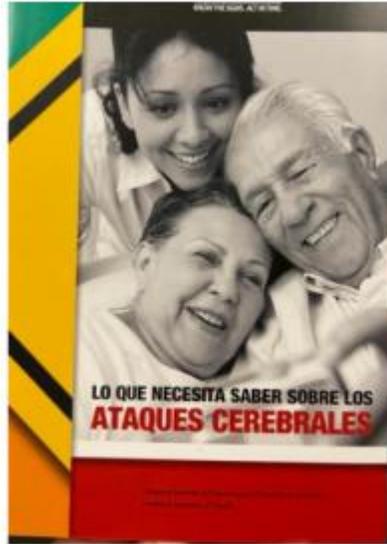
Event: Piedmont Farmers Market
Date: 10/08/2022
Location: Concord, NC
Attendees: 50 Adults & 10 kids

Event: Mint Hill Madness Family Fun Festival
Date: 10/22/2022
Location: Mint Hill, NC
Attendees: 1100 Adults & 150 kids

Event: World Stroke Day
Date: 10/29/2022
Location: Spectrum Center Charlotte, NC
 in game stroke message
Attendees: 19027

10209 Adults & 623 Kids in person
19027 Adults & Kids via game
All of NC & SC Latino radio station audience





NOVANT HEALTH

Can you spot a stroke?

Stroke is the leading cause of disability and fourth-leading cause of death in North Carolina.

Strokes happen often in our area, which is why our region is commonly called the "the stroke belt."

Calling 911 for a suspected stroke gets the patient to the best treatment quickly, when time matters most. Emergency personnel are trained to identify a stroke and alert the hospital team for possible treatment.

You can help. Know the acronym BEFAST to spot a stroke and help save a life!

Novant Health Presbyterian Medical Center in Charlotte, Novant Health Forsyth Medical Center in Winston-Salem and Novant Health New Hanover Regional Medical Center in Wilmington are certified Comprehensive Stroke Centers that provide advanced neurological care 24 hours a day, seven days a week.



Visit Novant Health Stroke Services
NovantHealth.org/services/stroke/

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9122-NC-148524

- Balance**
Watch for sudden loss of balance.
- Eyes**
Check for blurry vision.
- Face**
Look for face drooping.
- Arms**
Check for arm weakness.
- Speech**
Listen for speech difficulty.
- Time**
Call 9-1-1 right away.

NOVANT HEALTH

¿Puede detectar un accidente cerebrovascular?

El accidente cerebrovascular es la causa principal de discapacidad y la cuarta causa principal de muerte en Carolina del Norte.

Los accidentes cerebrovasculares ocurren con frecuencia en nuestra zona, por lo que nuestra región se denomina comúnmente "cinturón de accidentes cerebrovasculares".

Llamar al 911 por un presunto accidente cerebrovascular lleva al paciente al mejor tratamiento rápidamente, cuando el tiempo es lo más importante. El personal de emergencias está capacitado para identificar un accidente cerebrovascular y alertar al equipo del hospital sobre un posible tratamiento.

Usted puede ayudar. ¡Conozca el acrónimo RAPIDO para detectar un accidente cerebrovascular y ayudar a salvar una vida!

Novant Health Presbyterian Medical Center en Charlotte, Novant Health Forsyth Medical Center en Winston-Salem y Novant Health New Hanover Regional Medical Center en Wilmington son centros integrales y certificados de accidentes cerebrovasculares que proporcionan atención neurológica avanzada las 24 horas del día, los siete días de la semana.

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9122-NC-148522

- Rostro caído**
Una parte del rostro está caída
- Alteracion del equilibrio**
Pérdida de la estabilidad, dolor de cabeza o mareos
- Pérdida de fuerza en un brazo o pierna**
- Impedimento visual**
Visión borrosa
- Dificultad para hablar**
- Obtenga ayuda**
Obtenga ayuda rápidamente. Llame al 911

NOVANT HEALTH

Spot a Stroke.

- Balance**
Watch for sudden loss of balance.
- Eyes**
Check for blurry vision.
- Face**
Look for face drooping.
- Arms**
Check for arm weakness.
- Speech**
Listen for speech difficulty.
- Time**
Call 9-1-1 right away.

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9122-ECM-937022

Resources:
<https://catalog.ninds.nih.gov/>
Genentech
System Marketing Department



Know your audience

Know their learning style

Know their preferred method of learning

Use variation in your education methods

Make it fun

It's not about perfect.

It's about effort.

And when you bring that effort every day, that's where transformation happens.

That's how change occurs.