



STROKE CARE DURING COVID-19

IDHI-STROKE PROGRAM 2020



HOW WILL THIS AFFECT OUR STROKE PATIENTS?

Consults will still happen exactly as they have before; however, hospitals that would normally transfer stroke patients to an outside hospital (OSH) for a higher level of care (LOC) may find it increasingly difficult to find bed placement for these patients

If predictions are accurate, in the near future a transfer may not be possible at all within the first 24 - 48 hours or longer



IF THE CALL CENTER IS UNABLE TO LOCATE A BED FOR THE PATIENT TO BE TRANSFERRED- THE PATIENT MAY HAVE TO BOARD OR BE ADMITTED TO YOUR FACILITY/ ER UNTIL:

- Bed space can be found within your hospital
 - Bed space can be found at OSH
 - Some patients may even end up being discharged before transfer can occur (admit/obs)
 - Sudden unmanageable decline in patient condition
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EXCEPTIONS- SUSPECTED OR CONFIRMED LARGE VESSEL OCCLUSIONS

- Notify the Neurologist and call center if your facility **does not have the ability to obtain a CTA** on a suspected LVO patient, emergent transfer to a facility with CTA capability **and IR** services is considered a medical emergency and will be given priority status
- Even if the receiving hospital is at capacity, an LVO patient will still be accepted at the facility as an emergent pathway patient



MAKE NOTE

IF YOUR SITE IS ABLE TO OBTAIN A CTA, **GET A CTA** SCAN JUST BEHIND THE INITIAL NON –CON CT SCAN. THIS WILL SAVE TIME AND HELP OUR NEUROLOGIST BE ABLE TO PROVIDE YOU WITH A MORE DEFINITIVE PLAN OF CARE DURING THE INITIAL CONSULT

PLEASE REMIND YOUR RADIOLOGIST TO UPLOAD THE **NON-CON HEAD CT IMAGES FIRST** AND THEN TO UPLOAD THE CTA IMAGES AS A SECONDARY-SEPARATE PUSH

UNCHARTED TERRITORY

- We know that this process can be unnerving for some, especially if your staff is not familiar or comfortable with providing longer increments of care for stroke patients
- We know that this process can work and it has worked at a few of our sites; even at some of our smaller sites with minimal resources

HOW DO WE MAKE THIS WORK?

- Our Neurology Physicians will be available 24/7 to provide consults, care recommendations and co-management for plans of care (including 24 hour NIH follow up) for stroke patients that may end up boarding or admitted in your facility either on your inpatient units or in your ED
- If your facility does not have Neurology coverage during these times, our Neurologist will act as the consulting physician (along with your provider) to oversee the patients Neurological Care

TEAM WORK

- At the time of initial consult: the Neurologist and attending MD will discuss the appropriate TX & plan of care (POC) for the pt. Also at this time, the attending MD should discuss barriers and challenges in providing the needed LOC at their facility with Neurologist so that alternatives can be discussed
- **Unmanageable or decompensating** patients will be given priority status for bed placement and transfer as available; any post tPA patient that develops a symptomatic bleed (sICH) will be transferred immediately to UAMS as hemorrhagic stroke pathway
- However, you should be prepared to provide stabilization and possibly interim care with the assistance of our Neurologist until transfer can be arranged



WILL THIS WORK?

CAN THIS WORK?

HOW DID WE DO IT?

CASE STUDY #1

Paragould, AR-

- Call center unable to locate bed for transfer
- Pt. remained in ICU at treating facility utilizing critical care order set
- 24 hour follow up performed: initial NIHSS 11 → FU: 8
- Dr. Hinkle reviewed medications; no further recommendations
 - Recommended transthoracic echo, MRI and inpatient rehab
 - pt admitted to same facility inpatient rehab

CASE STUDY #2

Fulton County Hospital- Salem, AR

- Call center unable to locate bed for transfer
- ED MD agreed to keep patient on **medical floor** utilizing critical care order set
- Call center called @ hour 12 to schedule 24 HR NIHSS Follow Up
 - Reviewed follow up process and reminder of needed tests or imaging to have done prior
 - 24 hour follow up performed- initial NIHSS: 5 → FU: 0
 - Dr. Hinkle provided guidance on post-tPA protocols and further testing needed

RE-DEFINING YOUR CAPABILITY

- Think about what types of patients you could potentially care for safely or at a minimum in your facility until other arrangements can be procured
- What types of patients can you absolutely not care for?
 - Is there something our program can do to assist to make this possible
 - If at anytime the patients condition declines, emergent transfer will be initiated to closest appropriate facility

STANDING ORDER SETS

We have provided for use:

- Acute Stroke Care Admission Orders: if alteplase NOT GIVEN
- Acute Stroke IV alteplase Critical Care Orders
- Post t-PA- 24 hour Follow-up Protocol
 - Our call center will contact your facility at 12 hours to schedule a 24 hour follow up meeting and will also review any labs, testing or imaging that will need to be completed prior to the follow up consult.



CONSIDERATION

IT COULD BE HOURS BEFORE A UNIT IS DISPATCHED TO PICK UP A TRANSFER DUE TO INCREASES IN TRANSFERS, LIMITED EMS UNITS AND WAITING FOR BEDS TO OPEN

PATIENTS MUST RECEIVE THE SAME LEVEL CARE THEY WOULD RECEIVE REGARDLESS OF LOCATION

EVEN IF PATIENTS ARE BOARDING OR PENDING TRANSFER, IT IS IMPERATIVE TO **IMPLEMENT STANDING ORDERS IMMEDIATELY**

THESE ORDERS CAN BE FOUND IN YOUR BINDER DOCUMENTS OR YOU CAN REQUEST THEM FROM YOUR OUTREACH NURSE

BENEFITS- TWO FOLD

- Providing safe and efficient stroke care to our patients regardless of location
- Providing relief to over burdened hospitals across the state who are also experiencing reduced staffing and bed capacity issues
- This also provides patients and families with the opportunity for patient to stay closer to home. We are seeing that many patients are being transferred across the state or even to other states

- Please reach out to your outreach nurse at anytime if you are unclear about any part of this process, the standing order sets or if you have any concerns or suggestions.
- Our Neurologists are willing to speak with administration or physicians if requested

It's going to take us all working together as one community, state-wide, to beat this virus. We have an **amazing team** with all of you and we are so incredibly **thankful!**

[Please CLICK HERE to acknowledge review of this presentation](#)