



HDSP

GO CONNECTION

Connecting programs, events, resources, research and people in the Minnesota heart disease and stroke prevention community.

IN THIS ISSUE:

Minnesota Stroke Partnership

P. 1

New Stroke Continuing Education Course for EMS

P. 3

Interview with Craig Rees and Kari Olson

P. 3

May is Stroke Awareness Month

P. 5

Upcoming Events

P. 6



Minnesota Heart Disease & Stroke Prevention Unit



Minnesota Department of Health
Health Promotion and Chronic Disease Division

P.O. Box 64882
St. Paul 55164-0882
Phone: (651) 201-5412
Fax: (651) 201-5800

Minnesota Stroke Partnership

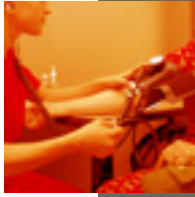
By Jim Peacock, PhD, MPH, HDSP Unit, MDH

The Minnesota Stroke Committee was formed in September 2005 in response to a need for a statewide committee focused on stroke. The creation of this committee allowed the Minnesota Department of Health to join the CDC-sponsored Great Lakes Regional Stroke Network, a 6-state coalition devoted to regional stroke issues being managed by the Illinois Department of Health. Shortly after forming, the committee determined that the areas of emergency medical services (EMS) and emergency departments (EDs) were a high priority, and had high potential for achieving short-term successes. Thus, the first task force was formed to address EMS and stroke. As more individuals were recruited for this task force, it became clear that this statewide effort to collaboratively address stroke was growing to more than simply a "committee." The group agreed in June 2006 to rename itself as the Steering Committee of the Minnesota Stroke Partnership (MSP).



MN Stroke Partnership

Continued on Page 2



“I’m a member of the MSP because it affords a unique opportunity to collaborate with other stroke leaders who share the passion and the drive to ensure every Minnesotan has access to the highest quality stroke care.”

Tess Sierzant, Clinical Nurse Specialist,
St. Joseph’s Hospital,
St. Paul

MN Stroke Partnership *Continued*

The steering committee oversees collaborative projects and acts as an advisory group to the Minnesota Department of Health on stroke issues. The steering committee meets quarterly to discuss the “big picture” and agree on the general content and direction for statewide initiatives. Task forces are formed to address specific areas of interest as determined by the steering committee. These areas currently include emergency medical services, emergency departments, and public awareness of stroke. In addition to the EMS Response to Stroke curriculum described in this issue, the MSP has directed the publication of a Stroke Awareness and Education Resource Toolkit, designed for health educators engaging the public about the signs and symptoms of stroke. The toolkit contains links to free or low-cost materials to use for stroke education programs. The first edition was evaluated by health educators from rural hospitals in Minnesota. As new and updated education materials become available, they will be added to new editions.

Bolstered by the success of the EMS Response to Stroke curriculum and the Stroke Awareness and Education Resource Toolkit, the MSP steering committee continues to work on the development of an Emergency Department Consensus Statement. The goal of this statement is to outline best practice standards and guidelines for stroke patients in the emergency department setting in order to guide high quality care for all stroke patients in the state of Minnesota.

Future projects to be undertaken by the MSP include an expansion of stroke awareness education for professionals. The MSP has recognized the need for continued education for family practitioners and emergency departments in hospitals. To this end, the MSP continues to support the engagement of knowledgeable stroke champions to interact with professionals through various educational initiatives. The MSP has also targeted rural hospitals by promoting successful stroke programs at small hospitals, either through support for grant applications, or by brokering conference presentations. Future efforts include new attention on rehabilitation and reintegration for stroke survivors, specifically by focusing on their follow-up care.

Finally, the Minnesota Stroke Partnership also includes individuals who may not be actively involved in a committee or task force, but are involved in stroke prevention, treatment, or rehabilitation in various ways. These people are opinion leaders, change agents, and stroke champions in their communities and organizations. We communicate with all members of the partnership and the public through the Minnesota Stroke Partnership website: www.mnstrokepartnership.org, which includes minutes for all steering committee meetings, a calendar of stroke-related events taking place statewide, links to the current literature and guidelines on the care of stroke patients, links to educational tools for non-English speakers, and a collection of products created by the Minnesota Stroke Partnership for use by our partners. ■

New Stroke Continuing Education Course for EMS

By Elizabeth Gardner, MA, HDSP Unit, MDH and Jessica Barth, Health Educator, HDSP Unit, MDH

In 2006, an assessment of Minnesota's pre-hospital emergency stroke care practices was conducted by the Minnesota Stroke Partnership. Statewide, ambulance services completed a survey about identifying and transporting stroke patients, and the training of EMS professionals. One key finding was that first responders, EMT-Basic and paramedics were interested in receiving more training about stroke response and treatment. Of particular interest was utilizing electronic technology, such as the internet, to access the training. By providing training resources online, some financial or geographic barriers to accessible education can be eliminated.

Born from that report and discussions with stroke experts, The Minnesota Stroke Partnership's EMS Stroke Task Force developed a unique training course focused on the role of EMTs and paramedics in stroke diagnosis and treatment. The EMS Response to Stroke continuing education course will improve EMS providers' knowledge of current practices for recognition and treatment of stroke signs and symptoms in patients.

EMS Response to Stroke is a free one-hour course worth 1.0 Continuing Education Units (CEU) for EMTs and paramedics in Minnesota. After completing the

course online participants are eligible to receive a Certificate of Completion.

The course is presented by Craig Rees, MS, NREMT-P, and Kari Olson, RN, CNRN. Craig and Kari were also involved in the development of the course, along with Silvina Tonarelli, M.D., from the Minnesota Stroke Partnership.

To view the course please visit the Minnesota Stroke Partnership website at:

<http://www.mnstrokepartnership.org/mnstrokeresources.html>

An Interview

with Craig Rees & Kari Olson

EMS Response to Stroke Continuing Education Course

By Mary Jo Mehelich, RN, MPH, HDSP Unit, MDH

Connection was fortunate to speak with Craig Rees and Kari Olson about their roles in the development and implementation of the EMS Response to Stroke course.

Craig has been working in EMS for over 20 years. His experience ranges from rural communities to high volume urban communities. He also spent time working as a flight medic. He has been providing education to EMS providers throughout his entire

career in EMS. In an effort to improve the quality of education he was providing, he completed a Masters program in Experiential Education.

Kari is a certified Neuroscience Nurse with the Stroke & Neurosciences Program at Fairview Southdale Hospital in Edina, Minnesota. She has 20 years of experience working with stroke patients from bedside nursing to various administrative and clinical roles. Kari provides education and support for hospital staff, patients, families and community partners. Kari obtained her Bachelor's Degree in Nursing from Minnesota State University- Mankato and is currently pursuing her Master's Degree in Nursing from the University of Minnesota.

How long have you been involved in the Minnesota Stroke Partnership?

Craig: *I became involved about four years ago.*

Kari: *I've been involved for about three years.*

Interview Continued on Page 4

How do you think the EMS Stroke training module will benefit the EMS community?

Craig: *The EMS Stroke training module will provide an efficient method of providing education to EMS providers across the state. It will assist in the identification of patients who are exhibiting signs and symptoms of a stroke and what treatment they should provide in the field. It will also provide education about the treatments a hospital can offer, which will help the EMS providers decide the most appropriate facility for the patient.*

Kari: *The EMS community is very interested in doing the right thing. This training utilized evidence-based guidelines for pre-hospital care. It will provide the training needed so that standardized care is provided in the field. Also, it should increase the confidence level in the decisions made by EMS as well as provide general stroke education.*

How do you think the EMS Stroke training module will benefit the general public?

Craig: *The general community will benefit in several ways.*

- 1) *Patients who are being treated and transported by EMS providers will benefit, because the EMS providers taking care of them will have the education needed to assess, treat and choose the most appropriate facility for the patients.*
- 2) *EMS providers will be able to rapidly assess, treat and transport stroke patients. This will allow the patients to arrive at the stroke centers in time to receive the current, aggressive stroke treatment. When the EMS agencies and hospitals are working together, they can decrease the number of stroke patients who end up needing long term care due to disability caused by stroke, which is a leading cause of disability. This in turn will save the patients and the general public a significant amount of money by reducing the health care costs associated with long term care.*

Kari: *The EMS providers will have the knowledge to assess if a person is a suspected stroke patient. This rapid response is necessary so that the person is transported to the appropriate emergency department as quickly as possible so that treatment can begin. The general public puts their lives in the hands of skilled EMS professionals everyday. The*

more knowledgeable they are the better it is for all of us.

What was your favorite part of this project?

Craig: *I learned a great deal about the impact of stroke in the community and how the care provided at stroke centers has progressed. And, the members of the Minnesota Stroke Partnership are a great group of people to be involved with.*

Kari: *One of my favorite parts was gaining a better understanding of how EMS functions and a broader appreciation for the work of EMS professionals.*

How can the people who read this article help promote the training module?

Craig: *Simple! Just talk about it. If you're an EMS provider talk to your co-workers, medical directors and managers. Talk about how you can improve your care for stroke patients. If you work in a hospital talk to your EMS providers. Make sure they know your protocols and capabilities for treating a stroke patient. If you are not in health care, talk to your family. Make sure they know how to recognize the signs and symptoms and the importance of calling 911. It could be your life they save!!*

Kari: *Spread the word about the availability of this training. Where ever you work and potentially interface with EMS professionals, make them aware of the Minnesota Stroke Partnership website and the training module.*

Is there anything else you would like to add?

Craig: *I have been involved in health care for over 20 years. Seeing stroke patients have their sign and symptoms reversed is amazing. I remember watching people who were experiencing TIAs and just recording time and duration, because there was no treatment to offer.*

Kari: *This was very much a collaborative effort between the participating organizations. It's not always easy for large organizations to work together but we did it. Exciting new treatments are changing outcomes everyday for stroke survivors. That is something worth talking about! ■*

MAY IS... Stroke Awareness Month!

The purpose of Stroke Awareness Month is to raise public awareness about:

- ◆ Signs and symptoms of stroke and the need to call 9-1-1,
- ◆ Managing stroke risk factors, and
- ◆ Improving the quality of life after stroke.

For more information please visit one of these websites:

American Stroke Association

<http://www.strokeassociation.org/presenter.jhtml?identifier=1200037>

Centers for Disease Control and Prevention (CDC)

<http://www.cdc.gov/Features/Stroke/>

National Stroke Association

www.stroke.org/SAM_materials

THE WARNING SIGNS OF STROKE ARE:

- Sudden numbness or weakness of the face, arm or leg, especially on one side of the body
- Sudden confusion, trouble speaking or understanding
- Sudden trouble seeing in one or both eyes
- Sudden trouble walking, dizziness, loss of balance or coordination
- Sudden, severe headache with no known cause

**Stroke is an emergency!
Call 9-1-1 immediately
if you - or someone you are
with is having a stroke!**

Think - F.A.S.T.

Use the following tool to help you recognize stroke symptoms FAST:

F=FACE
A=ARMS
S=SPEECH
T=TIME

Face Ask the person to smile. Does one side of the face droop?

Arms Ask the person to raise both arms. Does one arm drift downward?

Speech Ask the person to repeat a simple phrase. Does the speech sound slurred or strange?

Time If you observe any of these signs, then it's time to call 9-1-1.

Call 9-1-1 or get to the hospital fast!

Brain cells are dying!

Upcoming Events

Minnesota Stroke Conference 2010 Innovations and Improvements

May 11, 2010
Radisson Suite Hotel St. Cloud, MN

This conference is designed to educate attendees on the latest developments in acute stroke treatment and management. Attendees will have the opportunity to share best practice strategies and tools for improving stroke care in Minnesota hospitals both with and without established stroke programs. The conference will provide a networking opportunity for health care professionals, public health professionals and stroke advocates.

For more information please visit <http://www.mn-strokepartnership.org/conference.html>

Minnesota Rural Health Conference Leading Change for Rural Health

June 28-29, 2010
Duluth Entertainment Convention Center (DECC), Duluth, Minnesota

In 2010, Minnesota's rural health care providers are experiencing change at an unprecedented rate including federal and state health care reform, adoption and use of electronic health records, loss of GAMC, Medicare, nursing home management and funding, increased emphasis on prevention and community health, health care homes, Medicare and Medicaid HIT incentives, primary care, specialty care and IT workforce. In this time of challenge and opportunity, the Minnesota Rural Health Conference shares best ideas and resources, and helps providers lead the change.

For more information please visit <http://www.health.state.mn.us/divs/orhpc/conf/index.html>

From the Editor

The Connection has a new design. The changes took place with the November 2009 issue. HDSP staff would like to thank our new graphic designer, Tom Fitzpatrick, for his creativity and work on the newsletter. We hope you enjoy the new layout as well as the content. This issue's focus is on the Minnesota Stroke Partnership (MSP). It's a pleasure to highlight the work of this dedicated group of professionals.

Mary Jo Mehelich

Please direct any comments, questions or suggestions for newsletter content to
Mary Jo Mehelich at (651)201-5419 or mary.mehelich@state.mn.us

To unsubscribe or manage your subscription, visit www.health.state.mn.us/subscribe.html