

Interventions to reduce Stroke Disparities

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On behalf of Core B-Research/Education Training Plan

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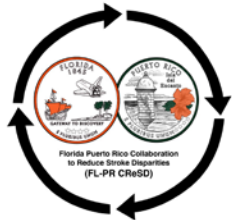
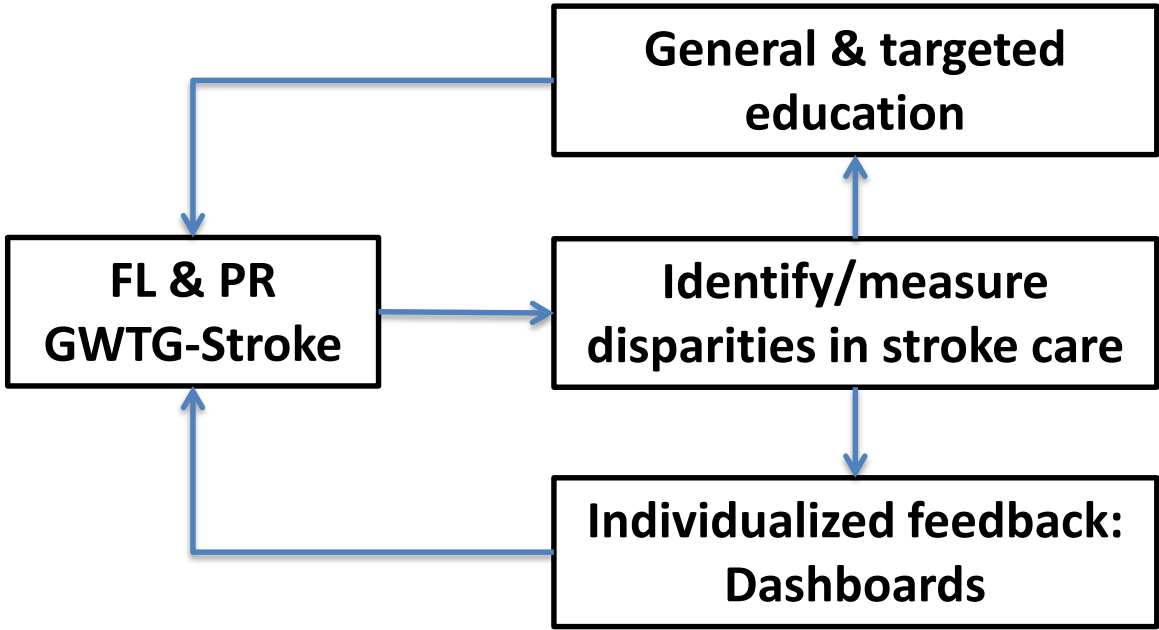
Relevant Grant Support:

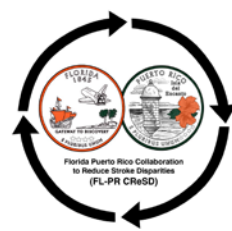
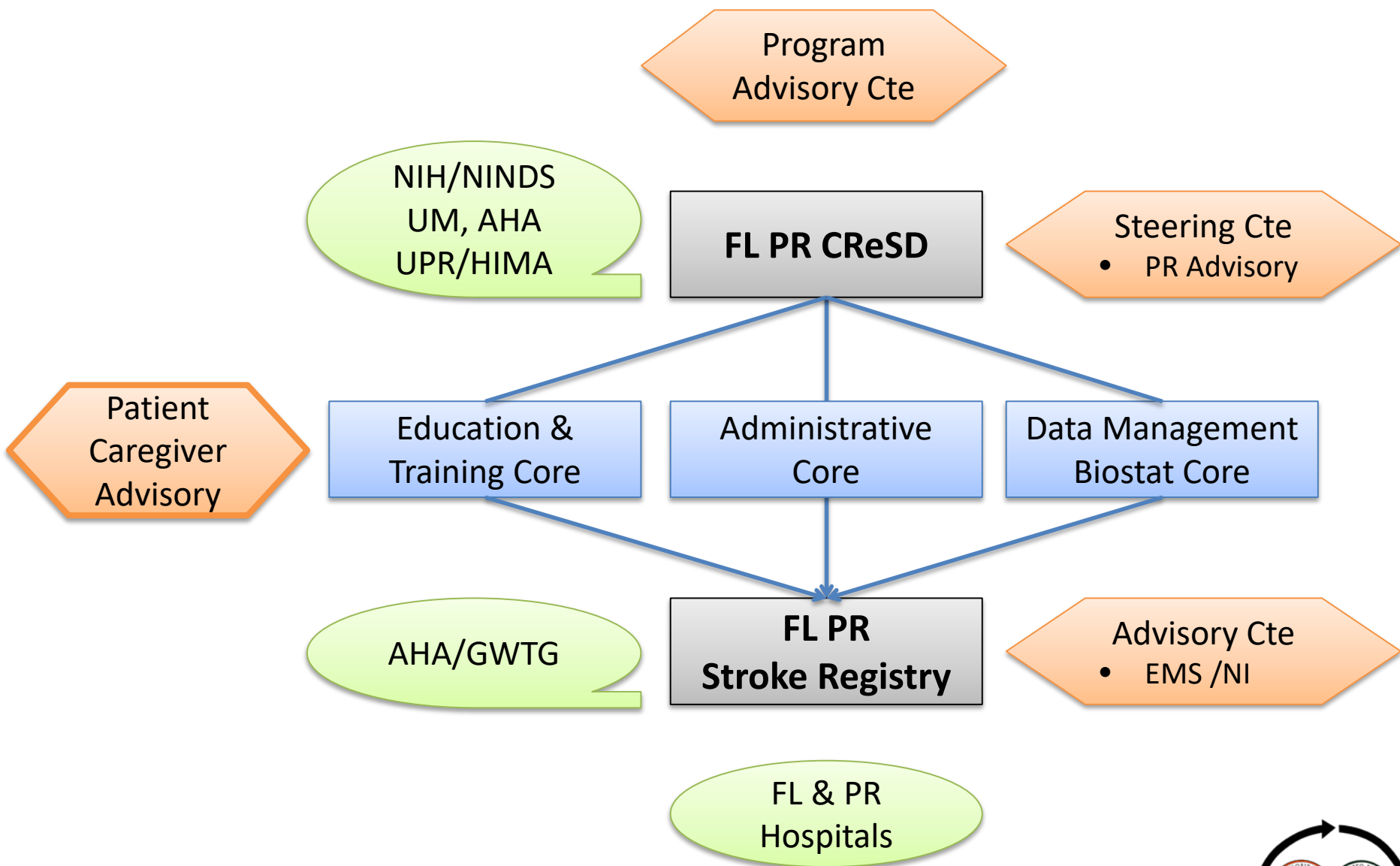
Florida-Puerto Rico Collaboration to Reduce Stroke Disparities, PI Core B
NIH/NINDS U54 NS-081763



FL-PR Collaboration to Reduce Stroke Disparities (FL-PR CReSD)

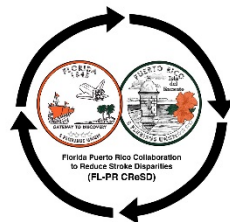
Goal CReSD RETP/Core B: train a broad spectrum of stakeholders in the skills and strategies needed to decrease stroke disparities and enhance stroke disparities research.





Lectures & Seminars

- Total lectures & seminars since inception: 58 (FL 40, PR 13, other 5), attendees 5,036 (FL 3,209; PR 827, other 1,000)
- Pre-Post Assessments (8 events, 540 attendees): 92% strongly agree improved stroke disparities awareness, 98% with improvement in disparities knowledge
- Training in stroke disparities research:
 - UM: Research boot camp, RSAP, StrokeNet fellow
 - UPR: Endowed Health Services Research Center seminar
- Gordon Center: incorporating stroke disparities into paramedic trainee curriculum in Florida



Online Learning



www.reducestrokedisparities.org



www.reducestrokedisparitiessecure.org

Open site

Videotaped lectures:

- Health disparities 101
- Disparities in stroke risk factors
- Stroke disparities in women
- Disparities in AIS treatment
- Stroke disparities: closing the gap

CME, certificate of completion

Lectures:

- General Health Disparities
- Disparities in Stroke Risk
- Disparities in AIS Treatment
- Stroke Disparities in Women
- Disparities in ICH
- Stroke Disparities for EMS

Interactive Module:

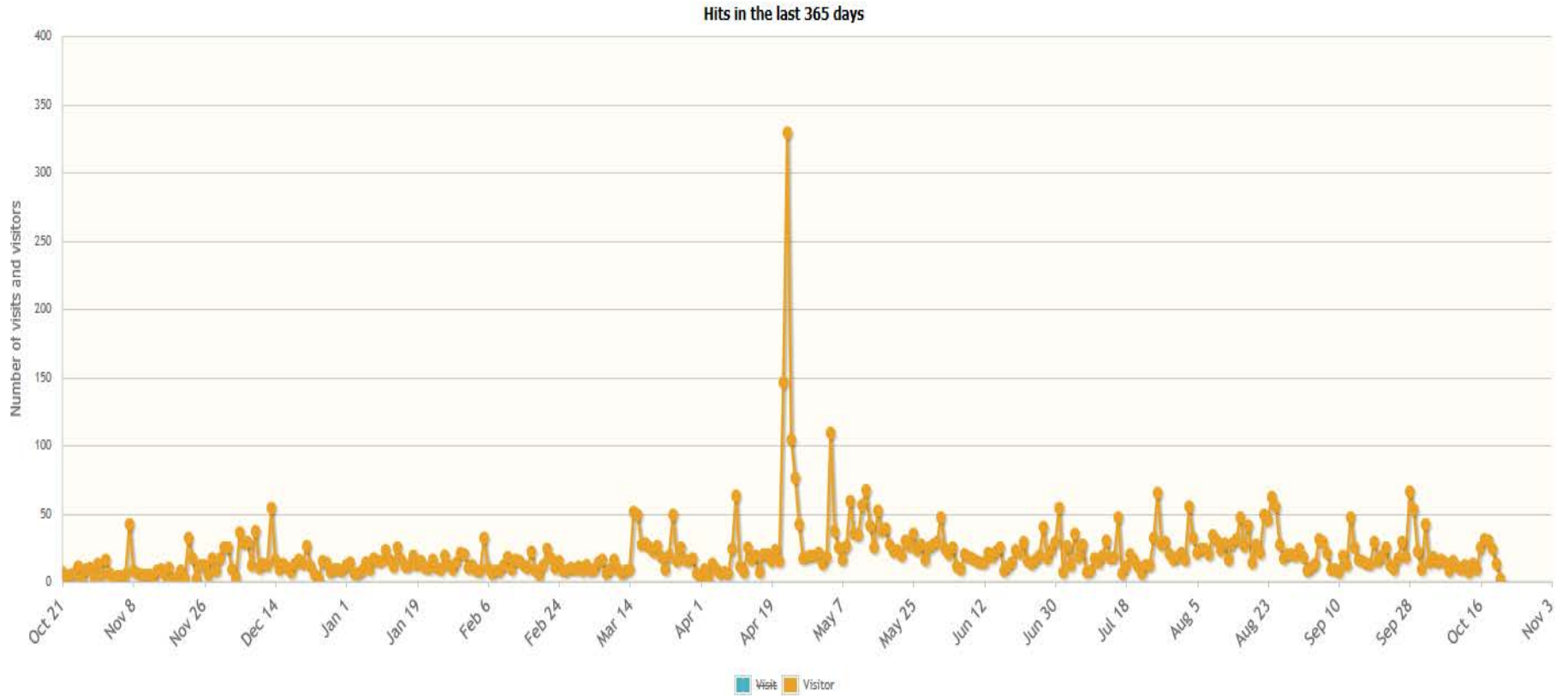
- Reducing DTN Time

Research:

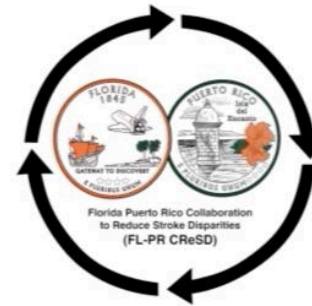
- Stroke Disparities Research
- CITI Human Subject Research

Traffic through secure website

Hits Statistics Chart



REDUCING TIME TO TREATMENT IN ACUTE ISCHEMIC STROKE

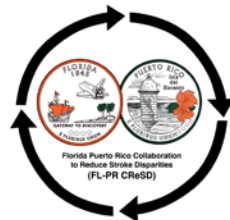


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- Designed for hospital personnel, EMS
- Blended approach: narration, avatars, interactivity, feedback, amplification of key information, summarization
- Based on best practices, AHA/ASA Target Stroke, published data, feedback from advisors including Stroke Victor & Caretaker Adv. Cte.
 - Call 911 for stroke symptoms.
 - EMS transport to closest & most appropriate stroke center
 - ED activates Stroke Alert upon EMS pre-notification prior to arrival
 - ED transports stable patients directly from the ambulance to CT
 - IV rtPA initiated in CT

DTN Interactive module: Implementation Pilot Study

- 5 Florida hospitals including: academic center, County hospital, private hospitals large and medium
- Presentation, focused interviews, and site capabilities assessment
- Provided interactive module
- Review of obstacles/barriers/successes after 4-6 weeks
- Development of implementation plan and MOP
- Dissemination to FL hospitals in CReSD
- Specific dissemination plan for PR



Reducing DTN Time Implementation MOP

Reducing Door-To-Needle Time in Acute Ischemic Stroke: An Interactive Module

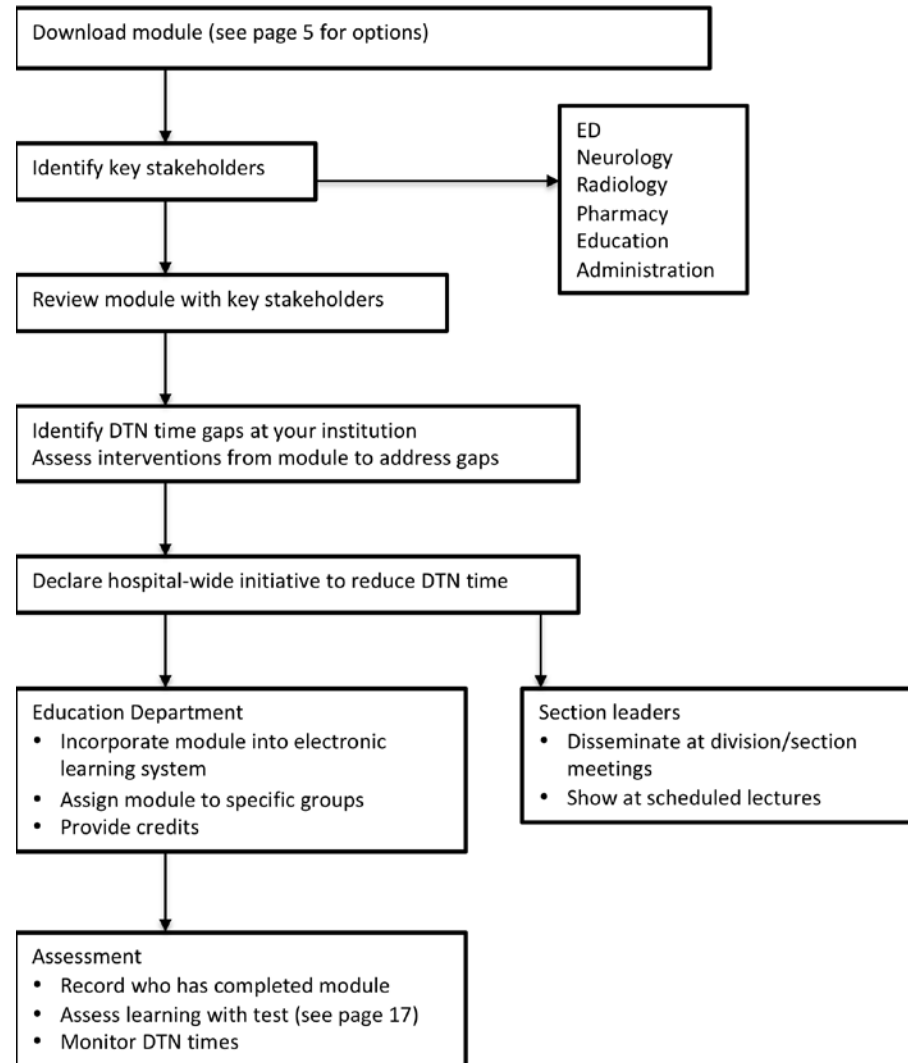
Recommendations for Implementation

The Florida Puerto Rico Collaboration to Reduce Stroke Disparities

Supported by NIH/NINDS U54 NS-081763



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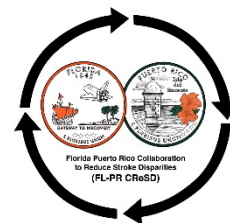


DTN Interactive Module

Post-implementation survey

Have you disseminated the DTN Interactive Module?	
Yes (n=20)	51%
No, but plan to do it soon (n=18)	46%
Some barriers to dissemination:	
<ul style="list-style-type: none"> • We have implemented portions of the module • Reviewing and considering guideline implementation • Hospital QI staff to make decision to implement • Do not administer tPA at our hospital • Difficulty downloading 	
No, lack of bandwidth (n=1)	2%
No, lack of interest from stakeholders (n=1)	2%

N = 39 (8 South, 13 East Central, 9 West Central, 4 North/Panhandle, 5 PR)

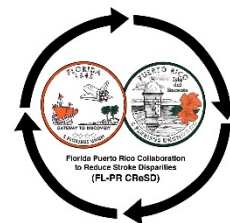


DTN Interactive Module

Post-implementation survey

Who has/will be included in dissemination?	
Stroke Medical Director (n=31)	79%
Stroke Council/Working Group (n=29)	74%
ED (n=32)	82%
Radiology (n=24)	62%
Pharmacy (n=12)	31%
Education Department (n=22)	56%
Administration (n=15)	38%
EMS Liaison (n=21)	54%
Patient/Caregiver Support Groups (n=21)	54%
Other staff in neuro wards, ICU, neurologists, research, students (n=17)	44%

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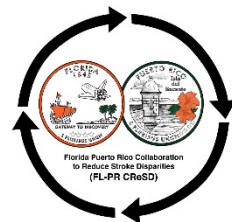


DTN Interactive Module

Post-implementation survey

Dissemination method	
Electronic learning system (n=21)	54%
Staff orientation and training (n=25)	64%
Conference (n=10)	26%
1:1 (n=19)	49%
Other (Team Meetings, Shift Huddles) (n=5)	13%

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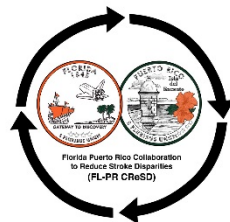


DTN Interactive Module

Post-implementation survey

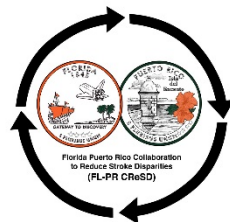
After implementation, has it impacted stroke care?	
Have surveyed to determine impact (11/18)	61%
Increased stroke awareness (7/11)	64%
Impacted DTN times (8/11)	73%
Increased support for stroke program (5/11)	45%
No impact (1/11)	9%
Have not yet surveyed to determine impact (7/18)	39%

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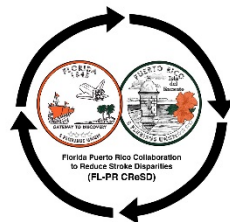
Implementation plan for Puerto Rico

- Facilitated a Puerto Rico stroke group
- Lectures and seminars: 13; attendees: 827
- Interactive module: 250 EMS, nurses and HIMA personnel
- Used module as gateway to survey hospitals and perform an inventory of resources in PR
 - Hospitals: 21 (10 from 2 private health systems)
 - Admits stroke patients: 13/21
 - Neurology availability 24/7: 6/21 (2 by telemedicine)
 - Neuro availability intermittently: 3/21
 - No neurology availability: 12/21
 - Give tPA: 2/8
 - Barriers to stroke management: 1st no neuro, 2nd staffing, 3rd lack of reimbursement & tPA cost



Lessons learned

- Challenges in dissemination: broad spectrum of stakeholders, geographic outreach.
- Barriers:
 - Regulatory delays: website, CMEs.
 - Site engagement: competing priorities for site decision makers.
- Successes:
 - Diverse stakeholder *contribution* (i.e. stroke victor & caretaker advisory group, EMS) and *engagement* (site personnel).
 - Impact on outcomes difficult to ascertain given overall temporal trends in improved metrics.
 - Reached a large number of stakeholders: “stroke disparities” now part of Stroke Center vocabulary!



Next Steps

- CME-earning lectures on AHA website
 - Link through FL PR CReSD website
- Future targets: post-discharge coordination of care

