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Licking Memorial Health Systems

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Stroke Care

HEALTH TIPS

The National Stroke Association wants you to be "Stroke Smart" by learning the 3 Rs of stroke: Reduce risk. Recognize symptoms. Respond by calling 911. Symptoms of stroke can include:

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

...a community ***report on patient care quality.***

Stroke Care: How do we compare?

At Licking Memorial Hospital, we take pride in the care we provide. To monitor the quality of that care, we track specific quality measures and compare them to benchmark measures. Then we publish them so you can draw your own conclusions regarding your health care choices.

1 A stroke occurs when blood circulation to the brain stops. This causes a decrease in oxygen to the brain, which causes brain cells to die. As stroke treatments have become more effective and as people have made positive lifestyle changes to reduce the risk of stroke, the stroke death rate among Americans has decreased.

	LMH 2002	LMH 2003	LMH 01/04-3/04	National (1)
% of stroke patients who die	3.2%	1.4%	0.0%	10.4%

2 A person who has symptoms of a stroke needs to seek emergency medical care immediately. A thrombolytic, or "clot-busting," drug must be given within three hours after the initial onset of symptoms. Much like a heart attack, in which "time is muscle," with a stroke, "time is brain cells." To determine if a patient is a candidate for a thrombolytic drug, it is vital that a CT scan be performed before the drug is given. Therefore, Licking Memorial Hospital (LMH) tracks both the time from "door to CT scan" and from "door to drug."

	LMH 2002	LMH 2003	LMH 01/04-3/04	LMH Goal (2)
Median time from door to doctor	20 minutes	16 minutes	20 minutes	less than 10 minutes
Median time from door to CT scan	53 minutes	50 minutes	53 minutes	less than 25 minutes
Median time from door to drug	62 minutes	84 minutes	65 minutes	less than 60 minutes

3 A follow-up CT scan or MRI scan while a patient is hospitalized can help determine if the stroke has progressed (become worse).

	LMH 2002	LMH 2003	LMH 01/04-3/04	Benchmark (3)
% received follow-up head CT/MRI during hospitalization	87%	86%	87%	97%

4 Since a stroke can affect a person's ability to swallow, stroke patients should receive a swallowing evaluation to make sure they can swallow well enough to eat or take oral medication.

	LMH 2002	LMH 2003	LMH 01/04-3/04	Benchmark (3)
% of admitted who received a swallowing evaluation before eating	83%	80%	82%	45%

5 Beginning rehabilitation as soon as it can be done safely can help improve recovery for stroke patients. Therefore, it is important that physicians order appropriate rehabilitation for these patients quickly. Rehabilitation may include physical therapy, occupational therapy and/or speech therapy.

% received appropriate therapy within 24 hours

LMH 2002	LMH 2003	LMH 01/04 -3/04	LMH Goal
87%	91%	95%	100%

6 LMH uses a clinical practice guideline to make sure stroke patients receive all care appropriate for their condition. One quality measure on the guideline is the prescription of a blood-thinning medication by the second day of hospitalization after a stroke and another is the prescription of the medication at discharge. Blood-thinning medication prevents clots from forming and improves blood flow.

% eligible patients receiving blood-thinning medication

LMH 2002	LMH 2003	LMH 01/04 -3/04	Benchmark (3)
97%	96%	100%	57%

% with blood-thinning medication at discharge

LMH 2002	LMH 2003	LMH 01/04 -3/04	Benchmark (3)
95%	99%	100%	91%

Data Footnote:

(1) Comparative data from January through December 2003 from over 335 hospitals in the Midas comparative database project.
(2) Institute for Clinical Systems Improvement. Diagnosis and initial treatment of ischemic stroke; 2003 Oct. 65p.
(3) Most recent benchmark from VHA Central Key Clinical Indicator Project.

(continued on inside)

Warning others to be Aware of Symptoms

A PATIENT'S STORY

At first, it appeared to be nothing significant – a dizzy spell and some slight tingling. Soon, however, Jay Finklea knew something was wrong. It was 7:15 a.m. on June 26, 2003, and Jay was having a stroke.

"I was in my normal morning routine," recalled Jay, a Newark-area resident for the past 40 years. "I was getting dressed and getting everyone else up and going. During that process I got a little dizzy and had some tingling in my left hand and little finger. It didn't seem like anything big, but I knew something wasn't quite right."

Jay, 57, lives at home with his wife and two of his three sons. He didn't say anything to his wife or children about what he was experiencing.

"The dizziness and tingling lasted a few short minutes," he said. "I just stopped and sat on the couch and said a prayer and it all went away. About 10 minutes later it came back, and I was thinking, 'Gosh, I need to get someone to take me to the emergency room.' Then I started to think I was overreacting – that it was probably nothing and would be a waste of time to go to the ER."

Jay continued with his morning routine, assuming that he would feel fine by the time he got to work. He and his 9- and 18-year-old sons piled into the family van and headed out. At first, he felt fine driving.

"I was going to drop off my older son at work and my youngest son at the sitter's, but I knew I wasn't going to make it," he said. "I told my older son we were going to have to do something after we dropped off his brother. Things just weren't normal."

Jay said his condition worsened, so he pulled his van to the side of the road and had his son drive. It was at that point that he asked to be taken to see his doctor, David W. Koontz, D.O., an Internal Medicine physician on the Active Medical Staff of Licking Memorial Hospital.

"The dizziness had really increased by then, and I really noticed it when I was getting out of the van to change seats," he said. "Things were definitely getting worse."

He arrived at Dr. Koontz's office shortly afterward, at approximately 7:45 a.m. Dr. Koontz examined Jay, who had at that point been experiencing stroke symptoms for half an hour, and sent him directly to Licking Memorial Hospital.

"He didn't want any delays," said Jay. "By then I knew I was experiencing something serious, and that wasn't too cool."

The staff at LMH, including neurologist Joshua C. Nelson, D.O., immediately began treating Jay. "They did a fantastic job," Jay said. He spent two days at LMH, and then was transferred to an acute rehab facility for a few days.

After having a stroke in 2003, Jay Finklea warns others to pay attention to symptoms.

He began therapy shortly after his release from the hospital, and in mid-July 2003 he began physical therapy at the LMH Department of Physical Therapy and Rehab.

"I went through rehab there for about a month," Jay said. "I did a lot of exercises with my hands, arms, legs and feet. It was all designed to help me gain strength and coordination." Since that time, Jay has gone back to work full time and continues his rehab by exercising at home three to five times a week and watching what he eats. He also takes medication to control his blood pressure. He said his life is slowly but surely returning to normal.

"Things have changed – I do things a bit slower these days," he said. "It can be discouraging, but you have to have the proper attitude. You have to want to do better and gear yourself up for what you need and want to do.

"I'm thankful that this occurred in the early part of summer because I was able to do a lot of things outside that helped my rehab. For instance, I did a lot of walking and lawn care. I even mowed the lawn on the tractor, and I believe that helped me prepare myself to get back to driving a vehicle."

He is thankful for the care he received from LMH personnel throughout his situation. "They all did a fantastic job, from the doctors to the nurses, aides and rehab people," said Jay. "I have no complaints whatsoever."

Jay credits the power of God and the prompt treatment he received for saving his life. He advises those who think they're having stroke symptoms to take action right away. "If you're having the symptoms I had, get to the ER right away and then contact your doctor," he said. "That way you can begin to get immediate treatment."

How do we compare?
(continued)

7

LMH tracks how often standard orders are used by physicians in the treatment of stroke. Although physicians evaluate and treat each patient individually, following standard orders for a specific disease helps ensure that physicians provide appropriate care for that disease.

% of times standard orders used by physician

LMH 2002	LMH 2003	LMH 01/04 -3/04	LMH Goal
89%	82%	90%	greater than 95%

8

It is often beneficial for a stroke patient to have a consultation with a neurologist to confirm the diagnosis, because many other diseases can mimic a stroke. These include seizures with paralysis, confusion, muscle disease, and peripheral nerve injuries. Neurologists also have unique training and experience in neurological diseases and can offer stroke patients comprehensive care that is tailored to their specific needs.

% received a neurology consult

LMH 2002	LMH 2003	LMH 01/04 -3/04	LMH Goal
N/A (4)	95%	89%	greater than 75%

Data Footnote:

(4) Data not collected until 2003.

What is a Stroke?

A STROKE OCCURS WHEN A BLOOD CLOT BLOCKS A BLOOD VESSEL OR ARTERY, OR WHEN A BLOOD VESSEL BREAKS, INTERRUPTING BLOOD FLOW TO AN AREA OF THE BRAIN. WHEN A STROKE OCCURS, IT KILLS BRAIN CELLS IN THE IMMEDIATE AREA. DOCTORS CALL THIS AREA OF DEAD CELLS AN INFARCT. THESE CELLS USUALLY DIE WITHIN MINUTES TO A FEW HOURS AFTER THE STROKE STARTS.

When brain cells in the infarct die, they release chemicals that set off a chain reaction called the "ischemic (lack of blood supply) cascade."

This chain reaction endangers brain cells in a larger, surrounding area of brain tissue for which the blood supply is compromised but not completely cut off.

Without prompt medical treatment this larger area of brain cells, called the penumbra, will also die.

Given the rapid pace of the ischemic cascade, the "window of opportunity" for interventional treatment is about six hours.

Beyond this window, reestablishment of blood flow and administration of neuroprotective agents may fail to help and can potentially cause further damage.

Functions Lost

When brain cells die, that area of the brain loses the abilities it once controlled. This includes functions such as speech, movement, and memory.

The specific abilities lost or affected depend on where in the brain the stroke occurs and on the size of the stroke (i.e., the extent of brain cell death).

For example, someone who has a small stroke may experience only minor effects such as weakness of an arm or leg.

On the other hand, someone who has a larger stroke may be left paralyzed on one side or lose his/her ability to express and process language.

Some people recover completely from less serious strokes, while other individuals lose their lives to very severe strokes.

Medical Emergency

The symptoms of stroke should have the same alarming significance that acute chest pain has in identifying a heart attack. There is some public misconception that nothing can be done about stroke, but that is incorrect and has prevailed for too long.

Educating the public to seek emergency treatment for a stroke is crucial because every minute lost, from the onset of symptoms to the time of emergency contact, cuts into the limited window of opportunity for intervention.

The majority of patients don't report to the emergency room until more than 24 hours after the onset of stroke symptoms.

The longer the delay in patient presentation, the more damage a stroke can do and the less recovery can be achieved.

One of the largest obstacles to emergency treatment is that many people don't even know it when they are having a stroke.

Another factor in time of presentation is where people are when they have strokes. Those who have a brain attack in a public place where others may recognize the symptoms or see that something is wrong tend to report to the emergency room sooner.