GSPA

GEORGIA STROKE PROFESSIONAL ALLIANCE

March 1, 2024

St Mary's Hospital

Athens, Ga.

9:00 am – 3:00 pm

Thank you to our Vendors,
Eric Johnson with Chiesi and Kim Anda with Genentech
for sponsoring Breakfast and Lunch.

A Big Thank you to Whitney Barfield for all her hard work to make today's meeting a success.

Thank You, Whitney!

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A Big Shout out to our Leadership Team for the countless emails back and forth regarding our new logo.

A special Thank You to Tammy Hotchkiss (Atrium Heath Navicent) for all her hard work and patience with our TNTC (do you young nurses know what this stands for) changes.

I would also like to send a Thank You, to Bryan Realiza (East Georgia Regional Medical Center – Statesboro) for his suggestions.

This was certainly a TEAM Effort!

Go GA-SPA!!!

GA-SPA
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Officers for 2024

President- Denise Goings - Atrium Health Navicent

Past President- Elizabeth Peters – Wellstar North Fulton Medical Center

Vice President- Rachel DeShields – Piedmont Mountainside

Secretary-Carol Fleming – Grady Marcus Stroke Network

Treasurer- Whitney Barfield – St. Mary's Hospital




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Our MISSION

The Georgia Stroke Professional Alliance (GASPA) is committed to Stroke Prevention and Optimizing Stroke care through Networking and Education

GASPA

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Blast From The Past....

2013-2014 GA SPA Leadership team

Office	Name	email	Hospital	
Chair	Susan Zimmermann	Susan.zimmermann@wellstar.org	Wellstar Kennestone	
Chair Elect	Katja Bryant	Katja.bryant@wellstar.org	Wellstar Kennestone	
Treasurer	Shannon Doppelheuer	Shannon.g.doppelheuer@emory.edu	Emory	
Secretary	Trish Westbrook	Trish.westbrook@nghs.com	Northeast Georgia Medical Center	

Committee Chairs:

Office	Name	email	hospital	
Education	Kelli Brennan	Kelli.brennan@crhs.net		
Membership/mentoring	Holly Hula	H.hula@gru.edu	grady	
Regulatory/Advocacy	Mary Robichaux	mary.robichaux@heart.org	AHA	
Strike out stroke	Kerrin Connely	Kconnelly@gmh.edu	Grady	
Bylaws	Deb Camp	Deborah.camp@tenethealth.com	AMC	
Stroke Awareness	Catherine Whitworth	Catherine.whitworth@tenenthealth.com		
Web Page	Jean Pruitt	Jean.pruitt@northside.com		

Journal Club is

Alexis ThomasAle@sfhga.com

Katja Bryant Katja.bryant@wellstar.org

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Agenda

Time	Agenda Item
8:00-9:00	Breakfast
9:00-9:15	Welcome/Introduction of current officers Eric Johnson – Chiesi (Breakfast Sponsor)
09:15-09:25	Treasurer Report
09:25-09:45	Committee Reports
09:45 -10:15	Journal Club Standardized Reporting of Workflow Metrics in Acute Ischemic Stroke Treatment: Why and How? | Stroke: Vascular and Interventional Neurology
10:15- 11:15	ISC Review
11:15-11:30	Coverdell Update
11:30-11:45	AHA Update
11:45-12:15	Jing Xu, PhD, *"In search of effective therapies for hand dexterity rehabilitation after stroke"*
12:15-13:00	Lunch – Kim Anda Genentech
13:00 – 14:00	Sally Ann Nichols, MM, LPMT, MT-BC, "Music Therapy in Stroke Care"
14:00 – 15:00	Survey Updates Stroke Month Education Open Discussion

Thank you,
St. Mary's Hospital!
We appreciate you!

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Treasurer Report
1st Quarter 2024

Whitney Barfield

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09:15 – 09:25

Business Checking

Current Balance = $7,089.42

Expenses/Deposits since 01/2024 include:

- Debit – Quickbooks $30.00 on 01/18/24
- Debit – Quickbooks $30.00 on 02/20/24

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Business Market Rate Savings

Current Balance = $4,843.12

Only deposits noted have been interest.

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Committee Reports

Research- Position is currently open

Professional Education- Susan Zimmermann

By Laws - Erica Walker

Membership - Denise Goings (268 members – Simplelist/312 –spreadsheet(29-Vendors))

Marketing/Social Media – Cristen Wood

Community Education - Rachel DeShields

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Journal Club

Community Outreach & Education
March 2024

Rachel DeShields

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09:45 – 10:15

Survey Results

- What education & outreach topics do you believe residents/patients in the state of Georgia need most in 2024?
  - Stroke Prevention
  - Stroke Recognition
  - Managing After Stroke
  - Risk Factor Management
  - Post-Discharge Resources
  - Health Eating
  - Calling 911, Prompt Treatment
  - HTN Med Compliance
  - AF Management
  - Navigating Healthcare System
  - Lifestyle Impact After Stroke

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Survey Results

- What do you hope to see the GASPA Community Education & Outreach Committee accomplish in 2024?
  - GASPA branded resources (for BEFAST Blitz)
  - More Outreach Events
  - Reach More Areas
  - Target High Risk Areas for Education
  - Increase Visibility Among Healthcare Professionals
  - Focus Efforts on Post-Stroke Care/Support for patients & caregivers
  - Onsite Events
  - Reach Underserved Populations
  - 2 Group Events This Year, Open to All members
  - Target Rural Areas

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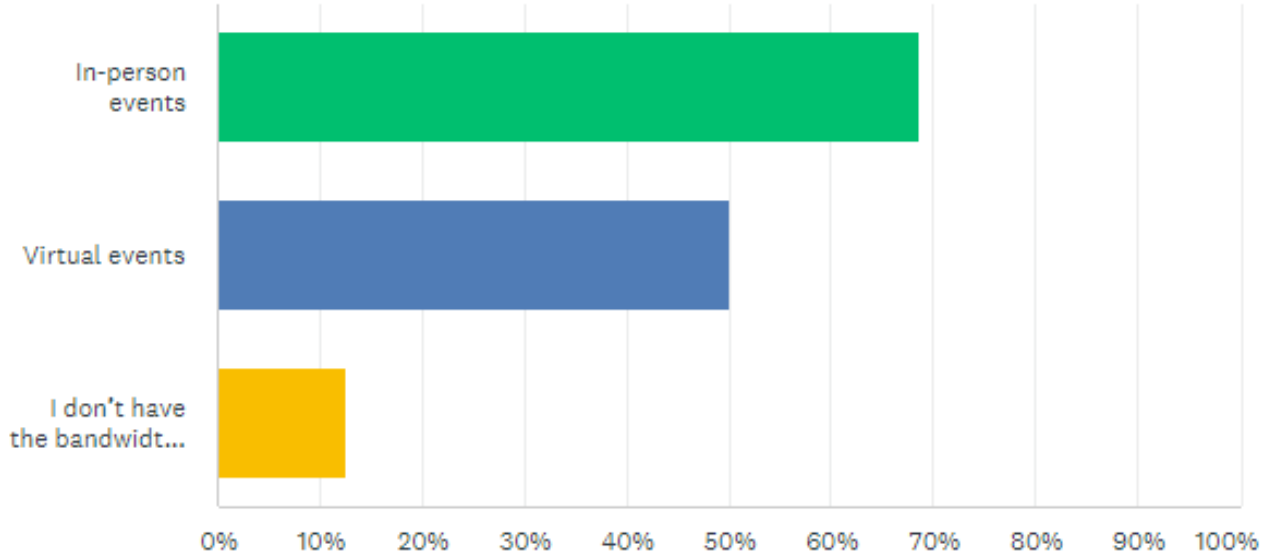
Survey Results

- When it comes to community education & outreach with GASPA, I am interested in participating in:



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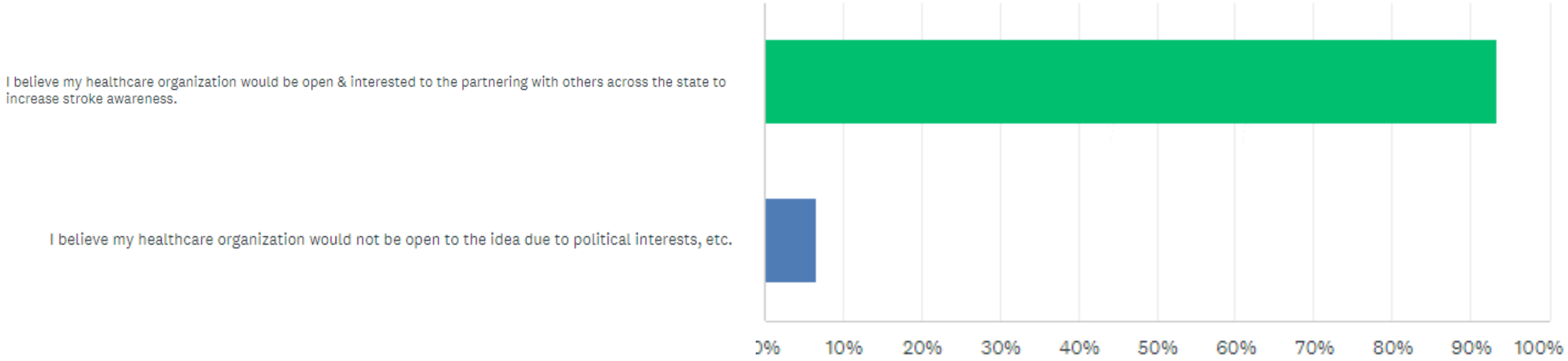
Survey Results

- When it comes to intra-organizational community education & outreach across the state:



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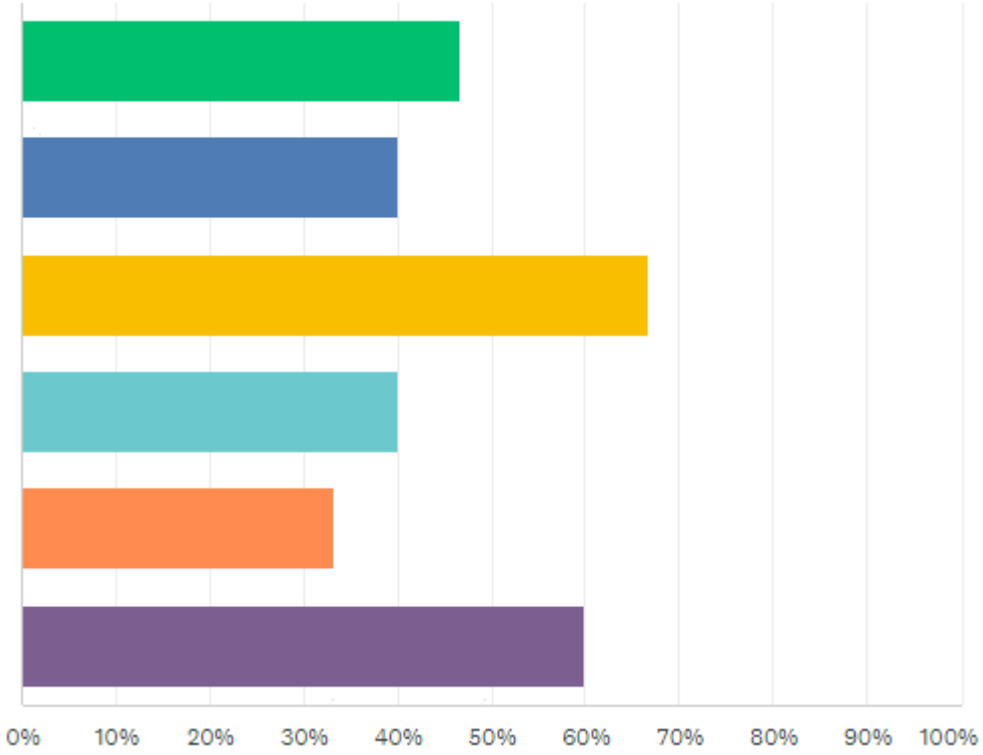
Survey Results

- Which virtual ideas do you believe are most effective?



Live or recorded social media events (video outreach sessions)

Social media challenges/contests (via social media posts)

Awareness “blitzes” (GASPA members individually participate in alliance-wide efforts, like the BEFAST blitz done in the past during stroke awareness month)

Website with stroke risk quizzes & list of resources

Stroke podcast

Scheduled live webinars/classes for community members

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Survey Results

- Are there any community education & outreach ideas you have thought of or seen from other entities that you would like to see GASPA accomplish?
  - 10-Day Stroke Awareness Challenge
  - Connect with Soup Kitchens & Food Banks for Stroke Education
  - Retreat and Refresh Stroke Camp (Aiken, GA, Waynesville, NC, Rogersville, AL)
  - Local Farmer's Markets
  - Baseball or Football Games
  - Atlanta Braves Stroke Symptoms Recognition Event
  - Blitzes, Mom & Pop Pharmacies

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Interested in Joining the Committee?

Email Rachel.DeShields@piedmont.org

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Journal Club

Standardized Reporting of Workflow Metrics in Acute Ischemic Stroke Treatment: Why and How? Stroke: Vascular and Interventional Neurology

Ranee Curtis
Air Evac

GSPA
GEORGIA STROKE PROFESSIONAL ALLIANCE

09:45 – 10:15

Journal Club

Ranee Curtis (Air Evac)

Stroke: Vascular and Interventional Neurology

REVIEW

Standardized Reporting of Workflow Metrics in Acute Ischemic Stroke Treatment: Why and How?

Mayank Goyal, MD, PhD; Jeffrey L. Saver, MD; Aravind Ganesh, MD, DPhil; Rosalie V. McDonough, MD; Yvo B.W.E.M. Roos, MD, PhD; Grégoire Boulouis, MD, PhD; Martin Kurz, MD; Marios-Nikos Psychogios, MD; Staffan Holmin, MD; Charles B.L.M. Majoie, MD, PhD; Romain Bourcier, MD; Ronil Chandra, MD; Shinichi Yoshimura, MD; Dileep Yavagal, MD; Benjamin Gory, MD; Christian Taschner, MD; Brian Buck, MD; Ashutosh Jadhav, MD; Michael D. Hill, MD; Johanna Maria Ospel, MD, PhD

The benefit of acute ischemic stroke (AIS) treatment is highly time dependent. Although studies on workflow improvement in AIS are increasingly gaining attention, there is a lack of consensus and consistency regarding the definition, measurement, and reporting of AIS workflow times. We discuss the challenges related to defining and measuring workflow times in AIS and propose a basic set of time intervals that should be reported in AIS workflow studies. We particularly focus on patients undergoing mechanical thrombectomy. Importantly, endovascular treatment workflow times should always be reported in conjunction with reperfusion quality because one is not informative without the other. We further suggest standardized reporting of workflow times that includes the 90th percentile in addition to medians and interquartile ranges, means, and SDs. The proposed methodology serves as a framework for AIS studies and aids further discussion on workflow-related AIS research.

Key Words: ischemic stroke ■ outcomes ■ thrombectomy

In acute ischemic stroke (AIS), every second counts. A typical patient with AIS with large-vessel or medium-vessel occlusion loses 1.9 million neurons per minute.[1,2] Although both intravenous thrombolysis (IVT) and endovascular treatment (EVT) are effective treatments for AIS attributed to large-vessel occlusion, and preliminary encouraging data suggest efficacy in medium-vessel occlusion stroke as well,[3,4] their effects are also highly time dependent. For broadly selected IVT populations, every 8-minute delay in treatment start causes 1 fewer of 100 treated patients to achieve reduced disability at 3 months, and for broadly selected EVT populations, every 4-minute delay in treatment start causes 1 fewer of 100 treated patients to achieve reduced disability at 3 months.[5-8] Although recent studies showed that selected patients benefit from EVT beyond 6 hours from symptom onset,[9-12] it is important to recognize that, even in those patients, outcomes are better when time to treatment is shorter.[13] The need for rapid treatment has been recognized by international guidelines,[2,14] which state that "time-lag to clinical assessment, imaging and intervention should be minimized,"[14] and suggest target values for workflow metrics, such as door-to-needle time and door-to-arterial puncture time.[15] They also recognize that "establishing and monitoring target time goals […] can be beneficial to monitor and enhance system performance."[2]

Correspondence to: Mayank Goyal, MD, PhD, Departments of Radiology and Clinical Neurosciences, Foothills Medical Centre, University of Calgary, 1403 29th St. NW, Calgary, AB T2N2T9, Canada.
E-mail: mgoyal@ucalgary.ca

Supplementary Material for this article is available at https://www.ahajournals.org/doi/suppl/10.1161/SVIN.121.000177
This manuscript was sent to Dr. Andrei V. Alexandrov, Guest Editor, for review by expert referees, editorial decision, and final disposition.
[Correction added on 11 April 2022, after first online publication: The copyright line was changed.]
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Standardized Reporting of Workflow Metrics in Acute Ischemic Stroke Treatment: Why and How?
Stroke: Vascular and Interventional Neurology

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GEORGIA DEPARTMENT of PUBLIC HEALTH

Georgia Coverdell Acute Stroke Registry (GCASR) Update

Teri Newsome

Quality Improvement Consultant

GSPA

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11:15 – 11:30

Georgia Coverdell Acute Stroke Registry (GCASR)

- New Stroke Coordinator's Orientation is scheduled March 19th, 2024 9:00 a.m.-10:30 a.m. Invitations have been sent out. Interested parties please email teri.newsome@dph.ga.gov
- Annual IRR reports will be released around March 31st.
- Program Coordinator continues to work with the education system and nursing schools.
- Stroke correlation to lung cancer for tobacco users.
  - Interested facilities please contact Teri Newsome.
- Congratulations to Union General Hospital for receiving RTSC.
  - Congratulations to Northeast Healthcare System for the collaboration with Union to succeed as the HUB Hospital

DPH
GEORGIA DEPARTMENT OF PUBLIC HEALTH

American Heart Association (AHA) Update

Shelley Nichols

Program Consultant, Health Care Quality

Quality, Outcomes Research and Analytics

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11:30 – 11:45

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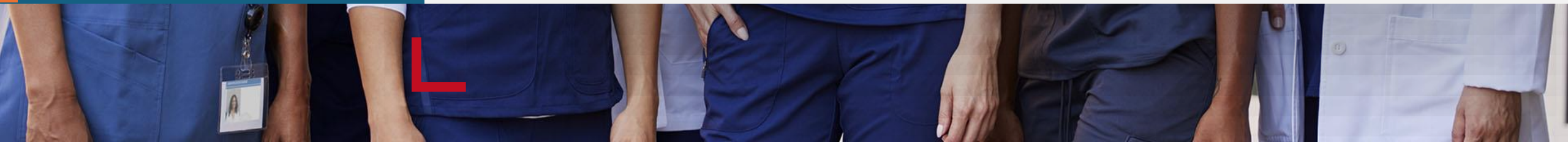
GA Stroke Professional Alliance

March 1, 2024



Get With The Guidelines® - Stroke Quality Forum

Our next Quality Forum is scheduled for Tuesday, **May 28, 2024, at noon EST**.

register

GWTG-Stroke Award Criteria 2024

- 2024 GWTG-Stroke awards will be based on data entered for January – December 2023. AHA will pull the **final 2023 data on March 31, 2024**.

- For helpful tips in navigating the GWTG-Stroke platform, please view our 36-minute video, "*Tracking Your Progress to Awards*," - Monitoring Progress to Awards on the Get With The Guidelines® Stroke Registry Platform – YouTube

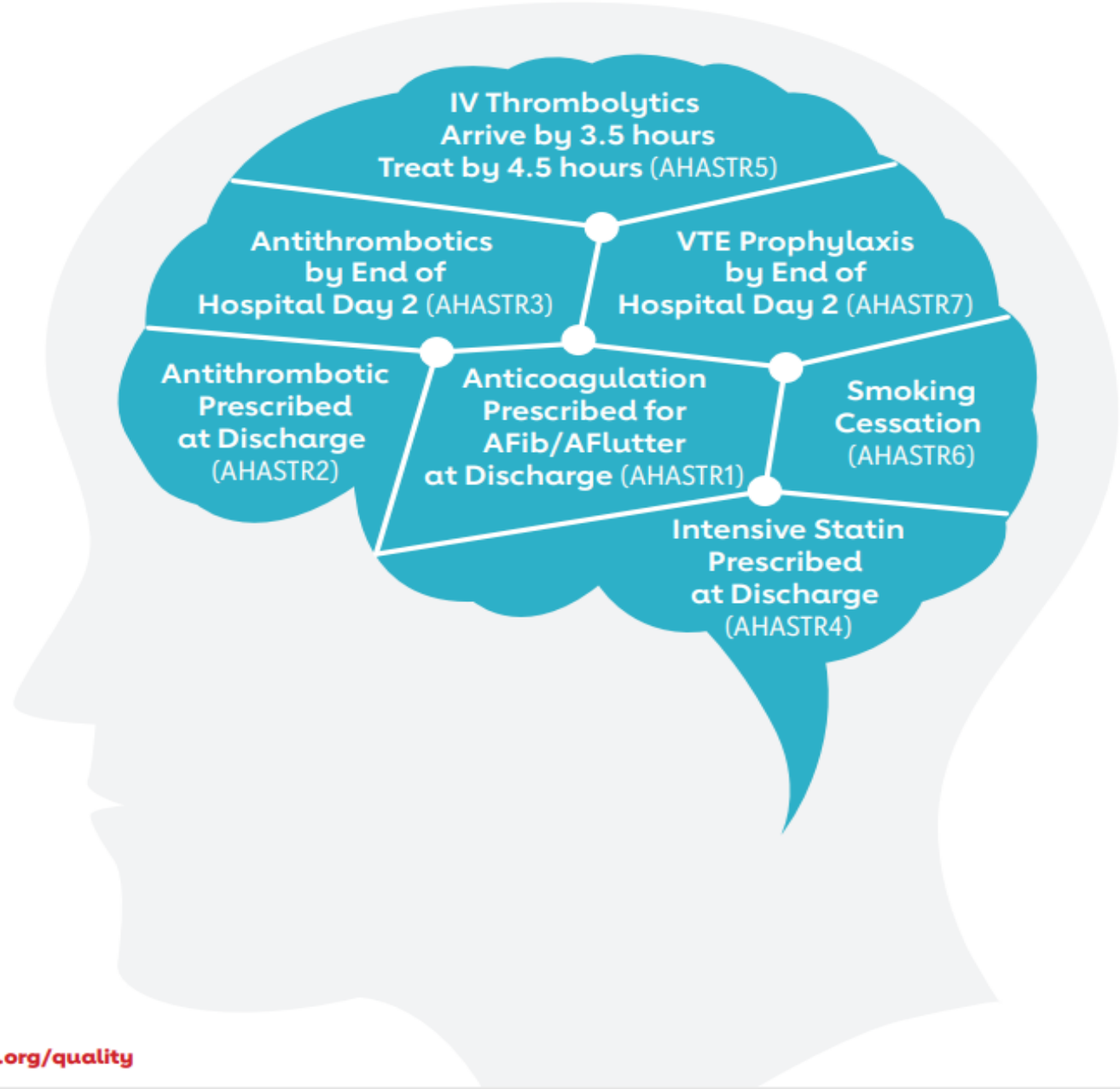
- There are also videos in the GWTG-Stroke Library

ACHIEVEMENT SCORE 85% OR GREATER ON ALL MEASURES

GOLD
2 consecutive calendar years

SILVER
1 calendar year

BRONZE
1 calendar quarter and ≥30 patients



QUALITY MEASURES + AWARD

≥75% on at least 4 measures
*Must achieve Silver or Gold to be eligible

- **Dysphagia Screening** (AHASTR8)
- **Stroke Education** (AHASTR12)
- **Assessed for Rehabilitation** (AHASTR11)
- **LDL Documented** (AHASTR9)
- **NIHSS Reported** (AHASTR10)
- **Door to Needle ≤60 minutes** (AHASTR13)

TARGET: STROKE

(Minimum of 6 patients to be eligible)

HONOR ROLL
75% of applicable patients (AHASTR13)
Door-to-Needle ≤60 minutes

HONOR ROLL ELITE
85% of applicable patients (AHASTR13)
Door-to-Needle ≤60 minutes

HONOR ROLL ELITE PLUS

75% of applicable patients
Door-to-Needle ≤45 minutes
(AHASTR49)

&

50% of applicable patients
Door-to-Needle ≤30 minutes
(AHASTR48)

HONOR ROLL ADVANCED THERAPY
50% of applicable patients

Door-to-Device ≤90 minutes for Direct Arriving Patients
(AHASTR114)

&

≤60 minutes for Transfer Patients (Within 6 hours or 24 hours)
(AHASTR114)

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Stroke

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Target: Type 2 Diabetes℠

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Heart Failure

Hospital Must Qualify for Silver Level or Higher Achievement Award

≥10 Patients with a New Onset or Previous History of Diabetes

TARGET: TYPE 2 DIABETES STROKE

Stroke Patients with Diabetes

"Overall Diabetes Cardiovascular Initiative Composite Score" criteria:

≥ 80% Compliance for 12 Consecutive Months (Calendar Year)

- IV Thrombolytics Arrive by 3.5 hours / Treat by 4.5 hours
- Early Antithrombotics for Patients With Diabetes
- VTE Prophylaxis
- Antithrombotic Prescribed at Discharge
- Anticoagulation Prescribed for AFib/AFlutter at Discharge
- Smoking Cessation
- Intensive Statin Prescribed at Discharge
- Diabetes Treatment
- Therapeutic Lifestyle Changes (TLC) Recommendations at Discharge
- Antihyperglycemic Medication With Proven CVD Benefit

THE AWARD REPORTING PERIOD MUST:

1. Be the same calendar year as your eligible achievement award
2. Include the same patient population as is included in the eligible achievement award

TARGET: TYPE 2 DIABETES HEART FAILURE

Heart Failure Patients with Diabetes

"Overall Diabetes Cardiovascular Initiative Composite Score" criteria:

≥ 75% Compliance for 12 Consecutive Months (Calendar Year)

- ACEI/ARBs or ARNI at Discharge
- Evidence-Based Beta Blocker Prescribed at Discharge
- Post-Discharge Appointment Scheduled
- Smoking Cessation
- Left Ventricular Function Assessed
- Lipid-Lowering Medication Prescribed at Discharge
- Diabetes Treatment
- Antihyperglycemic Medication With Proven CVD Benefit

May 2021 | #GWTGResearch | www.Heart.org/quality

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2024 HOSPITAL RECOGNITION CRITERIA

(based on 2023 data)

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GOLD

Four or more consecutive quarters and ≥2 stroke or TIA records annually

SILVER

Four consecutive quarters and ≥2 stroke or TIA records annually

BRONZE

One calendar quarter and ≥1 stroke or TIA record per quarter

Rural Acute Stroke Composite Score Criteria: At least 75% Compliance

Time to Intravenous Thrombolytic Therapy ≤ 60 minutes (AHASTR13)

Door-In/Door-Out Time at First Hospital Prior to Transfer for Acute Therapy ≤ 90 Minutes (AHASTR27)

National Institutes of Health Stroke Scale (NIHSS) Reported (AHASTR10)

Door to CT ≤ 25 Minutes (AHASTR16)

Dysphagia Screen (AHASTR8)

Documentation of Last Known Well or Time of Discovery of Stroke Symptoms (AHASTR27)

IV Thrombolytic Therapy Arrive by 3.5 Hours Treat by 4.5 Hours (AHASTR5)

EMS Pre-notification (AHASTR39)

Non-Contrast Brain CT or MRI Interpreted Within 45 Minutes of Arrival (AHASTR272)

Telestroke Consultation Done (AHASTR196)

Eligible Hospitals

Federally Designated Critical Access Hospitals

Short Term Acute Care Facility and Rural Hospital located within Rural Urban Commuting Area Codes (RUCA) indicating large rural, small rural and isolated geographic locations

Get With The Guidelines®-Stroke Onboarding Resource

- 10 instructional videos
- General registry orientation
- Abstraction guidance
- Links to instructions
- Mock patient chart
- Test your knowledge and challenging questions section

Upcoming Webinar

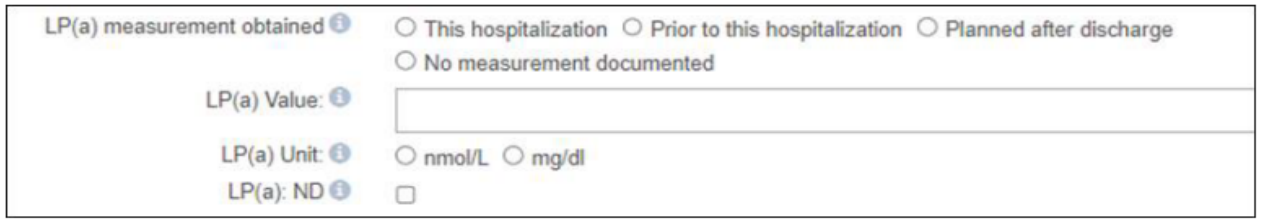
GWTG AFib: Medical Management of AFib with Dr. Andrea Russo
Tuesday, April 16, 2024 | 12 PM – 1 PM Central Time
REGISTER HERE: https://attendee.gotowebinar.com/register/7670570685081605727

In Case You Missed It

Title	Recording Link
2023 GWTG-Stroke Quality Forums	January 23, 2024 Recording Link November 28, 2023 Recording Link September 26, 2023 Recording Link
Getting to the Heart of Stroke	December 8, 2023 Recording Link
Rural Accelerator GWTG-Stroke Quarterly Learning Collaboratives	November 28, 2023 Recording Link August 29, 2023 Recording Link May 30, 2023 Recording Link
Get With The Guidelines® Hemorrhagic Stroke Data, Setting Yourself Up for Success	September 29, 2023 Recording Link
U.S. News & World Report "Best Hospitals"	Digital Edition

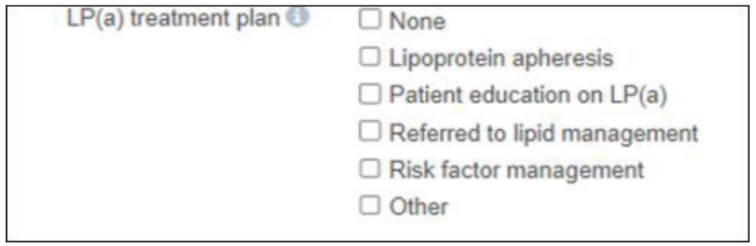
GWTG-Stroke Form Updates

'LP(a) measurement obtained' (Hospitalization Tab) and 'LP(a) treatment plan' (Discharge Tab) have been added as new elements.



'LP(a) measurement obtained' is required for sites enrolled in the ASCVD Layer.

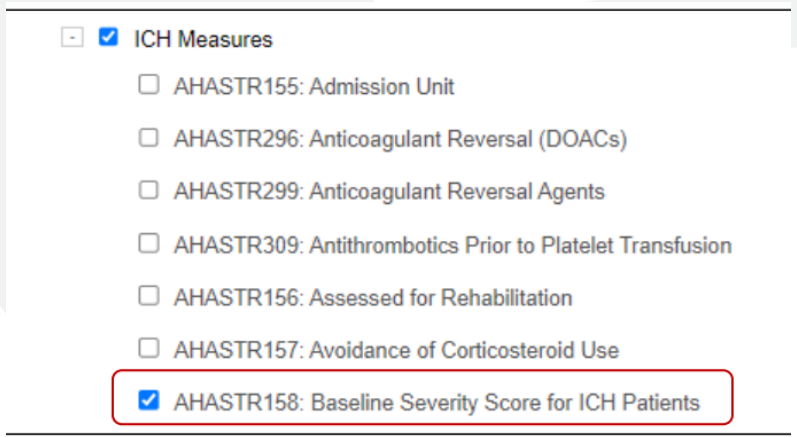
For all sites, 'LP(a) Value' or 'LP(a): ND' is required if 'LP(a) measurement obtained' is "This hospitalization" or "Prior to this hospitalization".



For all sites, 'LP(a) treatment plan' is required if an LP(a) Value is entered.

AHASTR158 name updated from "Baseline Severity Score" to "Baseline Severity Score for ICH Patients"

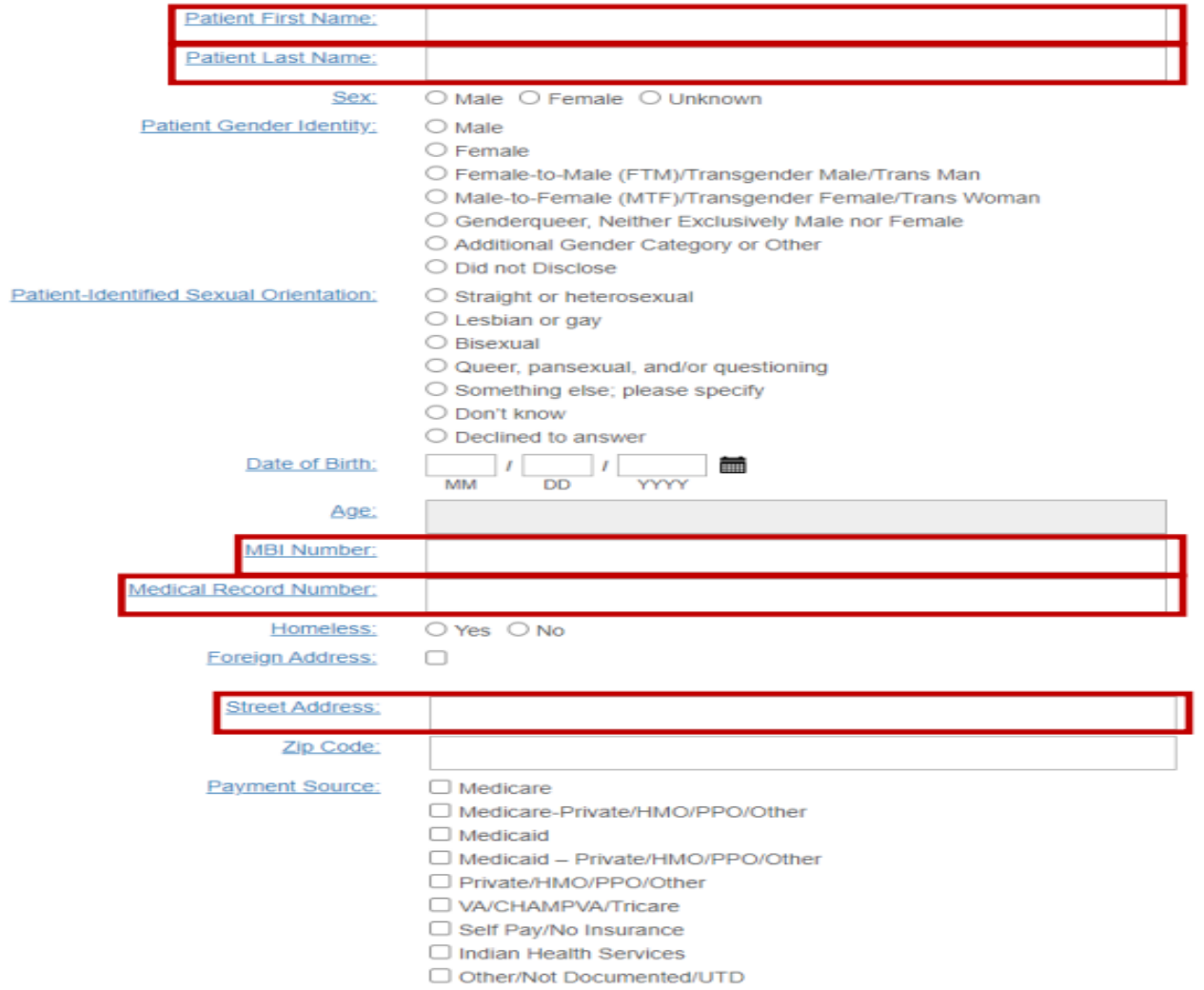
The name of AHASTR158 has been updated from "AHASTR158: Baseline Severity Score" to "AHASTR158: Baseline Severity Score for ICH Patients".



GWTG® PII Layer

- The American Heart Association now offers a free Personal Identifying Information (PII) layer.
- The PII layer contains additional data elements which are located on the
- Demographics tab of each module:
- Patient First Name
- Patient Last Name
- Medicare Beneficiary Identifier (MBI) Number
- Medical Record Number
- Street Address
- While the layer is free, additional contracting may be required

Demographic Tab



2019 AHA Guidelines for Acute Ischemic Stroke

Recommendations for EMS Systems:

5. **Regional systems of stroke** care should be developed and consist of the following:

   (a) Healthcare facilities that provide **initial emergency care**, including administration of IV alteplase

   (b) **Centers capable of performing endovascular stroke treatment** with comprehensive periprocedural care to which rapid transport can be arranged when appropriate *(Class I; Level of Evidence A)*

6. Patients with a **positive stroke screen and/or a strong suspicion of stroke** should be transported **rapidly to the closest healthcare facilities that can capably administer IV alteplase** *(Class I; Level of Evidence B-NR)*

https://www.ahajournals.org/doi/epub/10.1161/STR.0000000000000211

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SPECIAL REPORT

Recommendations for Regional Stroke Destination Plans in Rural, Suburban, and Urban Communities From the Prehospital Stroke System of Care Consensus Conference

A Consensus Statement From the American Academy of Neurology, American Heart Association/American Stroke Association, American Society of Neuroradiology, National Association of EMS Physicians, National Association of State EMS Officials, Society of NeuroInterventional Surgery, and Society of Vascular and Interventional Neurology: Endorsed by the Neurocritical Care Society

Edward C. Jauch, MD; Lee H. Schwamm, MD; Peter D. Panagos, MD; Jolene Barbazzeni, RN; Robert Dickson, MD; Robert Dunne, MD; Jenevra Foley, MSL, RHIA, CCP; Justin F. Fraser, MD; Geoffrey Lassers, PMD, AAS; Christian Martin-Gill, MD; Suzanne O'Brien, MSN, BSN, RN; Mark Pinchalk, MS; Shyam Prabhakaran, MD; Christopher T. Richards, MD; Peter Taillac, MD; Albert W. Tsai, PhD; Anil Yallapragada, MD; on behalf of the Prehospital Stroke System of Care Consensus Conference

Stroke

https://www.ahajournals.org/doi/full/10.1161/STROKEAHA.120.033228

Mission: Lifeline Stroke Regional Reports

- By participating in a Mission: Lifeline Region, system of care stakeholders can see both a site level and an aggregated view of a region's stroke care performance. Enabling these reports allow for scalable quality improvement initiatives to be initiated at the state, local, regional, or site level.

Mission: Lifeline Stroke Regional Reports

- Your system or region can elect to set up a Regional Benchmark to review reports on a regional level, with each hospital in your region displaying blinded and separately.

- If your facility elects to join a “Region,” this can be used to look at blinded data from other sites in your region to review and improve system performance.

- Once 3 or more hospitals have agreed to participate in a region by completing a permission form, a new option will be available for you to view system data across that region.

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GWTG-Stroke Systems of Care Measures

GTWG-Stroke ML reports

1. IV Thrombolytic Arrive by 3.5 Hour, Treat by 4.5 Hour Means of Arrival
2. Time to Intravenous Thrombolytic Therapy - 60 min Means of Arrival
3. Median Door to CT Time and Means of Arrival
4. FMC to Thrombolytic (Stacked Median)
5. Door to Device Time
6. EMS FMC to Device Time (Stacked Median)
7. Median Door-in-Door-Out Time and Means of Arrival
8. Stroke Screen Performed and Documented
9. On Scene time ≤15 minutes for Suspected Stroke
10. Median On-Scene Time for Suspected Stroke
11. Documentation of LKW
12. Identification of Suspected Stroke
13. Evaluation of Blood Glucose

GWTG-Stroke Prehospital

1. Door-in-Door-Out Time ≤ 60 Minutes at First Hospital Prior to Transfer for Acute Therapy
2. Documentation of Time Last Known Well
3. Documentation of Time of Discovery of Stroke Symptoms
4. EMS First Medical Contact to ED Arrival
5. Evaluation of Blood Glucose
6. Identification of Suspected Strokes- Rate Based
7. On-Scene Time for Suspected Stroke
8. On-Scene Time ≤ 15 Minutes for Suspected Stroke - Rate
9. Stroke Screen Performed and Reported
10. Stroke Screen Performed and Reported Distributed
11. Stroke Severity Screen Performed and Reported- Rate Based
12. Stroke Severity Screen Performed and Reported- Distribution
13. Time from First Medical Contact to Thrombectomy for Acute Ischemic Stroke
14. Time from First Medical Contact to IV alteplase for Acute Ischemic Stroke

Thank You

Shelley Nichols MSN, RN, SCRN
American Heart Association Quality Consultant
Shelley.Nichols@heart.org

American Heart Association.

In search of effective therapies for hand dexterity rehabilitation after stroke

Jing Xu, PhD

Assistant Professor
Cognition and Dexterity (CoDex) Lab | Neurostimulation Lab
Department of Kinesiology, COE | Neuroscience, ILS
University of Georgia

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11:45 – 12:15

Music Therapy in Stroke Care

Sally Ann Nichols, MM, LPMT, MT-BC
Music Therapy Clinical Supervisor / Academic Professional
Hugh Hodgson School of Music
University of Georgia

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13:00 – 14:00

Open Discussion

Survey Updates	Leqembi	Stroke Month Education	Open Discussion
 	**What:** Leqembi® (lecenemab) is a medication used to delay the progression of Alzheimer's disease (AD) in patients with a confirmed diagnosis of AD, reasonable suspicion of AD, or mild cognitive impairment (MCI) due to AD. **Impact on Stroke:** Due to the risk of serious adverse events, thrombolytic administration is **contraindicated** in patients who have received Leqembi® (lecenemab) in the past 6 months. Furthermore, use of anti-coagulants and/or anti-platelets should be used with extreme caution in patients who received Leqembi® (lecenemab) in the past 14 days.	• 10-Stroke Awareness Challenge • BEFAST Blitz	

List of medications which will trigger the BPA

Medication GENERIC Name	Medication BRAND Name	
ABCIXIMAB	REOPRO	
ALTEPLASE	ACTIVASE	Exclu
ANAGRELIDE HCL	AGRYLIN	
APIXABAN	ELIQUIS	
ARGATROBAN		
ASPIRIN		
ASPIRIN/CALCIUM CARBONATE		
ASPIRIN/DIPYRIDAMOLE	AGGRENOX	
ASPIRIN/OMEPRAZOLE	YOSPRALA	
BETRIXABAN MALEATE	BEVYXXA	
BIVALIRUDIN	ANGIOMAX	
CANGRELOR TETRASODIUM	KENGREAL	
CAPLACIZUMAB-YHDP	CABLIVI	
CILOSTAZOL	PLETAL	
CLOPIDOGREL BISULFATE	PLAVIX	
DABIGATRAN ETEXILATE MESYLATE	PRADAXA	
DALTEPARIN SODIUM,PORCINE	FRAGMIN	
DESIRUDIN	IPRIVASK	
DICUMAROL		
DIPYRIDAMOLE	PERSANTINE	
EDOXABAN TOSYLATE	SAVAYSA	
ENOXAPARIN SODIUM	LOVENOX, ENOXILUV	
EPTIFIBATIDE	INTEGRILIN	
FONDAPARINUX SODIUM	ARIXTRA	

Medication GENERIC Name	Medication BRAND Name	Notes
HEPARIN		Excludes 100 unit/mL Flush
LEPIRUDIN,RECOMBINANT	REFLUDAN	
PRASUGREL HCL	EFFIENT	
RETEPLASE	RETAVASE	
RIVAROXABAN	XARELTO	
TENECTEPLASE	TNKASE	
TICAGRELOR	BRILLINTA	
TICLOPIDINE HCL	TICLID	
TIROFIBAN HCL MONOHYDRATE	AGGRASTAT	
VORAPAXAR SULFATE	ZONTIVITY	
WARFARIN SODIUM	COUMADIN, JANTOVEN	
INV ASPIRIN-PLACEBO 100 MG TABLET		
INV ASPIRIN-PLACEBO 300 MG TABLET		

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2024 Meeting Dates

- Tuesday June 4th – **Open for Location**
- Friday August 16th – Macon
- Tuesday Dec 3rd – Virtual

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Do You Have Any…

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