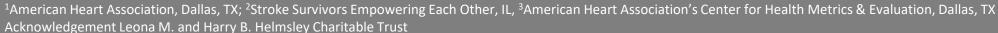
Mission: Lifeline North Dakota: Stroke Survivors Empowering Each Other, Inc.'s Stroke Survivor 2 Survivor Program

Janna Pietrzak BSN, RN¹; Sandi Gruhot¹; Christine Winiecki²; Kylie Aspegren MPH RD³; Adela Santana MPH MSEd CHES³;





Background

- The American Heart Association's Mission: Lifeline Stroke North Dakota (M:L ND) initiative is transforming stroke care by:
 - · reinforcing use of evidence-based guidelines
 - measuring performance
 - identifying gaps
 - · improving processes at a systems level
- United by the goal to improve the quality of life for survivors, the AHA and Illinois' Stroke Survivors Empowering Each Other (SSEEO) organization worked together to bring the Stroke Survivor 2 Survivor (SS2S) program to ND. From October 2018 to 2019, five hospitals implemented the SS2S program:
- CHI St. Alexius Health
 Bismarck Medical Center

 Sanford Medical
 Center Fargo
 - Sanford Medical
 Center Fargo
 Essentia Health Fargo
 Trinity Health
- SS2S is a post-stroke telephone peer support program; aims to facilitate survivors' efforts to recover after stroke; volunteers, who are also survivors, make monthly calls at least 2x postdischarge to provide resources and support to participating stroke survivors.

Purpose

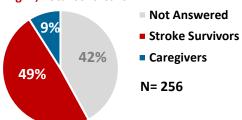
- Describe how continuous quality improvement enabled scalability and adaptation of the SS2S program to M:L ND
- Identify YR1 performance monitoring findings, including opportunities for programmatic improvement

Methods

- Volunteers gather info from survivors using data collection forms
- SS2S Coordinators collect completed forms and enter data into database monthly; aggregate reports are sent to AHA's Center for Health Metrics and Evaluation quarterly for analyses
- Data were analyzed using descriptive statistics; qualitative data were transcribed and coded with thematic analysis
- Forms have been updated 2x in YR1 based on volunteer feedback

Results

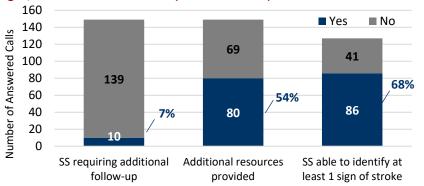




"Survivors enjoy making the calls; they feel like they are connecting to recent survivors and are able to help them by just listening to them and offering support."

~ SS2S Coordinator

Fig. 2, Calls Answered Statistics (Oct 2018 – 2019)



Of the issues SS indicated they were struggling with, fatigue was most commonly reported (20%, n=30 of 149), followed by memory/cognitive issues and vision difficulties (13%, n=20 of 149).

The data collection forms were revised May 2019 & Oct 2019 to incorporate feedback from volunteers, who are survivors themselves:

- · Larger font for easier reading
- Circling answers instead of checkmarks
- Larger space for notes

Fig. 3, Data Collection Forms Feb 2019 vs. Oct 2019



Challenges Experienced by Survivors Comments □Yes ! Notes Physical Aemory/cognitive issues □No (aphasia, fatigue, balance, vision, □Yes Notes (Yes/No Physcological □Yes | Notes □No (depression, CHALLENGES memory, □Yes | Notes Depression cognitive... (Yes/No) **Daily Living** Other physical or menta hearing (financial, difficulty sensory/pain □ other transportation ⊒Yes | Notes Filling a prescription issues ☐ None therapy...

Limitations & Summary

Limitations

- The design is limited to a cross-sectional design; more longitudinal data is needed to infer changes in participation.
- The startup period for hospitals ranged about 2-3 months before volunteers could be fully trained and comfortable with data collection, delaying enrollment. Summary
- Importantly, performance monitoring data identified opportunities for programmatic improvements, including changes to the data collection forms.
 - The signs of stroke section on the forms became a point for education; volunteers' phone scripts were updated to clarify signs-of-stroke patient-education
 - Details of challenges are not needed; instead, challenges are now asked about broadly and prompts are included on the form to guide volunteers
- YR1 quantitative results on follow-up and additional resources provided suggest that stroke survivors benefit from the program