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The Medical Center Welcomes New Physician To Its Staff



The Medical Center welcomes **Paul F. Burke, M.D.** to its medical staff. Dr. Burke, who specializes in Neurology, received his medical degree from Rush Medical College and his post-graduate training at Duke University Medical Center. His clinical interests include peripheral neuropathy, stroke, migraines, epilepsy, Parkinson's, neurologic complications of systemic disease, and chemodeneration for torticollis, dystonia and spasticity.

Dr. Burke joins Drs. Jianhua Zhu and Wesley Chou at Graves-Gilbert Clinic and may be reached at 393-2725.

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The Medical Center Seeks Primary Stroke Center Designation

In keeping with our mission to *care for people and improve the quality of life in the communities we serve*, The Medical Center at Bowling Green established a multi-disciplinary Stroke Workgroup in 2007 led by board-certified Neurologist Dr. Jianhua Zhu. The Medical Center's vision is to implement evidence-based systems and processes to improve the overall care, outcomes and quality of life for our stroke patients and to educate patients, families and our communities about stroke awareness and prevention strategies.

After more than a year of program design, implementation and ongoing collaboration among medical staff Neurologists, ED Physicians, Hospitalists, Vascular Surgeons, Nursing, EMS, Ancillary Services, Education, Administration, and the American Stroke Association (ASA), The Medical Center applied to The Joint Commission in November 2008 for certification as a primary stroke center.

Primary Stroke Center Certification through The Joint Commission is voluntary and designed to evaluate stroke programs on three primary criteria:

1. Effective use of evidence-based clinical practice guidelines;
2. Compliance with consensus-based national standards of care;
3. An organized approach to performance measurement and improvement.

At The Medical Center, EMS and Emergency Department protocols and acute stroke admission order sets are based on the AHA/ASA 2007 *Guidelines for the Early Management of Adults with Ischemic Stroke* and *Guidelines for the Management of Spontaneous Intracerebral Hemorrhage in Adults*. These protocols and order sets are available for use by all Medical Staff and include the following.

- "Stroke Protocol" — Initial Orders and tPA Eligibility Screening
- IV or IA Thrombolysis Inclusion / Exclusion Criteria
- IV or IA tPA Administration Orders
- Acute Ischemic Stroke Admission Orders (Non-tPA or Post-tPA)
- Acute Hemorrhagic Stroke Admission Orders

(Continued on page 2)

The Medical Center Seeks Primary Stroke Center Designation *(continued from page 1)*

Ten consensus-based national standards of care for ischemic stroke patients from the AHA/ASA, CDC and The Joint Commission have been incorporated into the hospital's Emergency Department protocols and acute stroke admission order sets. These include:

- Thrombolytic therapy considered / administered within three hours of symptom onset;
- Dysphagia screening at the bedside before *any* oral intake;
- DVT prophylaxis if patient is non-ambulatory;
- Anticoagulation therapy for patients with new or existing atrial fibrillation;
- Antithrombotic therapy administered by the end of day two;
- Smoking cessation advice / counseling;
- Assessment for inpatient / outpatient rehabilitation services;
- Patient education on signs and symptoms of stroke, early activation of EMS, risk factors, medications, and follow-up care;
- Discharging on cholesterol-reducing medication (if LDL > 100 or on statins);
- Discharged on antithrombotic therapy.

Performance data is abstracted each month on all stroke patients to measure compliance with the ten consensus-based standards of care and to evaluate the effectiveness of stroke systems and processes (e.g. use of protocols/order sets, CT and Lab turnaround time). Current performance improvement activities identified by the Stroke Workgroup include:

- Timely screening of stroke patients for eligibility and administration of tPA within three hours of symptom onset (Use of Stroke Protocol — Initial Orders);
- Bedside dysphagia screenings before any oral intake;
- Medical and nursing staff education to increase awareness and use of evidence-based emergency protocols, tPA screening and acute stroke admission order sets.

With increasing emphasis from the Brain Attack Coalition and The Joint Commission to remove barriers for translating evidence into clinical practice and to improve all components of stroke care, The Medical Center is committed to ongoing collaboration with our Medical Staff to provide our patients and our communities with the highest standards of stroke care available in Southcentral Kentucky.



Jianhua Zhu, M.D., PhD.

Stroke Third Leading Cause Of Death For Kentuckians

Kentucky has a history of high stroke incidence, and strokes are now the third leading cause of death for Kentuckians. Kentucky is ranked 11th in the nation in stroke-related deaths and is also frequently listed in the "Stroke Belt" as defined by CDC. Among the significant stroke risk factors are 28 percent of Kentuckians have high blood pressure, 38 percent of those screened have high cholesterol, 10 percent of Kentuckians have diabetes, 28.5 percent are current smokers, 66.4 percent are overweight or obese, and 31 percent reported no exercise in the last 30 days. Finally, Southcentral Kentucky ranks among the highest in stroke-related deaths in the commonwealth.

by Jianhua Zhu, M.D., PhD.