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## From Silos to Collaborative Working Relationships with EMS and ED

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## Opportunity

To establish a strong, collaborative relations between SCH stroke center, SCH ED and EMS

## Background

Two separate health care systems with one goal in mind: best stroke care for a community member experiencing stroke like symptoms.

### Current Practice in 2017

- Code stroke activation with LTKW up to 6 hours
- Inconsistent pre-notifications and pre-activations by EMS and ED
- SCH and Mayo Clinic Ambulance with siloed/individualized protocols for their respective health system

## Team Members

Angela Moscho, MSN, RN, SCRNP, Stroke Nurse

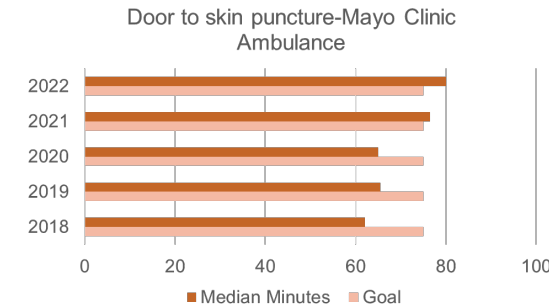
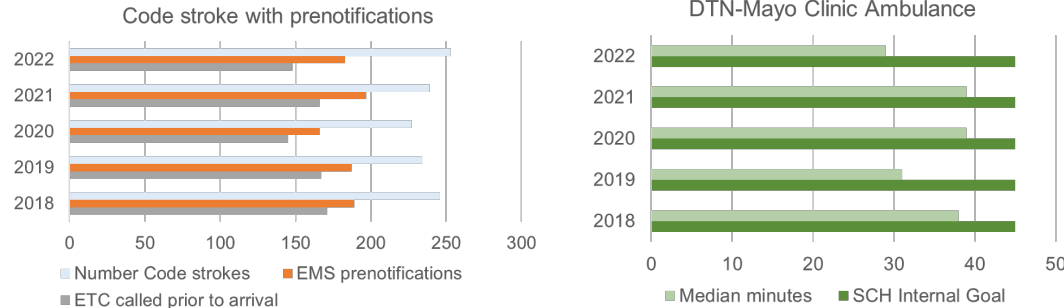
Chandra Brower, MSN, RN, SCRNP, Stroke Program Manger

Sherri Reischl, RN, CEN, Clinical Nurse

Mike Horner, BS-Health Care Admin, NRP, Assistant Supervisor of Operations, Mayo Clinic Ambulance Services

## Methods/Outcomes/Results

- January 2018
  - DAWN and DEFUSE trials published
  - SCH BEFAST screening implementation
  - Mayo Clinic Ambulance code stroke activation for wake-up strokes
- July 2018
  - Data graphs created to show progress of work being made
- October 2018
  - Patient success stories from work achieved
  - Data collection on door to needle times for IV Alteplase and door to skin puncture for thrombectomy patients
- March 2019
  - SCH VAN screening and PIT stop in the SCH ED implemented



## Conclusion

In May 2019, after 2 years of working together our teams saw our efforts come together when Mayo Clinic Ambulance adopted and supported SCH VAN protocol to be site specific for the St. Cloud Region. Our collaborative efforts have shown when there is prenotification and pre-activation patients are treated with a thrombolytic consistently under 45 minutes and to the operating room for a thrombectomy within 75 minutes.

All sites with the exception of St. Cloud Little Falls, and Litchfield  
Cincinnati Prehospital Stroke Scale

- Facial droop: asymmetric movement
- Arm drift: weakness in one arm, drift of that side
- Slurred speech: abnormal or impaired (dysarthria or aphasia)
- A positive finding of each test is scored as abnormal

St. Cloud, Litchfield, and Little Falls Only  
BEFAST Assessment Scale

- Balance: Loss of balance or coordination (acute onset)
- Eyes: Vision change or cannot see out of eye(s)
- Face: Face uneven, weak or numb.
- Arm/Leg Drift: Arm/leg weak or numb
- Speech Difficulty: Slurring words or difficulty finding words

VAN Assessment Scale

- Visual Field: Double vision or new blindness in eye(s)
- Aphasia: Inability to speak or understand words
- Neglect: Forced gaze or ignores one side of body

## References

Antipova, D., Eadie, L., Macaden, A. et al. Diagnostic accuracy of clinical tools for assessment of acute stroke: a systematic review. BMC Emerg Med 19, 49 (2019). <https://doi.org/10.1186/s12873-019-0262-1>

ASA 2019 Guideline to the Early Management of Stroke  
Every Second Counts: Best Practices to Improve Coordinated Stroke Care for Emergency Medical Service Professionals. MN Department of Health. [www.health.state.mn.us](http://www.health.state.mn.us)

Nogueira, R.G., Jadhav, A.P., Haussen, D.C., Bonafe, A., Budzik, R.F., Yavagal, D.R., Ribo, M., Congnard, C., Hanel, R.A., Sila, C.A., Hassan, A.E. et al for the DAWN Trial Investigators. Thrombectomy 6 to 24 hours after Stroke with a Mismatch between Deficit and Infarct. The New England Journal of Medicine; 378: 11-21 (2018). <https://nejm.org/doi/full/10.1056/NEJMoa1713973>

Albers, G.W., Marks, M.P., Kemp, S., Christensen, S., Tsai, J.P., Ortega-Gutierrez, S., McTaggart, R.A., Torbey, M.T., Kim-Tenser, M., Leslie-Mazwi, T., Sarraj, A., Kasner, S.E., et al for the DEFUSE 3 Investigators. Thrombectomy for Stroke at 6 to 16 hours with Selection by Perfusion Imaging. The New England Journal of Medicine; 378: 708-718 (2018). <https://www.nejm.org/doi/full/10.1056/NEJMoa1713973>