Please help us welcome Lawrence Memorial in Walnut Ridge as our next AR SITES site.

For the month of August, we had a total of 51 AR SAVES calls with 12 of those getting tPA. This is a 23% treatment rate for the month of August.

A formal non-compliance documentation process and form was discussed. Any issues with non-compliance will now be documented on the attached form (see agenda). For any questions or concerns regarding this new process, please contact your Outreach Nurse.

Julie Gannels, from Magnolia Regional, presented a case study based on a experience their staff encountered. How do other smaller facilities handle a stroke when all staff is tied up with other emergencies (ex: simultaneous codes)? Please send any feedback to your Outreach Nurse and they will pass this on in the next All– Sites meeting.

Some risk management issues discussed were the importance of being aware of family members presence in the room during the consultation. If there is any sensitive patient information, please have your physician speak to the AR SAVES physician on the telephone rather than at the bedside, in front of the family members.

Also, please remember the importance of an accurate weight. Since Activase is a weight based drug, and under- or over-dosing would not be beneficial to the patient, a recent accurate weight is of utmost importance. If your facility does not currently have a weigh bed, please remember the option to use Trauma funding to purchase one of these beds. Several AR SAVES facilities have done this and are available to help you with the process. Also, if you must get the patient up to weigh, please remember the patient is at very high risk for a fall. Have several staff members available to assist you in getting the patient up and to the scale.

Kelly Cleghorn, Call Center Supervisor, reminded us all that when a consult is initiated the staff RN giving report can proceed with report on his/her own; without being prompted question by question by the Call Center RN or the AR SAVES physician.

Feedback is needed about this newsletter. Please let your Outreach Nurse know if you read it and if you find it beneficial to better understand about AR SAVES.

Announcement: Delbert will be the main contact for APEX Innovations assistance effective immediately. Please let Delbert know if you need any assistance in the NIHSS assessment or logging on for administrative duties.

The Community Education team is happy to announce the addition of Yvette Burton! She will be joining Rick and Lauren as we educate the communities of Arkansas about the signs and symptoms of stroke, how to get treatment and to act FAST!

Coming soon— SALT Bowl September 21, 2012 at War Memorial Stadium. This is another great opportunity to educate a large population of Arkansans about stroke and AR SAVES. If you are interested in volunteering, please let Rick Washam know.

AR SAVES has partnered with Farm Bureau of Arkansas across the state to help spread the awareness of stroke treatment. Agents in your community may be contacting you for assistance in educating your community on stroke.
Date: August 22, 2012

To: County Presidents, Rural Health/Safety and Women’s Committee Chairmen

From: Jennifer Victory

Re: Stroke Education Program

Stroke is the leading cause of serious, long-term disability in the United States. Someone in the U.S. suffers a stroke every 40 seconds. As recent as 2007, Arkansas led the nation in stroke-related deaths. In an effort to help reduce these numbers, Arkansas Farm Bureau is partnering with the University of Arkansas for Medical Sciences to offer a new opportunity which will provide stroke education to our membership through the UAMS AR SAVES program. AR SAVES (Arkansas Stroke Assistance through Virtual Support) is a UAMS-led telemedicine program that links emergency room doctors at participating medical centers to specially trained neurologists via live, two-way video. AR SAVES is currently partnered with 36 hospitals. New sites are being added periodically, with the goal to have every Arkansan less than 30 minutes away from stroke treatment.

Through the stroke education program, our members will have a chance to participate in educational classes to learn the risk factors for stroke, how to recognize the symptoms of a stroke and what to do in the event of a stroke. Each AR SAVES location has a nurse facilitator who is a liaison to UAMS and is also charged with providing education about strokes and the AR SAVES program to the surrounding communities. Every county should take the opportunity to educate their members by contacting the AR SAVES nurse facilitator in their area to organize a stroke education event. Examples of events would be hosting a community stroke education night at the Farm Bureau office or inviting the nurse facilitator to speak at a civic club, church meeting, or annual meeting.

Attached is a list of the nurse facilitators in Arkansas. I encourage you to contact the facilitator in your area and visit about organizing a stroke education event in your county. They are ready and willing to work with you, our county leaders, to provide this life-saving information to your members.
### New APEX Innovations registration key codes:

- **FZX53Q6Q** *(license key)* to staff nurse access
- **QBGRNYJM** *(license key)* for Nurse Facilitator access

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**Non-compliance Communication Form**

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-C= compliant

NC= Non-compliant

V= verbal discussion with Nurse Facilitator to include an Action Plan

W= written discussion with Nurse Facilitator to include an Action Plan

M= Meeting (interactive or in person) with Nurse Facilitator and CNO, CEO

F/U= Follow up with Nurse Facilitator and/or other management

** Please document the date, and your initials, of the action you took along with the action

(ex: V, 7/23/12 sap)
For most of us, the ability to drive a vehicle represents freedom. The loss of this freedom is often times devastating for stroke survivors and their families as the realization of all the freedoms being lost sets in.

The ability to return to driving after experiencing a stroke depends on several factors such as the location, the severity, and if the damage is transient or permanent. Depending on which side of the brain was affected by the stroke, some abilities of driving are impaired. These could be:

- Having trouble turning the steering wheel,
- Having trouble applying the brake,
- Having trouble seeing the environment,
- Becoming confused or frustrated while driving,
- Driving into other lanes,
- Having difficulty assessing the traffic around you

To get back behind the wheel, stroke survivors should complete their rehabilitation program as prescribed by the physician and therapists. Driving rehabilitation is a possibility for most survivors. A driving rehab specialist can ride with the stroke survivor to assess their driving skills. Once the areas of improvement have been identified, the specialist (usually a specially trained Occupational Therapist) can then work with the survivor to improve those skills and body mechanics, in hopes of allowing them to drive independently again. Additionally, one should check with the Department of Motor Vehicles in your state to see what the requirements are for those survivors wanting to return to driving.

Several adaptations can be made to the vehicle to make it possible for the survivor to drive again. Some of these are a spinner knob for the steering wheel (which enables one-handed driving), a left-foot gas pedal for survivors who cannot use their right foot, hand controls, and wheelchair lifts and restraint systems for minivans.

If driving a vehicle is not in the future, there are several resources available to help stroke survivors with their transportation needs. The local Office on Aging can connect the survivor with ElderCare or the Easter Seals has a project entitled ACTION (Accessible Community Transportation In Our Nation) which can provide assistance in finding transportation.

If a stroke survivor is already back to driving but family and friends are unsure if this is appropriate, there are warning signs to watch for. These are:

- Inappropriate driving speeds (too fast or too slow)
- Needs help or instructions from passengers
- Doesn’t observe signs or signals
- Slow or poor decisions (poor judge of distances, too close to other cars)
- Easily frustrated or confused
- Pattern of getting lost, even in familiar areas

Please talk to the physician if any of these behaviors are noticed.

Resources:
www.aota.org/olderdriver
http://www.aota.org/Fact-Sheets/Older-Driver.aspx
www.easterseals.com/transportation
www.elder care.gov
http://www.strokeassociation.org/STROKEORG/LifeAfterStroke/RegainingIndependence/Driving/Driving-After-Stroke_UCM_311016_Article.jsp

Contact Rachel Hogbin for comments and/or suggestions at rhogbin@uams.edu
UAMS offers a support group for stroke survivors and their families. They meet monthly to discuss various topics related to life after a stroke and ways to prevent recurrence of strokes.

The Stroke Support group meets the 3rd Thursday of every month from 11:00 am to 12:00 noon. They meet in the UAMS Family Home (4300 W. Markham, Little Rock, AR 72205).

Here are the topics for two of the upcoming meetings:

- **September 20th, 2012**—CareLink is a nonprofit organization that offers many different services and resources for older adults and their family members. Debbie Gillespie, the Outreach Manager for CareLink, will be speaking to give details about the programs they offer. To find more information regarding CareLink, visit their website at www.carelink.org.

- **October 18th, 2012**—Occupational therapy helps stroke survivors gain as much independence back as possible. This therapy focuses on helping the survivor get back as close as possible to how they were living prior to the stroke. Occupational therapy sessions can vary depending on survivors’ goals. Tina Trice, Occupational Therapist at UAMS, will be speaking on how occupational therapy can benefit stroke survivors.

For more information, please contact 501-686-7791 or email smithdanam@uams.edu.