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Q1: Staff person submitting this nomination.

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Q2: Name of Volunteer Program.

Stroke Connect

Q3: Program Category: Select one of the four program categories.

In-Service Hospital Volunteer - programs that designed and implemented innovative services to address needs or challenges w ithin the health care organization.

Q4: Provide the date the program was implemented.

06/01/2011

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Q5: Provide a brief description of the program, including its goals and outcomes. (600 words max)

Mary Washington Hospital (MWH) is a Joint Commission Primary Stroke Center. As a part of our commitment to the satisfaction and education of our patients our Stroke center designed and implemented a program called "Stroke Connect" in 2011. This is a unique program where stroke survivors from the established local Stroke Support Group go through volunteer training at Mary Washington Hospital and become trained Stroke Volunteers. This program is important as it addresses the issues and concerns many newly diagnosed stroke patients have. The Stroke Volunteers provide a unique perspective and are able to connect with the new stroke patient in a way that a clinician cannot. The Stroke Volunteer is a living example of how one's life can be successfully managed after a stroke.

The Stroke Coordinator, Eleanor Redmond, RN, met with Karen Ennis, Manager of Volunteer Services at Mary Washington Hospital (MWH), to discuss the possibility of a stroke survivor filling the role of the "stroke connect volunteer". The purpose of the Stroke volunteer is to educate patient and their families about life after stroke and how to reduce the risk of another one. A Community Stroke Support Group, operated through MWH, recognized the need for one-on-one education for stroke survivors in the acute care setting. The Stroke Connect program would allow a previous stroke survivor to meet with more recent stroke survivors and their families to provide education and support from the perspective of someone who has experienced a stroke. Research indicates that stroke survivors that are connected socially have a better recovery outcome (American Heart Association Family Guide to Stroke, ©1994). Our mission now was to find the right stroke survivor to provide this service and launch our program. In April of 2011 we found the correct person in Mr. Bert Seitzinger. Mr. Seitzinger, in October of 2009 at age 49, had a transient ischemic attack (TIA) -- or a mini stroke. Three weeks later a severe stroke left him with the inability to control the left side of his body. Bert received care at Mary Washington Healthcare (MWHC) and in 2011 retired from his job, at the height of his career. He was looking for an opportunity to help other stroke survivors and their families, and in June of 2011 Bert agreed to be the first Stroke Connect volunteer at Mary Washington Hospital. His first meeting with new stroke survivors and family members was on our stroke unit, 5South.

Goals: Our goals for the Stroke Connect program are to educate new stroke survivors and family members on the risk factors for stroke, the signs and symptoms of a stroke and to invite the survivor and their families to our monthly stroke support group.

Outcomes measurement: Outcomes are measured utilizing a monthly 1 week post discharge follow-up phone call from Mary Washington Hospital Healthlink nurses. These three questions are asked of patients and their families' one week post discharge from the hospital.

1. Do you know the signs and symptoms of stroke?
2. Do you know your personal risk factors for stroke?
3. How would you rate the care received in the facility?

PAGE 4: Details of Nominated Program

Q6: Describe the role of volunteers in planning, developing, implementing and maintaining the program. (400 words max)

The stroke survivors, through the stroke support group, requested that we address educating the patients and families in the acute care setting to ease the transition along the journey of recovery. Bert Seitzinger, in collaboration with the stroke coordinator and the nurses on our stroke unit, designed a process that benefited the stroke survivor, family, and volunteer.

Bert began by volunteering 2 days a week on Tuesday and Thursday. The process developed was that the Stroke Coordinator would pull a daily census of stroke patients, complete a chart review of medical history and consult with the bedside nurse to identify whether the patient would be considered a good candidate for stroke education. In the beginning, the Stroke Coordinator rounded with Bert to model the key education elements of stroke risk factors and signs and symptoms to discuss with patients and families. However, after two weeks the Stroke Coordinator noted that the families preferred discussing their history, risk factors, and plans with only the stroke survivor because Bert had been along the journey to recovery. It was time for Bert to round alone to educate the patients and their families. When he had questions, the Stroke Coordinator was available to assist him because Bert or any of the other stroke volunteers do not give medical advice; stroke volunteers are encouraged to provide education and share personal experiences and direct any clinical questions to the appropriate healthcare provider.

In June 2011, Bert was the only volunteer in the Stroke Connect program. The reactions from the patients were incredible. After Bert would leave the room the families would tell their nurses "Meeting with the stroke survivor was the best part of my stay." We had an American Heart Nationally recognized stroke Program certified by Joint Commission and the best part of our patient's stay was the visit from the Stroke volunteer, Bert Seitzinger. Due to the patient's interest and the feedback that was received from Bert, the program was ready to expand. Bert continued to market volunteering at MWH at the monthly stroke support group. The Stroke Connect program was able to recruit two more volunteers. Colleen Kensil started on May 22, 2012 and now rounds exclusively with Bert using a team approach and Jim Snyder on April 29, 2013. Bert acts as a mentor to our new stroke volunteers, teaching them the structure of the program.

Q7: Describe how this program is unique and/or innovative.(400 words max)

Our stroke volunteers have first-hand knowledge of experiencing and then recovering from a stroke. This experience makes them vital members of the MWH stroke team. As medical professionals, clinicians can address the stroke from the physiological perspective, but only a stroke survivor can discuss the actual experience of stroke recovery. Our stroke survivors are our partners in educating the community. They accompany medical personnel to speak with EMS professionals, they have been interviewed by the local Free Lance-Star new paper are included in the 2012 Mary Washington Healthcare Annual report and have made a video on stroke recovery that is on the MWHC website. In August of 2013, MWHC completed recertification for the Primary Stroke center with a survey from Joint Commission. The surveyor, Karen Yarborough, RN and nurse practitioner indicated that the Stroke Connect program was a "best practice." She was so impressed with our stroke survivors and their commitment to educating new stroke families that she invited our stroke survivors to speak at a Stroke Center conference on November 8, 2013 in Maryland. Our stroke survivors have donated over 1200 hours to community providing education and support and now they have the opportunity through education of the Maryland Stroke consortium to present our Stroke Connect program to other hospitals.

Q8: Describe how the program benefits the service recipients, the health care organization and/or the community. (400 words max)

Benefits to recipients/outcomes: The stroke volunteers benefit the new stroke survivors and their families by providing education and serving as a resource on the journey to recovery. In the past two years, with the stroke survivor volunteers rounding on patients four days a week, the following statistics were able to be captured and documented. These results are used to measure the success of the volunteers' work.

1. 97% of our stroke patients 1 week post discharge indicated "yes" which is an increase from 91% before the stroke connect program began.
2. 80% of our stroke patients know their personal risk factors of stroke which is a vast improvement from 60% before the stroke connect program began.
3. 95% of our stroke survivors rate Mary Washington Hospital's stroke program as very good/excellent which is a vast improvement from 75% before the stroke connect program began.

Benefit to Mary Washington Hospital (MWH): Our Stroke Connect program aligns with our hospital mission to improve the healthcare of the communities we serve. Our stroke survivors are also great patient advocates for recruitment to the Stroke Connect program by empowering other stroke survivors, convincing them to donate their time, talents and treasure to the healing of others. This program also benefits MWH because the program allows for care to extend beyond the four walls of the hospital back into the community. The Stroke Connect program encourages our patients to become a proponent for their own care and gives them the ability to receive care that nurtures not only the clinical aspects of managing life after a stroke, but also the emotional and social aspects as well. Once discharged from the hospital, our stroke patients are immediately linked to the support group, which continues the healing process.

Benefits to the Community: Our Stroke Connect volunteers are community speakers and serve to educate Emergency Medical Services (EMS) personnel on the signs and symptoms of stroke as well as regional guidelines regarding the triage of stroke patients to Primary Stroke centers. At an EMS education event held on July 26, Bert Seitzinger spoke to EMS professional on rapid transport of stroke patients to the nearest stroke center. His life experience is a powerful tool in our community and is helping to save lives. The presence of the Stroke Connect program is a tangible way to enhance the journey of recovery for our stroke patients.

PAGE 5: Contacts

Q9: Chief Executive Officer of the nominated hospital/system.

Name	Fred Rankin
Title	President and CEO
Email Address	fred.rankin@mw hc.com
Telephone Number	540-741-1414

Q10: CEO Support.

Checked box confirms that your CEO supports the submission of the nominated program.

Q11: Administrative Assistant to the CEO.

Name	Tammy Brady
Title	Executive Assistant to Fred Rankin, President and CEO
Email Address	tammy.brady@mw hc.com
Telephone Number	540-741-1414

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HAVE AWARDS - 2014 NOMINATION FORM Responses due September 26, 2013

Q12: Name of the volunteer or auxilian who will be representing the program at the AHA Annual Meeting, May 5, 2014.

Name	Bert T. Seitzinger
Title	Stroke Connect Volunteer
Home Address	411 Rock Hill Church Road
City	Stafford
State	VA
ZIP Code	22556
Email Address	js3formom@aol.com
Telephone Number	540-359-1782

Q13: Volunteer Service Professional/Manager.

Name	Karen Ennis
Title	Manager, Volunteer Services, Mary Washington Hospital
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