Award Application

1	Project Title	STANSE: STroke And NeuroSciences Emergencies Team
2	Clinical or Operational Area	Stroke Care
3	Healthcare System	TriHealth Cincinnati OH
4	Hospital or Entity Name	System Level
5	Applicant Name	Lori Greiser, RN, MSN, CNOR
6	Applicant Title	Executive Director Surgical Specialties and Neuro Sciences
7	E-mail Address	Lori_Greiser@TriHealth.com
8	Telephone	513.806.6805
9	Mailing Address, City, State, Zip Code	
10	Please list the names and titles/roles of the additional members of the project team:	

Name:	Title/Role:
Lori Greiser	Executive Director
Michael Judge	Director Clinical Operations
Morgan Black	Project Manager
Renee Nash	Stroke Coordinator
Jennifer Conger	Stroke Coordinator
Maria Ashdown	ACNO/Interim System Chief Nurse Executive
Jeannie Burnie	Emergency Department Senior Manager of Educator
Kari Fink	RN
Morriss Wyman	Physician
Phil Oblinger, MD	Emergency Services Medical System Chief
Kim Schmeusser	Stroke Manager

11	Name of Senior Risk Management or Corporate Insurance Representative	Monica McPeek
12	Mailing Address, City, State, Zip Code	

13. The best practice/improvement submitted for consideration is a: *(Check all that apply)*

☒ Clinical Policy
☒ Performance Improvement Strategy *(Six Sigma, etc.)*
☐ Communication Strategy *(Briefing before surgical procedure, senior management rounds, etc.)*
☐ Other *(Please specify)*
Click or tap here to enter text.

14. Can the project be duplicated to support patient safety/risk mitigation strategies at other organizations? ☒Yes ☐No

15. Briefly describe the project: *(two paragraphs maximum, please attach any supporting documentation)*
For many years, TriHealth Acute Stroke Care was provided through the University of Cincinnati Medical Center (UC). Historically, in the Cincinnati, OH area, UC has been the authority in and provider of Stroke care. The TriHealth Neuroscience team sought to improve door to needle median times and developed a robust process to bring stroke care in-house. The process began in March of 2023, with initiation of work groups and completion of a comprehensive, system wide Failure Modes and Effects Analysis (FMEA) to consider all possible failure points. In July of 2023, the STANSE medical team was onboarded, with initial coverage 7am to 5pm seven days a week. Tele-stroke Platform initiation began in December of 2023. In January 2024, with completion of the FMEA, mitigation strategies were completed, and system-wide education began. Full, 24/7 ED and inpatient stroke response (and teleconsultation in 2 small facilities) went live February 21, 2024.

As a result of this large patient safety initiative, DTN median times decreased from 62.5 minutes with UC coverage January to August 2023, to a median of 36.5 minutes from February 21 through June of 2024. In addition, rate of symptomatic hemorrhage decreased from a rate of 3.8% to 1.3% from January 2023 through June 2024, with the TriHealth STANSE team implementation.

16. Describe how this project has reduced the potential for liability and improved patient safety. *(one paragraph maximum)*
This project has improved survival and decreased stroke related complications through shorter door to needle median times as time is brain. The decrease in bleeding rates also increased safety, improved patient outcomes, and decreased the risk of litigation.

17. What metric(s) have been used to measure and/or sustain success? *(one paragraph maximum)*
We have utilized median door to needle under 60 minutes, under 45 minutes, and under 30 minutes (see attached documentation). We have also utilized bleeding rates.

18. Are you willing to share this project with other members of AEIX? ☒ Yes ☐ No

19. Was this project an original concept created by the project team? ☒ Yes ☐ No

20. Was this project based on successful practices evaluated from literature or other healthcare providers? ☒ Yes ☐ No
And also because all of our facilities provided excellent stroke care, as a good foundation, as evidenced by 100% certification as acute stroke ready, primary stroke center, thrombectomy capable, or comprehensive stroke center.

21. Is this project being implemented in your health system for the first time? ☒ Yes ☐ No

22. Do you have plans to publish the project results in a professional publication or networking forum? ☐ Yes ☒ No

23. Is there anything else you'd like to share about this project?
Click or tap here to enter text.
Please see attached documentation.

Thank you for completing the application. Please follow these next steps.

   - Please save this document in Word format and gather your supporting documentation.
   - Forward the application and documentation to your senior risk management leader or corporate insurance representative. *They will need to complete and sign the Evaluation of Awards Application Form on the final page of*

the application before submitting it to American Excess Insurance by Friday August 16, 2024.

Evaluation of Award Application

The evaluation must be completed and signed by the senior risk manager or corporate insurance representative. Please evaluate the Award Application by indicating the best answer to the question.

1. **How will this project improve safety and/or reduce liability?**

☐ Little effect on safety and liability (1)
☐ Some improvement but metrics are not defined and/or it is not clear that measurable effect can be sustained (2)
☒ Strong effect with clearly defined metrics (3)

2. **What is the potential to share this project or practice with other AEIX members?**

☐ Little potential – i.e. *implementation requires major budgetary commitment, topic is highly specialized, and/or metrics are not clearly defined* (1)
☒ Some potential but process may be hard for another organization to implement, and/or its application may be limited - *i.e. major budgetary commitment, topic is highly specialized, and/or metrics are not clearly defined (2)*
☐ Strong potential for producing best practices (3)

3. **What level of impact will this project or practice have on the severity of risk exposure?**

☐ Little chance of impacting severity of risk but could address other issues (1)
☐ Some potential to impact risk exposure (2)
☒ Strong ability to impact severe malpractice exposure caused by significant risk events (3)

4. **What level of innovation best describes this project?**

☐ Project/practice is new to this organization and is based primarily on firmly established best practices (1)
☐ Project/practice was created primarily by applicants with some assistance from an outside vendor and contains well-established best practices with additional innovative features (2)
☒ Project/practice was created solely by applicants and could be included in established literature or industry best practices (3)

5. **Share your comments or recommendations.**

Monica mcpeek		8/16/2024
E-Signature	Title	Date

5135695173	monica_mcpeek@trihealth.com	
Phone	Email	

Send the completed application in Word format, supporting documentation, and signed evaluation to lana_taylor@premierinc.com *by Friday August 16, 2024.*

Thank you for your submission. In continued pursuit of our mission and vision to partner with forward-thinking healthcare leaders, inspire innovation, and provide the leading pathway for managing risk, we may share your project with other members of American Excess. However, this project will not be shared outside of the American Excess Insurance membership without your prior consent.