

# Committed to Quality

## The Outer Banks Hospital Nags Head, North Carolina



Imagine being on vacation and suffering the symptoms of a stroke. If you're at the Outer Banks of North Carolina, there is a hospital ready to diagnose, treat and transfer you if needed to the nearest full-service stroke unit. With a population ranging from 35,000 year-round residents to 300,000 in-season, The Outer Banks Hospital (TOBH) decided that getting certified by the Joint Commission for stroke was one of the best ways to support their ever-changing community.

"The Atlantic Ocean is our backyard," says Devereux Grindle, Director of Quality for TOBH. "We are a very rural location in northeastern North Carolina right on the coast, next to the Virginia border." As a critical access hospital, TOBH does not have an ICU or a neuro-intensive services unit, and the next closest tertiary hospital is 85 miles away. "But we knew from our community health needs assessment that we have a population here that could have a high prevalence of stroke, whether due to age or medical history, so we decided that stroke prevention and treatment was in the best interest of our community."

The hospital began developing their stroke program by building a committee of stakeholders. "It was multidepartmental and multidisciplinary," Grindle explains. "In addition to our Stroke Coordinator, Linda Smith, who is one of the Assistant Nurse Managers in our ED, and Dr. Matthew Chovaz who is our Director of Emergency Medicine, we had members from areas all across our hospital: inpatient, laboratory services, radiology, even cancer services, plus social work and outpatient. We wanted everybody at the table while we were designing and identifying what was needed and what we wanted this program to look like. My job was to help facilitate and tie everything back to Joint Commission standards, making sure that the team understood the standards as well."

The team spent about a year gathering data, implementing additional best practices based on TJC standards and AHA guidelines to achieve the highest quality patient outcomes, and doing work within the community to build awareness. They even take a retrofitted RV called the Health Coach up and down the 90 miles of the northern Outer Banks offering flu shots, free screenings, and of course, BE FAST stroke education.

“We also partnered with the Dare County EMS – they’ve been at the table the whole time as well – working on responding to stroke in the field, time to arrival at the ED, door-to-needle times, and communicating prior to arrival,” says Grindle. Patients who receive TPA are then transferred to Chesapeake Regional, which is under two-hours away; patients that are not TPA-eligible are kept in the hospital for observation. The Outer Banks Hospital stroke team established auto-accept processes with these accepting facilities to ensure timely placement and stroke intervention occurred.

Whether a patient is admitted to TOBH or transferred, the TOBH Stroke team follows up to ensure that patients have what they need when they return home – whether that means coordinating with social workers, rehab facilities, SNFs or primary care providers. “Patients could be on vacation and live far away. No matter where you live, we will try to contact you afterwards. We hear a lot from residents and visitors about how grateful they were for the personal care they received when they were here,” adds Grindle.

TOBH has a smaller volume of stroke patients but they take the time to look at every indicator for every patient and bring that information to the monthly committee meeting to discuss. “We’ve seen improvement in all our indicators, whether it’s communicating with EMS for code stroke prior to arrival, being ready as soon as the patient arrives, having the patient

evaluated by a physician as soon as they arrive – it’s all made a huge difference in timeliness and outcomes for our patients,” says Grindle.

When it came time for their Joint Commission certification review, they were ready. “The Joint Commission reviewer was a perfect fit for her role.” Grindle continues. “She took the time with each area to provide education, spent time with the teams and made them feel very comfortable with the review process. She couldn’t say enough good things about our program. She helped us redesign some of our reference materials and encouraged us to go for Primary Stroke certification next. All in all, it was a great experience.”

Grindle’s advice to colleagues considering Joint Commission certification? “Talking with the Joint Commission early is important. Remember that you’re not on your own. We reached out within our Vidant Health and Chesapeake Regional Health Systems on several occasions to see what other facilities were doing and what’s been successful. I would encourage others to do this. Take your time building your program and get your stakeholders involved. Be sure to find champions in every department. That was one of the keys to our success.”



**Know the signs of a stroke. Save your way of life.**

Be fast! Minutes count when stroke symptoms appear. Know the “BE FAST” signs.

**B** Balance Loss  
**E** Vision Changes  
**F** Face Drooping  
**A** Arm Weakness  
**S** Speech Difficulty  
**T** Time to Call 911

“Knowing that I was having a stroke and immediately asking my husband to call 911 enabled me to quickly receive treatment at The Outer Banks Hospital. I know that it made a huge difference in the rest of my life.”  
— Dianne Denny, Kill Devil Hills resident

**THE OUTER BANKS HOSPITAL**  
An Acute Stroke Ready Hospital  
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**Advertising was also part of the BE FAST community education efforts for The Outer Banks Hospital**

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