According to recent statistics, stroke is the third leading cause of death and a leading cause of serious, long-term disability. Of the estimated 40,000 ischemic strokes per month in the United States, only approximately 2% are being treated with tPA. A primary reason for the underutilization of tPA is the lack of public awareness of stroke warning signs and the urgent nature of stroke.

In an attempt to combat this problem, the American Heart Association launched a campaign entitled Metro Stroke Task Force (MSTF) in 1997, in conjunction with the generous support of an unrestricted educational grant by Genentech, Inc. The objective of the MSTF was to identify metropolitan cities in which a coalition of representatives from hospitals, healthcare providers, emergency medical systems, and civic and community leaders could be developed to (1) educate the public about stroke risk factors and warning signs, (2) educate the emergency dispatchers and the emergency medical technicians to recognize the symptoms of stroke and treat it as an emergency, (3) coordinate the efficient transport of the stroke patient to the nearest medical facility equipped to handle stroke emergencies between the emergency medical system and the hospitals, and (4) encourage local hospitals/healthcare facilities to develop organized protocols to treat acute stroke.

Cities were selected for participation based on demographics, 911/tracking systems for reporting suspected stroke, availability of medical centers equipped to treat stroke as a medical emergency, and the presence of a strong professional advocate for the program. The 5 cities chosen to participate in the pilot year of MSTF were Birmingham, Ala (Co-Chairs: Camilo R. Gomez, MD, and Joe Acker, MPH, EMT-P), Kansas City, Mo (Co-Chairs: Marilyn Rymer, MD, and Joe Waeckerle, MD), Milwaukee, Wis (Co-Chairs: Daniel J. Worman, MD, and Robert S. Goldman, MD), Sacramento, Calif (Co-Chairs: Richard Atkinson, MD, and John Schafer, MD), and San Antonio, Tex (Co-Chairs: Diane Solomon, MD, and Donald J. Gordon, PhD, MD).

Preliminary results of the first-year experience of MSTF were based on citywide surveys performed before and at 1-year follow-up to the implementation of MSTF. Survey comparisons reflected an average 7% increase in knowledge of stroke warning signs, demonstrating a definite improvement in the public education efforts of MSTF initiatives. In addition, all cities showed an increase in the development and implementation of stroke teams and stroke protocols.

This effort has witnessed tremendous accomplishments in advancing the fundamental concept that “Stroke Is a Medical Emergency” in 2 primary arenas: the public and medical professionals. Efforts with regard to public education on awareness of stroke prevention and treatment have included community education projects, such as stroke screenings and a wide distribution of stroke-related material; development of a speaker’s bureau for community talks; and media coverage, including public service announcements. Projects addressing the education of the professional audience on stroke prevention and treatment include awareness of the emergent nature of stroke and the need for stroke teams and stroke protocols; the presentation of workshops focusing on stroke treatment, paramedic training, and the development and integration of regional emergency medical systems; and implementation of protocols to track quality of care and outcome from acute stroke treatment.

The task presented before these 5 pilot cities of the MSTF was a unified objective: to implement any programs, projects, and protocols necessary to reduce death and disability due to stroke in their community. However, each of the 5 cities, although approximate in size, differed in terms of geography, population, political atmosphere, the current emergency medical systems, and the medical facilities. In light of this, each city addressed all of these variables and approached the task differently; faced different obstacles, and employed different strategies to overcome the obstacles in achieving the overall goal. The program, now called Operation: Stroke, has been successful in its pilot year and has since expanded to include 24 additional sites for the current year.
Metro Stroke Task Force: First-Year Experience
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