**Health care program**

I work in Neuro ICU at UNC, where we take care of a lot of stroke patients, and working in this unit, I knew the importance of stroke education in preventing reoccurrence and rehospitalization due to stroke. Being a level one stroke center, we constantly provide education to patients and families about stroke, its cause, risk factors, treatment, and its prevention. Stroke Awareness and prevention is the health care program being addressed by Nurses and physicians in my facility. Stroke being the fourth leading cause of death in the United States is seen higher in stroke belt States that include Alabama, Arkansas, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, and Tennessee. (Bakken, 2017). Living in a stroke belt state increases the risk of having a stroke early in life so constant awareness is essential in the prevention and early treatment of stroke as about 800,000 people stroke out every year and is the leading cause of death and disability. More than 6 million people lost their life due to stroke every year. (From awareness to action: The Gilling school takes on stroke 2021)

**Cost and projected outcomes**

UNC Gilling school of public health is advancing its research and policy to help reduce the stroke burden and the researchers have constantly been working to find out why there is a high burden of stroke in the south than their counterparts anywhere else in the country. UNC center of health promotion and disease prevention will also investigate and reach minorities, and rural and medically underserved populations for which $3.75 million is granted by CDC to fund the research. (From awareness to action: The Gilling school takes on stroke 2021)

I was not able to find the cost of Booklets and Flyers used to educate our patients and families, but we provide Booklets and Flyers that include all the needed information about stroke to all the patients and their families. The projected outcome is to make patients and families aware of stroke and prevent 30 days of readmissions by constantly educating patients and families about stroke and post-stroke care which will benefit both patients and the facility because the facility is responsible financially if they are readmitted less than 30 days after discharge.

**Target population**

The target population is mostly the people in North Carolina who are already at higher risk than others as NC is a stroke belt state. The target population also includes minorities and medically underserved populations and all the patients and families admitted with stroke in UNC. I have seen a lot of patients who are non-compliant with their BP medications Most of them are not aware that HTN is the leading cause of stroke. Education is very much needed in preventing and taking appropriate action if signs and symptoms of a stroke are seen as Time is brain. (*Updated guidance confirms crucial role of nurses for patients with acute ischemic stroke*)

**Role of Nurse**

Nurses play a vital role in all this as they are always with the patient. When a patient gets admitted to the hospital or ED Nurses are the first to assess the patient and can expedite the treatment as timely diagnosis and treatment are essential to prevent permanent brain tissue damage. Nurses provide comprehensive care to the patient, they will closely monitor vital signs neuro checks, and neurovascular checks before during, and after stroke treatment which could be TPA, thrombectomy, or surgical treatment. Neuro Nurses has a lot of knowledge about stroke and their role in this program is to provide this knowledge to patient and families. Because Nurses are involved in the care of these patients from admission to discharge, they are trusted by patients and family and are willing to get educated by Nurses. They also play an important role in improving patient outcomes via educational programs for high-risk populations, Mobile health units, and continuing education and research to improve patient outcomes.

**Role as an advocat**e

As a Nurse in the Stroke Unit, I advocate for my patients by making sure they received the needed appropriate information and education so that they can navigate the treatment phase successfully during treatment and after discharge. I can visit my community and temples in my community and educate them about stroke, its causes, risk factors, preventive measures, and the importance of timely interventions as this can prevent permanent brain damage. We have an organization named Nepalese American Nurses Association where we conduct free health fair that includes free checkups, education, provide flyers about stroke, what to do when we see signs of strokes, and referral also provided to low-cost clinics.

**Input into design decision**

UNC has a brilliant team of Nurses who are actively involved in stroke awareness. We collaborated with Physicians and share ideas with each other on how to make people aware of stroke, and what can we do to prevent the reoccurrence of stroke. Nurses are also a part of research on how to reduce the burden of stroke. Nurses are mandated to attend Carolina Acute Stroke Training (CAST) and the National Institute of Health Stroke Scale (NIHSS)every year. CAST was developed by the Department of Neurology stroke faculty at UNC and designed by the Educational Design and Innovation team at the UNC Eshelman School of Pharmacy. (*Course introduction*). (NIHSS) is a systematic assessment tool that provides a quantitative measure of stroke-related neurologic deficit. (*NIHSS*) This training help nurses contribute toward stroke awareness as they are gaining more knowledge.

**How else do you impact design?**

It must be specified what department is responsible for the implementation of the program, for example in my facility, the Neurology and Nursing department is responsible for implementation and program evaluation. They should have the protocols agreed upon by both the Nursing and Neurology departments in case of any emergency and how Design is impacted.

**Role of Nurse in health care program implementation, How the role varies**

During the implementation phase, Nurses role for the patient who is already admitted due to stroke is to do frequent neuro check and vital signs, educate both patent and family about the cause, signs, and symptoms, and the importance of timely interventions. For those high-risk populations who are not admitted, nurses’ role is to do an HTN screening program, explaining the importance of taking meds to prevent stroke in the future, educating them about the signs and symptoms and what to do if any s/s of stroke are seen. During the design phase, the research is conducted and ideas and knowledge about what to put in booklets and flyers are shared among collaborators.

**Members of the health care team most needed**

I believe Nurses are the member of the team most needed to implement the program because they are the ones who are constantly providing education about stroke, they are the ones who will catch neuro changes in admitted patients and notify the providers so that they can do early interventions. They have the critical thinking skill that helps them identify medical emergencies and provide appropriate interventions. They can encourage patients to follow healthy lifestyles. By running screening clinics, they can identify high-risk groups and encourage them to be compliant with their medication and provide a referral to clinics if needed. In addition to all these Nurses also play the role of patient advocates, motivators, therapists, and guardians.

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