**Planned Program Services for**

**Milka Clarke Stroke Brain Trauma Foundation**

1. **Stroke Risk Identification Program:**

The Milka Clarke Stroke Brain Trauma Foundation integrated the Stroke Risk Identification Program to conduct screenings that identify individuals who are at high risk of Stroke. We believe it is worth trying this in Jamaica, where nothing of consequence is being done to help reduce the incidence of stroke brain trauma at this time.

Through this primary prevention program, hospitals and health care providers will:

* Utilize an evidence-based and standardized screening protocol for community Stroke risk screenings
* Identify individuals who are at high risk for Stroke
* Review screening outcomes with participants
* Counsel participants on what interventions are needed to help prevent Stroke, and
* Provide participants with information on community medical resources for intervention treatment
* Receive outcome screening data that includes high-risk participant screening results and contact information for hospitals to follow up.

Some will be referred to community care clinics and receive follow-up phone calls to make certain they have sought care. Those who exhibit the most serious risk factors will be encouraged to immediately seek emergency intervention.

Here in Jamaica, we can screen 1000 individuals or more annually for stroke risk, at a minimal cost of less the JA$2,000,000, especially if we use volunteers. The prevention of just two strokes per year will enable the program to pay for itself in reduced costs of continuing care. 

1. **Stroke Brain Trauma Registry**

Community participants who sign up with the registry will provide information that will help develop a stroke database for Westmoreland and eventually Jamaica. This information will be shared with hospitals and will include high-risk participant screening results and contact information for the hospitals to use for follow-up. Hospitals can use this data to improve the quality of care, measure performance and support ongoing research into stroke prevention.

1. **Hospital to Home Program**

This is Milka Clarke Stroke Brain Trauma Foundation post-stroke program that will educate patients on secondary stroke prevention and on post-stroke issues. The program will provide a patient education manual and will also include three-month follow-up interviews to stroke patients to help ensure improved care.

Not only the patient, but his or her family and caregivers, as well, will benefit from this program of education and adaptation.

The Hospital to home is our post-Stroke program that will educate patients on secondary Stroke prevention and on post-Stroke issues. The program provides a patient education manual and includes three-month follow-up interviews to Stroke patients to help ensure improved care.

**Hospital to Home is designed to:**

Educate Stroke survivors, their families and their caregivers on secondary Stroke prevention and post-Stroke issues, measure Stroke prevention education effectiveness, quality outcomes and post-Stroke needs with a three-month follow-up interview. Profile and outcomes reports will be provided to the local hospital. The Stroke Brain Trauma Registry will also be updated

Provisions will be made for any hospital to implement quality improvement and improve Stroke care across Jamaica.

With Hospital to Home the Hospital, the patient and his or her family or caregivers all benefit from a program of education and adaptation.

Quality patient education leads to improved medical outcomes, better quality of life and reduced risk of repeat Strokes.

Hospital to Home includes follow-up to measure how effective the education was, allowing an opportunity for real quality improvement to better educate patients and families about stroke and how to avoid another one.

Through this program, any hospital, whatever size, can now carry out true quality improvement based on objective outcomes, with the potential to significantly improve stroke care in Jamaica in general and Westmoreland in particular*.*

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1. **Stroke Advocacy Network - Minutes Matter Program**

This is our focus support group. With this support group to help train support groups across the parish and facilitate reaching individuals in deep rural areas. This will allow the stroke community to help guide elected officials and decision makers, as they determine changes in health care and other public policies that affect the lives of stroke brain trauma survivors.

This campaign will educate people about the life-saving techniques of how to perform hands-only CPR, how to recognize a stroke (utilizing Act F-A-S-T), and the importance of early 119 activation. The idea behind the campaign is meant to unite people, groups and organizations so we can come together during National Stroke Awareness Month, the month of May, to promote stroke education.

Knowing how to Act FAST with a potential stroke victim is their best chance of survival and decreased disability. Each letter in FAST is a reminder of what to do if you suspect a stroke.

**FACE** - Ask the person to smile. Does one side of the face droop?

**ARMS** - Ask the person to raise both arms. Does one arm drift downward?

**SPEECH** - Ask the person to repeat a simple sentence. Are the words slurred? Can he/she repeat the sentence correctly?

**TIME** - If the person shows any signs of these symptoms, time is important because brain cells are dying. Call 119. It is important for people who are having stroke symptoms to get to a hospital and get treatment as quickly as possible.

While the majority of strokes occur in older people, it is not uncommon for adults 45 and younger to have a stroke. In fact, research shows that strokes in this age group are increasing and that nearly half occur in people of middle age or younger.

Stroke is the leading cause of disability in Jamaica and the third leading cause of death. Every 45 minutes, someone in Jamaica has a stroke; every day several people die from one.

Westmoreland is part of the nation's "Stroke Brain Trauma Belt," with head trauma significantly higher than the rest of the other parishes. The vast majority-up to 80 percent of strokes are preventable by making changes in lifestyle such as controlling high blood pressure, losing weight and not smoking or drinking excessive amounts of alcohol.  
  
 **5. Know Stroke Newsletter**

Since up to 80 percent of strokes are preventable, getting into our communities to provide screenings is a crucial step towards stroke prevention.

No matter the size of your hospital, you can create a stroke program as long as you have a person who is passionate about treating and preventing the disease.  
  
“Stroke doesn’t discriminate by age — there are 30-year-olds next to 85 year-olds, both having their first strokes. Children have strokes. If you have any inkling that you are passionate about starting a stroke program, Milka Clarke Stroke Brain Trauma Foundation offers wonderful connections to help you walk through the process and set up a support group.

1. **Access to Online Stroke Community - Empowers Stroke Caregivers**

Careliving is a social network sponsored by the National Stroke Association in North Carolina. It connects people from every stroke-related circumstance to find strength, practical tips, and even humor through the recovery process.

Being a caregiver and/or family member of a stroke survivor can be isolating without a community offering strong support. Thanks to [Careliving](http://careliving.stroke.org/" \t "_blank), a social network designed to reach and connect people who care for, love, and live with stroke victims, folks have the opportunity to connect, share advice and swap stories.  Fellow caregivers post timely, topic-specific blogs. Jamaicans can participate and learn in this community UNTIL we design our own.  
  
Regular events, honest sharing and support, educational opportunities, and live chats are available for free.

**Program Benefits**

The Stroke Risk Identification Program and Hospital to Home program are unique for Jamaica and Jamaican hospitals because they are:

* Measurable
* Standardized
* Evidence-based
* Community focused

Milka Clarke Stroke Brain Trauma Foundation’s programs will provide measurable benefits for Jamaican hospitals and medical researchers. Data from both programs will be provided to hospitals and include high-risk participant screening results and contact information for the hospitals to use for follow-up. Hospitals can use this data to improve the quality of care, measure performance and support ongoing research into Stroke prevention.

Hospital to Home includes follow-up to measure how effective the education was, allowing an opportunity for real quality improvement to better educate patients and families about Stroke and how to avoid another one. Through this program, any hospital, whatever size, can now carry out true quality improvement based on objective outcomes, with the potential to significantly improve Stroke care in Jamaica.

1. **State of the Art NeuroPsych Facility - (Stroke Brain Trauma Center)**

The Milka Clarke Stroke Brain Trauma Foundation envisions having a state of the art Stroke Brain Trauma Center located in the parish of Westmoreland. Negril or outlying areas adjacent to Negril would be ideal as Westmoreland has no NeuroPsych diagnostic equipment for diagnosis, emergency treatment and support at the one public hospital in the parish capital Savanna-La-Mar.

This facility will be a nationally-recognized center that provides treatment and care for patients affected by strokes and other brain trauma. The Center will offer complete treatment beginning with emergency medical care required the instant a stroke occurs, to the rehabilitation and care required in the aftermath of a stroke.

Milka Clarke Stroke Brain Trauma Foundation recognizes that each ‘patient’ is an individual, first and foremost. Consequently, the treatment that our patients at this facility will receive must be specific to their individual needs.   
  
At the Stroke Brain Trauma Center there will be an adequate range of healthcare providers from neurologists, rehabilitation specialists, speech therapists and psychologists working in multidisciplinary teams to create treatment plans specific to each individual. In addition, our specialists will tailor treatment for each patient based on their:   
•    age, overall health and medical history  
•    type of stroke or other brain trauma  
•    severity of stroke/other brain trauma  
•    location of stroke/other brain trauma  
•    cause of stroke/other brain trauma  
•    tolerance for specific medications, procedures or therapies  
•    patient’s opinion or preference

**Types of Strokes**

The Stroke Center offers advanced medical and surgical options for every stage of stroke treatment and recovery. The Center’s commitment to responsive, flexible treatment and its attention to detail make it exhaustive and offer stroke victims hope for optimal recovery and improved quality of life.

**Treatment Options**

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**Hyperacute Phase**

Strokes require immediate medical attention. The sooner a stroke patient receives care, the greater their chances of survival and recovery.   
  
Stroke care for the hyperacute phase refers to the medical treatment that takes place between the time of first contact with a stroke patient.  
  
The Stroke Center has a hyperacute team on constant standby to respond to stroke activation as soon as possible so that the impact of a stroke can be minimized. The Center also works with local EMS to prepare for the arrival of potential stroke patients and fast track patients to a physician for immediate evaluation.

**Acute Phase**

During the acute phase, clinical staff perform work ups to identify the cause of a stroke. These tests may include:  
  
•    Computerized tomography (CT) scan  
•    Magnetic resonance imaging (MRI)  
•    Magnetic resonance angiography (MRA)  
•    CT angiography (CTA)  
•    Cartoid duplex scanning  
•    Transesophageal echocardiography.

**Stroke Rehabilitation**

Rehabilitation is extremely important toward helping patients regain their independence following a stroke. That is why Milka Clarke Stroke Brain Trauma Foundation’s Stroke Brain Trauma Center will be carefully assembled: to help patients achieve the best possible long-term outcomes and to make them feel whole again.  
  
Our stroke rehabilitation program will focus on prevention, minimizing impairment, reducing activity limitation and maximizing patients’ participation and quality of life. Patients recovering from stroke may undergo:  
  
**•    Inpatient rehabilitation:**

Patients are transferred to an acute patient rehabilitation unit at Milka Clarke Stroke Brain Trauma Foundation’s Stroke Brain Trauma Center for continued care so they may experience better recovery and regained function.

**•    Outpatient rehabilitation:**

Patients who follow up with their physiatrist may join a stroke support group to maximize stroke prevention.

**•    Home-based rehabilitation:**

Patients may receive rehabilitation at home to help them return to family life, learn how to accommodate their homes for disability and regain strength and movement.

**Chronic Phase**

Stroke recovery doesn’t end when patients leave the hospital. In fact, patients must make specific lifestyle changes to decrease the likelihood for the recurrence of stroke.   
  
All our patients will receive educational information on how to prevent strokes, and will be encouraged to make lifestyle changes when appropriate. Each patient will have an outpatient visit with a neurologist to make sure that all stroke risk factors have been addressed and that continued care with a primary care physician is arranged.   
  
Furthermore, patients who suffered from an ischemic stroke, if not contraindicated, will receive blood-thinning medication to prevent blood clots and future strokes. Other medications may be prescribed to decrease blood pressure, cholesterol and blood sugar.

Ensuring an accurate diagnosis is the key to successful treatment. The Stroke Brain Trauma Center will offer diagnostic studies and evaluation procedures to accurately identify the treatment that bests suits each patient’s specific needs.

**Procedures we will include at the Milka Clarke Stroke Brain Trauma Center include:**

* Computed Tomography (CT) Scan
* Carotid Phonoangiography
* ECHO Cardiogram
* Computed Tomographic Angiography (CT)
* Doppler Sonography
* Electroencephalogram (EEG)
* Magnetic Resonance Angiography (MRA)
* Magnetic Resonance Imaging (MRI)
* Radionuclide Angiography
* Counselling and support
* Education and Training

**Funding sources: National and International Grants**

Our research has shown that whilst the Public General Hospital in Westmoreland is a type two hospitals, meaning it is equipped to carry out both primary and secondary medical care; the hospital however, is not equipped with any specialist equipment to treat cancer patients; there are no specialist medical staffs to meet the needs of cancer patients ;( Oncologists, Palliative Consultants and nursing staff); the existing building has limited capacity for expansion to accommodate specialist cancer care such as diagnostics; surgical operation; chemotherapy and radiotherapy treatment; to name a few.

Discussion with the management and board of the hospital confirmed that there is potentially available land space on the existing hospital premises to accommodate the construction of a cancer specialist centre. More extensive discussion however needs to be done via the Ministry of health to determine the viability and suitability of erecting a cancer centre on the existing premises.

The contingency plan would be to erect the centre at an alternate location within the parish on property owned by the government and within a central location for easy accessibility to the potential users. The Board members of this foundation have peruse several blue prints of contemporary world class cancer centre and have had dialog with local architects to gain insight into the building regulation requirements. Whilst we were not able to get an estimated cost for building and equipping the centre, what was very apparent was that the project would be extensive and expensive, though worthwhile. One main mitigating factor against us establishing an estimated cost is that the location for the cancer centre would be pivotal in determining cost.

In light of the fact that we would be seeking both national and international funding for this project, it was decided that it would be more practical to execute the project in a phased basis. With consultation from expert in cancer care, we would determine the areas to include in each phase, such as diagnostic labs and treatment area for chemotherapy and radiotherapy. A follow on phase could then include additional consultation and treatment rooms, then operating theatre and recovery and short to medium term accommodation facilities. This decision would be significantly informed by specialist in the treatment of cancer patients and architects experienced in this type of infrastructure.

The primary aim of this project will be to provide world class cancer treatment and support for citizens of the parish at affordable costs. The use of the facility will not be exclusively for parishioners, though they should never be denied timely treatment over patients who are afford to pay. Clearly, there will be a market rate fee attached to services offered to those who are determined capable of paying as they would go towards the costs of maintaining the maintenance of the hospital. Any treatment that is not specific to cancer care would attract market rate, but cancer care and support would be free and accessible to all who are incapable of paying.