

Be Engaged. Be Informed. Be Heard.



HOMEOWNERS ASSOCIATION
OF TELlico VILLAGE, INC

Your Voice in the Village

Welcome to our Special Event Meeting

- **Stroke Awareness**
 - Melanie Moore & Lydia Hill
Ft Loudon Medical Center
- **Overview of Architectural Control Committee Permitting Process**
 - Stephen Trudnak, ACC Committee Lead
- **Tips to assist your quality of life in a Medical emergency**
 - Wayne Tinder – TVVFD

Here's what's up next...

- **HOA Social – Tuesday August 14th**
 - Yacht Club – 5:00 PM
- **Next General Meeting – Thursday September 20th**
 - Community Church – 4:00 PM



2019 HOA Plan in process

- Be involved a little or a lot
- Be a part of leading the future of the HOA
 - VP Programs
 - VP Membership
 - VP Social
- Like techie stuff – Join our TellicoLife team
- Do you love planning fun activities – Join our Social Team

HOUSEKEEPING

- Each topic has 30 minutes – 20 for presentation 10 for Q&A
- Please hold questions until the end of each presentation



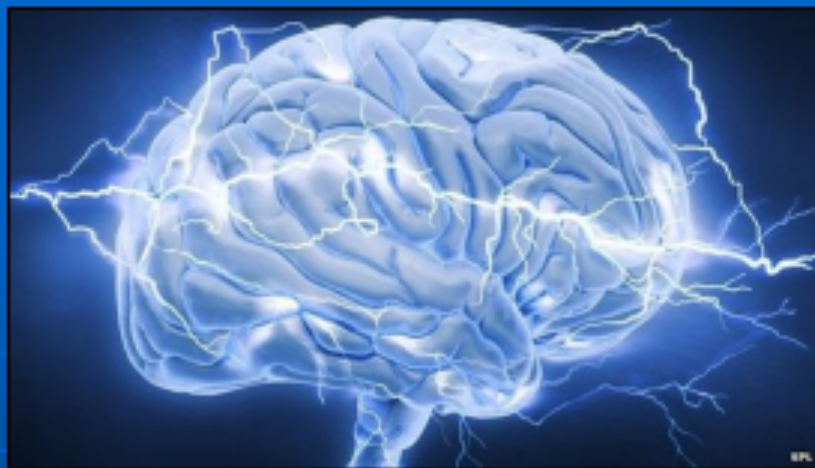
Fort Loudoun Medical Center

Covenant
HEALTH.





My Stroke Story



Understanding Stroke

From Prevention to Treatment

Dr. Arthur Moore
Stroke Center Medical Director
Fort Sanders Regional Medical Center

Stroke Statistics

- 800-Thousand Strokes each year
- 130-Thousand Deaths each year
- Annual cost \$36.5-Billion
- #1 Cause of Long-Term Disability
- #5 Cause of Death in U.S.

Highest Annual Stroke Deaths



Source: CDC; Annual Strokes in the U.S.

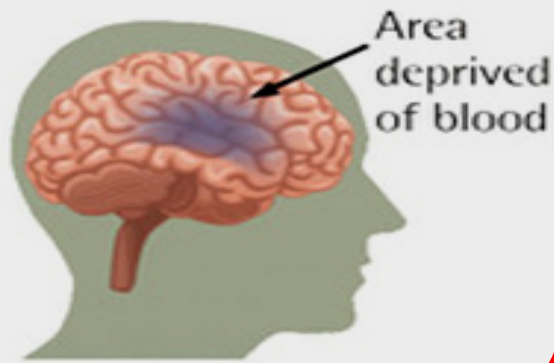
What is a Stroke?

- Sudden Interruption of Blood Supply
- Blockage or Blood Vessel Rupture
- Can be brief leading to symptoms
- Or it could be permanent

2-Types of Stroke

90%

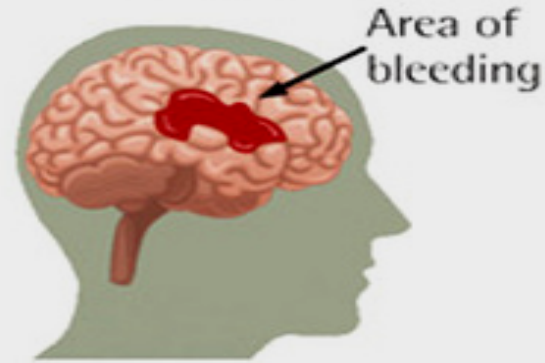
Ischemic Stroke



Obstruction blocks blood flow to part of the brain



Hemorrhagic Stroke



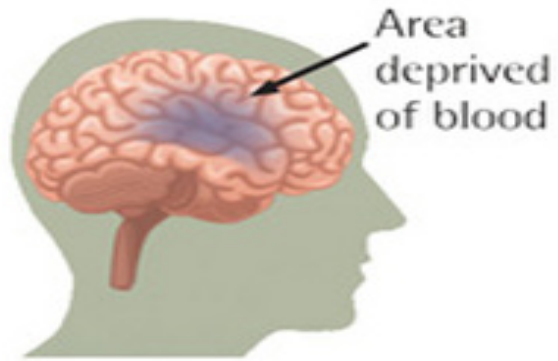
Weakened vessel wall ruptures, causing bleeding in the brain



10%

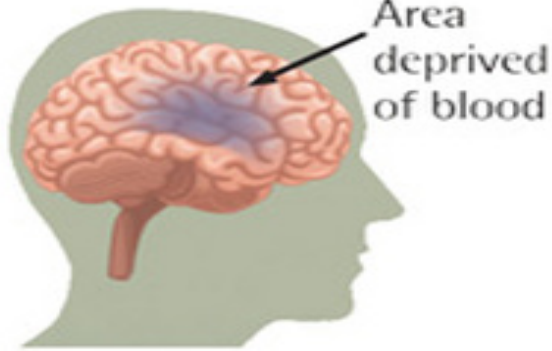
2-Types of Stroke

Ischemic Stroke

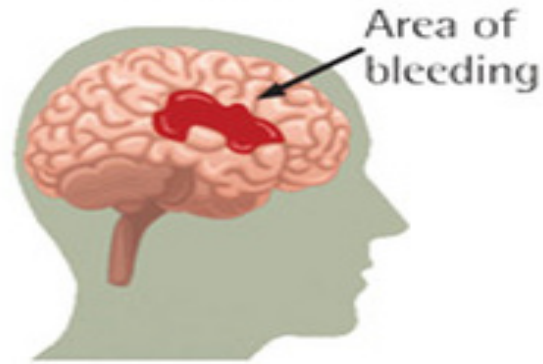


2-Types of Stroke

Ischemic Stroke



Hemorrhagic Stroke



Obstruction blocks
blood flow
to part of
the brain



Prevention of Stroke

- Major Risk Factors:
 - Age
 - High Blood Pressure
 - High Cholesterol
 - Diabetes
 - Smoking
 - Atrial Fibrillation
- Minor Risk Factors:
 - Heart Disease
 - Obesity
 - Sleep Apnea
 - Alcohol Overuse
 - Physical Inactivity
 - Genetics

Scorecard

Stroke Risk Scorecard

Each box that applies to you equals 1 point. Total your score at the bottom of each column and compare with the stroke risk levels on the next page.

RISK FACTOR	HIGH RISK	CAUTION	LOW RISK
Blood Pressure	<input type="checkbox"/> >140/90 or unknown	<input type="checkbox"/> 120-139/80-89	<input type="checkbox"/> <120/80
Atrial Fibrillation	<input type="checkbox"/> Irregular Heartbeat	<input type="checkbox"/> I don't know	<input type="checkbox"/> Regular Heartbeat
Smoking	<input type="checkbox"/> Smoker	<input type="checkbox"/> Trying to Quit	<input type="checkbox"/> Nonsmoker
Cholesterol	<input type="checkbox"/> >240 or Unknown	<input type="checkbox"/> 200-239	<input type="checkbox"/> <200
Diabetes	<input type="checkbox"/> Yes	<input type="checkbox"/> Borderline	<input type="checkbox"/> No
Exercise	<input type="checkbox"/> Couch Potato	<input type="checkbox"/> Some Exercise	<input type="checkbox"/> Regular Exercise
Diet	<input type="checkbox"/> Overweight	<input type="checkbox"/> Slightly Overweight	<input type="checkbox"/> Healthy Weight
Stroke in Family	<input type="checkbox"/> Yes	<input type="checkbox"/> Not Sure	<input type="checkbox"/> No
Total Score	<input type="checkbox"/> High Risk	<input type="checkbox"/> Caution	<input type="checkbox"/> Low Risk

Scorecard Results

Risk Scorecard Results



High Risk ≥ 3 : Ask about stroke prevention right away.



Caution 4-6: A good start. Work on reducing risk.



Low Risk 6-8: You're doing very well at controlling stroke risk!

Ask your health care professional how to reduce your risk of stroke.

To reduce your risk:

1. Know your blood pressure.
2. Find out whether you have atrial fibrillation.
3. If you smoke, stop.
4. Find out if you have high cholesterol.
5. If diabetic, follow recommendations to control your diabetes.
6. Include exercise in your daily routine.
7. Enjoy a lower-sodium (salt), lower-fat diet.

Recognizing a Stroke

- Symptoms depend on the area of the brain that's involved
- Comes on suddenly...or can wax & wane in intensity
- Most common symptoms:
 - Facial drooping on one side
 - Arm/leg weakness; usually one-sided
 - Slurred or inappropriate speech
 - Numbness/tingling on one side of body



FACE:

- **Uneven Smile**
 - **Facial Droop/ Numbness**
 - **Vision Disturbance**
-



ARM & LEG:

- **Weakness**
 - **Numbness**
 - **Difficulty Walking**
-



SPEECH:

- **Slurred**
 - **Inappropriate Words**
 - **Can't Speak**
-



TIME:

- **Time is Crucial !**
- **Call 911**



STROKE KILLS.

BE FAST! Call 911.

Know the Signs:

- | | |
|-----------------|--|
| B alance | sudden loss of balance or coordination |
| E yes | sudden change in vision |
| F ace | sudden weakness of the face |
| A rms | sudden weakness of an arm or leg |
| S peech | sudden difficulty speaking |
| T ime | time the symptoms started |

During a stroke 32,000 brain cells die *every second*.

BE FAST!
Call 911.



Treatment of Stroke

- Time is Absolutely Critical !
 - Earlier treatment is started, the better the chance it will work
 - Each intervention has time-limits of when it can be done
 - Know the time of “Last Seen Normal”

Treatment of Stroke

- tPA - Alteplase



- Only within 3-4.5 hrs of “last seen normal”
- Multiple exclusion criterion
- 30% improvement to normal in 3-months
- But it doesn't work well on large clots

Treatment of Stroke

- Surgery: Mechanical Embolectomy
 - Is physically pulling out the clot
 - Up to 8-hrs after last seen normal
 - Risk of worsening is between 1-5%
 - Have to set-up surgery team quickly
 - Coordination is a real key to success

Treatment of Stroke

- Surgery: Mechanical Embolectomy

- Is physically pulling out the clot
- Up to 8-hrs after onset
- Risk of re-bleeding 1-5%
- Hospital must have surgery team quickly
- Coordination is a real key to success

24+ Hours !

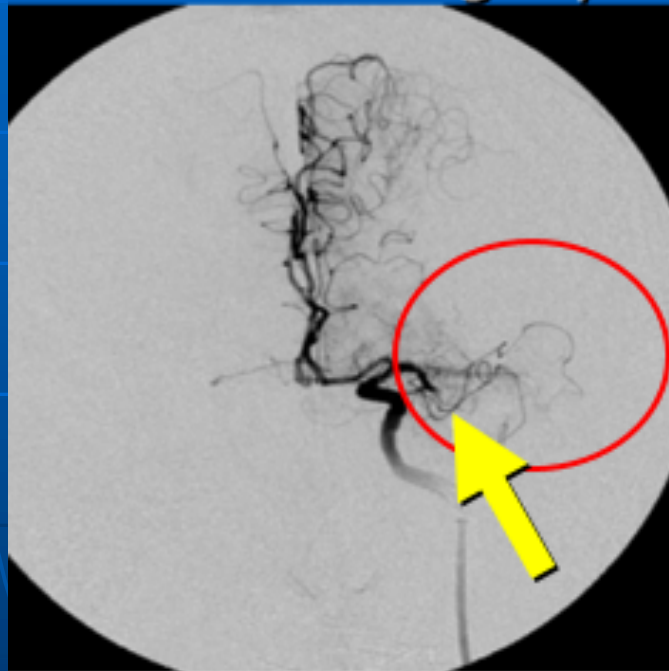
Treatment of Stroke

Before Surgery



Treatment of Stroke

Before Surgery



After Surgery



New Advanced CT

Excellent Imaging at Low Dose

**Siemens SOMATOM®
Definition AS**



- Cuts Radiation Dose by 50% !
- Advanced Profusion Scans
-- Keith Woodward, M.D.



Fort Loudoun
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Advanced Stroke Program

- Direct Link





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Advanced Stroke Program

- Direct Link with Comp Stroke Center
- Time Sensitive Medical Protocols
- Continuity Protocols Amb-ER-Hosp
- Direct Link to a nationally recognized stroke rehab center.

Continuity Protocols Amb-ER-Hosp

Time Sensitive Conditions Stroke Continuity Guidelines

balance or coordination and dizziness; and sudden severe headache.
If criteria is met, start treatment:

- Determine Last Known Normal
- Cincinnati Stroke Scale
- Blood Glucose
- Establish large bore IV access x2
- IV fluids
- Telemetry Monitor & O2
- EKG
- Call "Code Stroke" to ED

EMERGENCY DEPT

- ED provider assess at door
- CT head (non-contrast)
- Continue telemetry, O2
- Continue IV fluids (large bore access x2)
- NIHSS performed
- Labs (CBC, BMP, PT/INR, Troponin)
- EKG & Portable CXR
- Vitals signs, neuro checks per protocol

Hemorrhagic

Transfer to Comprehensive Stroke Center

- Continue telemetry & O2
- Monitor BP every 5 minutes

Ischemic

- Continue telemetry & O2
- Monitor BP every 5 minutes
- Confirm labs & EKG, CT, and PCXR completed
- ED MD secondary survey
- Inclusion/exclusion checklist
- Contact Pharmacy to bring tPA to bedside, if available

Non contrast Head CT

Non tPA Candidates

INPATIENT

- CTA Head and Neck
- CT Perfusion

Transfer to Comprehensive Stroke Center

- Continue telemetry & O2
- Monitor BP every 5 minutes
- CVA Transfer HTN Protocol



Fort Loudoun
Medical Center

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Advanced Stroke Program

- Direct Link with Comp Stroke Center
- Time Sensitive Medical Protocols
- Continuity Protocols Amb-ER-Hosp
- Neuro Rehab Program in place
- Stroke Center Designation

What Can You Expect?

Brief Q & A

Precentors are available after meeting for questions also

Architectural Control Committee

- Advisory Committee is:
- Steve Trudnak, Chair
- Allan Tarbell, Vice-Chair
- Ken Heiserman
- Jeanne Fancher
- George Mueller
- Clayton Taylor
- Jeff Gagley



ACC-New Home Permit Process:

- Owner/contractor get permit application (on website or at ACC office)
- Permit must be submitted 10 days prior to meeting date
- Meetings are scheduled for the 1st and 3rd Thursday of each month
- A sign is posted on the lot one week prior to the meeting (contains owner name, contractor, address, meeting date)
- A flyer containing meeting information is placed in the paper box of neighbors who will be able to see the jobsite.
- Owners are encouraged to attend the meeting if possible
- Each project is assigned to a committee member for review
- The applications are reviewed and approved by the committee at the meeting; an application can be rejected without prejudice because of certain conditions; it can then be re-submitted at a later meeting
- An approved application will be issued 5 business days after the meeting



ACC-Required Permits:

- Irrigation
- Propane
- Minor lot clearing
- Tree removal
- Home occupation
- Shoreline strip (in conjunction with TVA)
- Demolition
- Miscellaneous
 - ❖ a miscellaneous permit is required for any **EXTERIOR** change



ACC-Appeal Process:

- Any final action of the Architectural Control Committee may be appealed to the Board of Directors by any member of the POA
- An appeal, in writing, must be submitted to the General Manager within 5 business days following the date of the meeting when such action was taken
- The decision of the Board regarding an appeal shall generally be made within 14 days after the appeal has been properly filed

If you have questions or concerns regarding any of this presentation, please call the ACC office:

865-458-5408 x4117

kdavis@tvpoa.org



ACC

Brief Q & A

Future questions or concerns, please call the ACC office:

865-458-5408 x4117

kdavis@tvpoa.org



QUALITY OF LIFE IN A MEDICAL EMERGENCY

Wayne Tinder

Tellico Village Volunteer Fire Department



QUALITY OF LIFE IN A MEDICAL EMERGENCY

- PATIENTS OFTEN MAKE BAD DECISIONS
 - Recognize &/or Acknowledge condition
 - Delay of care
 - Resist 911 that precludes
 - EMS care
 - Transport
- As we age it compounds danger



QUALITY OF LIFE IN A MEDICAL EMERGENCY

- Example of bad decisions
 - Doctor making malpractice decision for himself
 - Patient and spouse argue regarding care
- The list is longer than we have time to discuss
- Efforts to change patients behavior is futile



QUALITY OF LIFE IN A MEDICAL EMERGENCY

- The most important Emergency Medical Provider may be a **Caregiver**
- Caregiver/Patient is not gender specific
- Roles of patient and caregiver likely to change
- High probability of being a caregiver in the future



QUALITY OF LIFE IN A MEDICAL EMERGENCY

CAREGIVERS MUST TAKE CONTROL OF THE SITUATION

IF

YOUR PATIENT IS ACTING ABNORMAL

FOR

NO APPARENT REASON



QUALITY OF LIFE IN A MEDICAL EMERGENCY

Role of the Caregiver

- Make decisions / take action / don't argue
- Error on the cautious side, if in doubt CALL 911
- 911 operators are experienced and professional
- Comfort, “help is on the way”



QUALITY OF LIFE IN A MEDICAL EMERGENCY

Role of the Caregiver

- Prepare for questions:
 - List of medications
 - Past medical conditions
 - Allergies
- Prepare 3 copies of the above
 1. 1st responders
 2. Ambulance
 3. Hospital
- Form: email wtinder@charter.net



QUALITY OF LIFE IN A MEDICAL EMERGENCY

Role of the Caregiver

Why not drive to the hospital, it could be faster?

- Which hospital? Specialty? Patient overload? Traffic conditions?
- Do you have medical training, supplies and equipment like the Fire Department and Ambulance?
- Will you have a specialty team waiting for your arrival?



QUALITY OF LIFE IN A MEDICAL EMERGENCY

Signs and Symptoms of Heart Attack and Stroke

- Go to: <http://www.heart.org/HEARTORG/>
- Go to: CONDITIONS
- Go to: Heart Attack
- Then Go to: Stroke



QUALITY OF LIFE IN A MEDICAL EMERGENCY

Free Classes

- CPR
 - CPR (CardioPulmonary Resuscitation)
 - AEDs (Automated External Defibrillator)
 - Clearing the Airway (Heimlich Maneuver)
 - Covers adults, children and infants
- Stop The Bleed
 - Techniques for stopping bleeds resulting from traumatic injuries
- Request training - email: tellicovfd@gmail.com



QUALITY OF LIFE IN A MEDICAL EMERGENCY

Loudon County 911 Address Advisory Form

- Secure data at 911 Center
- List critical medical conditions
- Law Enforcement issues
- Access to your house

Form is at

http://www.loudoncounty911.org/address_advisory.pdf



QUALITY OF LIFE IN A MEDICAL EMERGENCY

Loudon County Hyper-Reach (Reverse 911)

- Informed automatically from 911 Center
 - Natural disasters and emergencies
 - Missing persons
 - Law enforcement notices
- Notice is provided via one or all: text message, voice over the phone or email.

https://signup.hyper-reach.com/hyper_reach/sign_up_page_2/?id=41744



QUALITY OF LIFE IN A MEDICAL EMERGENCY

Phones Coming into Tellico

- Internet Phone Systems
 - Out of Tellico setup (e.g., OOMA, Magic Jack, Vonage)
 - Enter your Tellico address
 - Charter & AT&T do this in the set-up
- Mobiles with Out-of State Area Codes



QUALITY OF LIFE IN A MEDICAL EMERGENCY

Whole House Surge Protectors

- East TN has high frequency of lightning strikes
 - Fires and Electrical damage
 - Most strikes enter through the power lines
- Applied at Meter Socket or Fuse Box
- Requires a certified electrical contractor



QUALITY OF LIFE IN A MEDICAL EMERGENCY

Department Facts

- Statistics
 - 2017 – 636
 - 2018 – 700+
 - 84% medical
 - 38 members
- County Wide Mutual Aid
- Funding
 - 60% contributions (property owners & businesses)
 - 40% Loudon County and the POA



QUALITY OF LIFE IN A MEDICAL EMERGENCY

Questions



Thank You

We also invite you to continue Q&A with the Presentors

