JOURNEY TO
ACUTE STROKE READY
CERTIFICATION

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Director of Critical Care for St. Elizabeth Healthcare
System Stroke Program Coordinator
• Currently @ St. Elizabeth Healthcare
  – Edgewood – PSC
  – Florence – PSC
  – Fort Thomas – PSC
• Currently – 2 ASRH facilities
  – Covington (free standing Emergency Dept.) – ASRH
  – Grant County (CAH) – ASRH

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DISEASE SPECIFIC CERTIFICATION
Acute Stroke Ready Hospital

OBJECTIVES:
• Assess Eligibility Criteria
• Review Hospital requirements for certification
• Preparing for ASRH certifications – disease specific processes
  – meeting Joint Commission requirements
• Selecting Clinical Performance measures
• Prepare for survey
  • Follow the Joint Commission’s agenda for survey
  • Best to utilize the Joint Commission’s outline of requirements in
    the Joint Commission Manual for Disease Specific Care
  • Preparing an Opening presentation
  • Organizing a Data presentation
  • Provide a binder of documents for the surveyor’s review
Acute Stroke-Ready Hospital

Who should consider ASRH certification?

- Designed as a certification for off-site or free standing Emergency Departments within a Stroke System of Care.
- Also for Critical Access Hospitals.
- A recommendation from the “Brain Attack Coalition.”

The Benefits..............

- Encourages a collaborative relationship with local EMS.
- Provides a consistent approach to assessments and treatment protocols.
- Offers opportunities for an organized process improvement model.
- Allows off-site facilities to be recognized for quality stroke care delivered in remote facilities.

Preparing for ASRH certification

1. Assure all Hospital Requirements are met

   - The identified Acute Stroke Ready facility is owned and operated by a Medicare participating hospital as a provider based emergency department.
   - This (proposed ASRH) facility shares the same Medicare / Medicaid (CMS) certification number as the main hospital.
   - The (proposed ASRH) facility was been surveyed as part of the Joint Commission Triennial accreditation survey.

2. Additional Hospital Requirements

   - The medical staff and nursing personnel of the off-site facility, must be a part of the participating Hospital as a single organization.
   - The Medical Director of the Stroke Program is on staff at the main hospital.
   - There is a single Medical record system.
   - The off-site facility’s emergency department meets all EMTALA requirements.
   - The facility considering ASRH certification Must serve at least 10 stroke patients annually.
• Preparing for ASRH certification
  – ASRH Facility must meet all Joint Commission requirements for certification
    • Must have access to protocols used by EMS
    • The Acute Stroke Team must be available 24/7 – to be at the bedside within 15 minutes
    • CT – MRI – and Lab is available 24/7 in the facility
    • Neurologist accessible is 24/7 in person or Tele-medicine
      – Tele-medicine must be available within 20 min of the request
    • Neuro-surgical services – available within 3 hours
    • The ability to provide IV thrombolytic – t-PA
    • Transfer protocols in place
    • Next step .........................

• Before completing the application for ASRH certification............
  – Create your own checklist
    • Be sure that all Hospital requirements have been met
    • And that your facility is compliant with all primary Joint Commission requirements.
  – Be prepared to demonstrate compliance with identified CPG – (Clinical Practice Guidelines)
    • The ASRH facility will follow the same guidelines as the main facility or PSC / CSC
    – Identify a minimum of 4 performance measures – at least 2 related to clinical practice

• Performance Measures
  – ASRH – must comply with Stage 1 requirements for Performance Measurement
  – Must collect and analyze data on at least 4 performance measures related to or identified in (CPG) or is recommended in CPGs
  – The focus is on the use of performance measures for improving care
  – Demonstrate the use of the “cycle” for improvement
  – Implement a plan for improvement: use of graphs
  – Evaluate the effectiveness of your plan
• **Performance Measures**
  – ASRH – Stage 1 requirements for Performance Measurement
  – 2 of the 4 measures – Must be Clinical
  – Other measures can be
    • Perception / Patient Satisfaction
    • Functional
    • Financial
  – Must collect data on the 4 measures **prior to submitting your application.**

• **Submit your application**
  • With the initial survey – you will receive 30 days notice prior to your survey date.
  • **Reminder:** "BE READY" when the application is submitted.
    – Must have at least 4 months a data and be able to demonstrate compliance
  • For re-certification (~ in 2 years)
    • 7 business days notice will be provided prior to survey
    • Must have 12 months of data

• **The day of survey**
  • Joint Commission agenda
  • Begin with the Opening
  • Data (Quality) presentation
  • Competency assessment
  • Opportunity for issue resolution
  • Closing
OPENING PRESENTATION

- Showcase your facility/organization
- Provide answers to questions you know they will ask – such as .......
  - Have you met the Eligibility criteria
  - And Certification requirements - / Joint Commission

WELCOME TO NORTHERN KENTUCKY AND

St. Elizabeth Healthcare
Acute Stroke Ready Hospital Certification
2016 - Covington / Grant County
Covington Facility

• Free-standing Emergency Department
  – Originated on 20th Street – as a part of the North facility
  – For more than 150 years, St. Elizabeth Healthcare has been the heart and soul of the Northern Kentucky Community

Current Facility

• 1500 James Simpson Jr. Way since 2009

• 18 bed Emergency facility
  (includes 2 trauma rooms)
  With access to Radiology – CT – MRI – Lab 24/7

• The facility averages
  35,000 ED visits/yr.

• In 2015 received 5501 Squads from multiple FDs
  Majority from Covington
  Also Newport – Ft. Wright – Ludlow – Cincinnati

St. ELIZABETH
GRANT COUNTY Facility
Grant County

- Grant County – original site built in 1964 as a CAH
  - Purchased by St. Elizabeth in 1994
  - with physician specialty services added in 2003
  - New (current) Building built in 2010

- The current Emergency Department
  - 8 ED beds – one as trauma with a Tele-ICU monitor
  - In 2015 – 19,117 ED visits
  - 1,614 resulted in admission to EDG – FLO – FFT - 8.5%
  - Hours of operation – 24/7

- The facility also has a MMU (Medical Monitored Unit)
- Physician Specialty Services – Mon – Fri
  - RT – EKG – Lab – CT – MRI services available

Stroke Program

St. Elizabeth Healthcare recognizes the importance of Stroke Care.

- The Covington and Grant County facilities are a part of the St. Elizabeth Healthcare Stroke Program and request to be recognized as ASRH

Stroke Program Leadership

- St. Elizabeth Administration supports the Stroke Program
  - Through participation in Stroke Quality Committee and Stroke Steering Committees
  - Development and implementation of “Stroke Specific” job descriptions and policy and procedures.
  - Integration of the program into the organizational Strategic Plan

- Communication Plan of Quality outcomes
  - Stroke Quality to Stroke Steering committee
  - To Quality Improvement Committee
  - The Board of Trustees
Mission and Vision

**Our Mission**
As a Catholic healthcare ministry, we provide comprehensive and compassionate care that improves the health of the people we serve.

**The Stroke Program** provides:
- comprehensive primary prevention through community education and screening,
- delivery of acute care services in adherence with treatment standards,
- post-acute education and support in collaboration with our community partners.

**Our Vision**
St. Elizabeth is the preferred destination for healthcare, where innovative professionals deliver the highest quality of care.

**The stroke program** model of care
- will promote wellness,
- provide care, and
- ensure support for all people whose lives are affected by stroke.

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**Stroke Steering Committee**

**Purpose:**
- Provide administrative and clinical oversight
- Strategic Planning
- Meets Quarterly

**Membership:**
- Program Medical Director
- Quality Director Radiology
- VP Nursing / Site CNO
- System Program Stroke Coordinator
- ED Director / Stroke Coordinator
- Director Therapy Services
- Director Radiology
- Accreditation Services
- Quality Management
- Care Coordination
- Stroke Unit Coordinators (Facility representative)
- Quality manager Lab
- Accreditation spec. - Radiology

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**Stroke Quality Committee**

- Committee meets monthly
- Review ......
  - Updates of Accreditation standards
  - Any core measure fallouts
  - tPA Door to Needle results
  - Turnaround times for
    - Labs – CT – EKG
- Recommend revision to
  - Stroke protocols
  - CPG updates
- Provide education
  - On stroke measures
Team Composition

St. Elizabeth Healthcare
Stoke Program—Stroke Quality Committee

- Medical Director
  Dr. James Farrell
- System Stroke Program Coordinator
  Bernie Oberrecht RN MSN
-System ED Stroke Coordinator
  Betsy Jackson RN MSN
- System Stroke Emergency Services Educator
  Betty McGee RN BSN
- Stroke Unit Coordinators
  Chris Schewe RN ANM Covington ED
  Liberty Delisle RN ANM Grant County ED

Roles and Responsibilities

- Job Descriptions
  -- Medical Director
  Dr. James Farrell
  -- System Stroke Program Coordinator
  Bernie Oberrecht RN MSN
  -- System ED Stroke Coordinator
  Betsy Jackson RN MSN
  -- System Stroke Emergency Services Educator
  Betty McGee RN BSN

Stroke Program Scope of Service

- Target population: ★
  Ischemic, Hemorrhagic, (ICH) and TIA patients.

- Acute Stroke Ready:
  - At the Covington facility (free standing Emergency Dept.) and the Grant County facility (a CAH)
    the team is READY to facilitate care.
  - When signs and symptoms of stroke are identified – a Code Stroke Alert is called – which includes notification of the UC Stroke Team.
COVINGTON

- In 2015, 37 patients were treated in the Covington Emergency Dept. and admitted to a St. Elizabeth facility, with a discharge diagnosis of acute / chronic ischemic stroke, TIA or Hemorrhagic stroke.
- 9 patients arrived with 3 hours of LSN – eligible for treatment.
- 2 patients treated with tPA

GRANT

- In 2015, 27 patients were treated in the Grant County Emergency Dept. and admitted to a St. Elizabeth facility, with a discharge diagnosis of acute / chronic ischemic stroke, TIA or Hemorrhagic stroke.
- 7 patients arrived with 3 hours of LSN – met eligibility criteria.
- 1 patient was treated with tPA

UC Stroke Team Model

- 16 local hospitals (5 PSCs)
  - EMS brings pts to nearest hospital
  - UC Stroke team MD drives to all local hospitals
  - Encourage pre-notification (prior to CT completion)
  - Study coordinator comes if possible trial candidate
- Additional ~15 regional hospitals
  - Drip & ship by phone assessment
Greater Cincinnati/Northern Kentucky Stroke Network

- Multi-Disciplinary Team
  - 7 Emergency Physicians
  - 8 Neurologists
  - 7 Vascular Neurologists
  - 3 Neuro-interventionalists
  - 11 Acute Research Coordinators
  - 6 fellows

- 16 Hospitals
  - 1 University
  - 3 Teaching
  - 12 Community
  - 9 regional hospitals utilizing Telemedicine

2.1 million population for metropolitan area; About 30 miles between farthest hospitals; Crosses state lines

The EMS Connection

- Pre-notification
  - Call ahead — allows the Emergency Dept. to be prepared and immediately move into action.

- Stroke Treatment protocols are initiated in the field
  - Stroke Patient destination protocols are in place and utilized by EMS

EMS Protocols

- Kentucky state EMS protocols have been adopted and are followed by both Covington Fire Department and Dry Ridge Fire Department.

- These two departments are responsible for the transporting the most patients to our Covington and Grant facilities.

- The Kentucky state EMS protocols were last updated in September of 2015.

- The Cincinnati Pre-hospital Stroke Scale is the assessment tool that is used by EMS personnel in Kentucky.
EMS training and Education

- Twice a year, stroke topics are covered by our EMS Monthly Lecture Series. These lectures are attended both in person and via GoToTraining on the web. These are saved so that they can be accessed throughout the year for refresher training if needed.
- Dr. Ty Brown, neurologist, will be speaking on CVA and a-fib, during the month of June, 2016.
- Emily Goodall, educator from the UC Stroke Team, will be presenting in November 2016, on use of the pre-hospital assessment tool and what the stroke team needs to know from EMS prior to their arrival.

Hospital Policies

- Policies available regarding:
  - Assessment
  - Criteria for admission – transfer – discharge of stroke patients
  - Transfer Protocol
    - To a St. Elizabeth Primary Stroke Center
    - To University Hospital for endovascular procedure
    - To other facilities with an accepting physician at the patient’s or physician’s request.

Transfer protocols

- Protocols are in place for the timely transfer of all stroke patients to a Primary Stroke Center
- Ground transportation per – Rural Metro / PTS 24/7
- Air options – Air Evac & University of Cincinnati
Physician consultation

ACCESS TO STROKE EXPERTISE

• St. Elizabeth Neuro Surgery consult –
on-call 24/7 – paged via Perfect Serve
• St. Elizabeth Neurology consult –
on-call 24/7 – paged via Perfect Serve
  UC Stroke Team available
• for all patients LSN 12 hours or less
  – The UC Stroke Team will be notified
  – Patients receiving TPA will be followed by the UC stroke
  Team for 24 hours

Care – Treatment – and Services provided

• All Staff are educated on CPG
  and follow defined parameters on stroke care
• Physician Order sets – emergency Dept.
  • ED Stroke Protocol
  • tPA protocol
  • Tele-Stroke – is available for
    immediate assessment
    by a neuro specialized physician

Stroke Checklist
**Clinical Practice Guidelines**


**Education of staff**

**All Nursing staff assigned to areas where our stroke population may be cared for ………………**

**Will receive the following education:**

- CPG – with orientation and annually
- NIHSS – with orientation – re certification every 2 yrs.
- BSS evaluation – with orientation and annually
- Administration of tPA
t-PA (Alteplase)

Staff are educated on the following:
- Preparation of the drug – prior to administration
- Understanding the purpose of thrombolytic therapy
- Inclusion / exclusion criteria for t-PA
- t-PA protocol – standard of care
  - Frequency of vital signs
  - Monitoring the patient for adverse reactions

Additional education

- Annual stroke education on the Care of the Stroke Patient
  - All new hires with orientation
  - Annually – in MID
- Neuro Symposium – available annually – sponsored by St. Elizabeth Staff Development
- Stroke Symposium – annually sponsored by the GCSC – Greater Cincinnati Stroke Consortium
- Opportunities for Webinars – made available to the Stroke Quality Committee

Therapy Service

- Physical Therapy
  - All patients are evaluated for the need for PT / OT
- Speech Therapy
  - All patients are screened for dysphagia – prior to receiving any food, fluid or medication.
  - Speech Therapy is consulted any time there is a failed Bedside Swallow evaluation.
- Rehabilitation
  - Services are initiated indicated by the patient assessment.
Discharge Support

• Care Coordination staff/Social workers are available
  – To assist patients with arrangements for care after discharge
  – Out patient physical therapy or speech therapy availability

• Referrals to Hospice or palliative care are available as needed through the Healthcare system

• It is our Goal to discharge to a Primary Stroke center within 2 – 3 hours

Community Support Group

Northern Kentucky Regional Stroke Support Group

• A joint association between
  – St. Elizabeth healthcare
  – Gateway Rehabilitation Hospital
  – HealthSouth Rehabilitation Hospital

The group originated in 2011

Community Support Group

Purpose – to provide an open forum for care givers and stroke victims to discuss issues, problems that may be challenging to them.

  • Monthly event at each facility

– Topics chosen from group request
– Collaboration with area rehab centers
Cardiovascular Mobile Health Van

Partners in community education:
- CV Screenings including Stroke Education

Identifying Stroke Risk factors

- Education distributed by the Mobile Van
- Community events
  - Strike Out Stroke
- Education available to provide to the patient and to the family in the Emergency Dept.
  - Patient specific risk factors for stroke discussed upon discharge
- Community resources available as needed

THANK YOU

WELCOME TO

ST. ELIZABETH
DATA PRESENTATION

Quality Improvement initiatives

• Discussion of quality measures chosen for your facility
• Show a minimum of 4 months data collection
• The importance of the measures identified
• How will greater compliance of each measure provide improvement to your stroke program

St. Elizabeth Healthcare

Acute Stroke Ready Hospital
QUALITY PRESENTATION
2016 – Covington / Grant County

Stroke Program Performance Improvement

The performance improvement plan for the Stroke Program is integrated with the organizational performance improvement plan.

The objective of the plan is to
• monitor identified areas of opportunity across the system,
• develop action plans,
• evaluate the results of the action
• and then continue to monitor for performance stability or improvement.

When implementing a PI project the departments and/or team follows the PDSA (plan, do, study, act) cycle.
Stroke Program PI
Flow of Information

Stroke Steering Committee:
• Provide administrative and clinical oversight
• Strategic Planning

Stroke Quality Committee:
• Review quality data and develop action plans
• Develop evidence-based program content

Performance Improvement

Current Initiatives
• Code Stroke Alert
  – Go-Live Feb. 1, 2016 for Covington and Grant
  – GOAL – to improve turn-around-times for labs – CT – EKG

• Tele-Stroke
  – Originally implemented at Grant County in 2014
  – Go-Live April 4, 2016 – for Covington
  – GOAL – to improve Door to Needle

CODE STROKE ALERT

• The Team is alerted using the following criteria:
  – The patient exhibits signs/symptoms of stroke
  – LSN is reported as less than 12 hours

• The ED Team consists of the following:
  – ANM / CN – who will alert the ED Physician
    • If going immediately to CT – will do a brief assessment
  – ED Tech – responsible for lab draws
  – CT Tech – pt is on the way (prepare for the patient)
  – Pharmacy – heads up possible tPA admin
  – Lab – heads up specimen will be arriving shortly
Stroke Team Notification

- **Initial notification** – with the Code Stroke Alert to UC / pager
  - UC Stroke Team policy – return the call within 5 min
  - RN – provides a brief history to determine tPA eligibility

- **2nd call** – UC stroke Team – **Tele-stroke**
  - if tPA eligibility criteria is under consideration
  - Pt return from CT
  - Connect Tele-Stroke
  - Full assessment / NIHSS completed

Tele-Stroke

Decision will be made to administer tPA by UC
Stroke Team MD –

Stroke Team MD -will then come to the St. Elizabeth facility to further assess and evaluate the patient.

Data Collection

CURRENT PRACTICE

- We collect Data on monthly basis
- We monitor the data for documentation compliance

OPPORTUNITY

- To evaluate what we are monitoring
- Determine where the problem area exist
- Develop a new Action Plan
In 2015, 37 patients were seen in the Covington Emergency Dept. and admitted to a St. Elizabeth facility with a discharge diagnosis of acute/chronic ischemic stroke, TIA or Hemorrhagic stroke.

- 9 patients arrived within 3 hours of LSN – met tPA eligibility criteria.
- 2 patients were treated with tPA.

In 2016 in the 1st 2 months of the year, there were 7 patients treated in the Covington Emergency Dept. and admitted to a St. Elizabeth facility, with a discharge diagnosis of acute/chronic ischemic stroke, TIA or Hemorrhagic stroke.

- 3 patients arrived within 3 hours of LSN – met tPA eligibility criteria.
- 1 patient was treated with tPA.

In 2015, 27 patients were seen in the Grant County Emergency Dept. and admitted to a St. Elizabeth facility, with a discharge diagnosis of acute/chronic ischemic stroke, TIA or Hemorrhagic stroke.

- 7 patients arrived within 3 hours of LSN – met t-PA eligibility criteria.
- 1 patient was treated with tPA.

In 2016 in the 1st 2 months of the year, 6 patients were treated in the Grant County Emergency Dept. and admitted to a St. Elizabeth facility, with a discharge diagnosis of acute/chronic ischemic stroke, TIA or Hemorrhagic stroke.

- 1 patient arrived within 3 hours of LSN.
- was not treated with tPA – Stroke team notified – further clarification of LSN.

Not Treated – Reasons (2015)

<table>
<thead>
<tr>
<th>Reason</th>
<th>COVINGTON</th>
<th>GRANT</th>
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<tbody>
<tr>
<td>Time LSN &gt;180 minutes</td>
<td>26 Pts. – 70%</td>
<td>16 Pts – 60%</td>
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<tr>
<td>Minimal deficit or rapidly improving</td>
<td>3 Pts. – 9%</td>
<td>6 Pts – 22%</td>
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<td>CT ICH/SAH</td>
<td>2 Pts. – 6%</td>
<td>4 Pts – 15%</td>
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<td>Seizure</td>
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<td>Too severe neurological deficit</td>
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<td>Patients/family refused</td>
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<td>Recent previous stroke</td>
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<td>Not diagnosed as a stroke while in the ED</td>
<td>4 Pts. – 10%</td>
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<td>Other</td>
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<tr>
<td>Total</td>
<td>35 Pts not treated</td>
<td>26 Pts not treated</td>
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Selected Performance Measures

1. MD will assess the patient within 15 min. (Arrival to Bedside)

2. The CT scan will be resulted within 45 min of receiving the order. (Order to results in 45 min)

3. The NIHSS will be completed on all patients who exhibit stroke signs and symptoms

4. A Bedside Swallow Dysphagia screen will be conducted on all potential stroke patients prior to the patient receiving and PO food, fluids, or oral medications

QUALITY MEASURES 2016

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<th>Measure</th>
<th>Jan</th>
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<tr>
<td>% of pts to bedside &lt; 15 mins.</td>
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<td>% of pts with NIHSS completed</td>
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<td>% of pts with BSSS eval. completed</td>
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改进机会

- 监督遵守代码中风警报。
  - 将CT顺序作为中风协议（以加速结果）。
  - ED Tech立即获得BGL stat。
  - 从速完成所有中风实验室。

- 及时通知中风团队。
- 通知所有中风患者。
  - 有LSN 12小时或更少。

- 重新教育所有护士。
  - NIHSS的初始评估。

- 注意记录理由。

- 重新评估所有评估。

- 保持无食物和液体。

- PO药物。

- 记录所评估。

- 导针时间。

QUALITY MEASURES 2015

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  - 有LSN 12小时或更少。

- 重新教育所有护士。
  - NIHSS的初始评估。

- 注意记录理由。

- 重新评估所有评估。

- 保持无食物和液体。

- PO药物。

- 记录所评估。

- 导针时间。
## Improvement Opportunities

**Grant County**

- Monitor Compliance of Code Stroke Alert – *early recognition* of possible Stroke  
  - ED Tech to IMMEDIATELY obtain:  
    - BGL stat (accu-check)  
    - draw stroke labs

- Notify the Stroke Team for all potential stroke patients with a LSN of 12 hours or less

  - Re-Education of all RNs on the Std. of Care  
    - Focus on getting the patient to the CT scan sooner  
    - NIHSS with initial assessment  
    - BSSS – prior to any PO food – fluids – PO meds

## Program GOALS

### 1. Staff and Community Education

#### STAFF

- Neuro Symposium – an Annual Spring Event  
  - Sponsored by St. Elizabeth Healthcare  
- Stroke Symposium – a fall event  
  - Sponsored by the GCSC  
- May as stroke Month  
  - A focus on education on all stroke units  
  - Review CPG (Clinical Practice Guidelines)

#### COMMUNITY

- Community educational events throughout the year  
  - METS Center  
  - Strike-Out Stroke  
  - May 11, 2016 @ the Ball Park  
  - Sponsored by the GCSC  
  - May as stroke month  
  - Stroke prevention info distributed  
  - Emergency Dept. waiting areas  
  - Cafeteria
Program GOALS

2. Performance Improvement
   - The GOLDEN HOUR – continue to improve Door to Needle times
   - Perfection of Code Stroke Alert
   - To identify stroke S/S sooner – improve patient outcomes
   - Use of Tele-Stroke – to improve Drug Administration times
   - Monitor the Standard of Practice
   - Documentation compliance

3. Regulatory Compliance
   - To meet all ASRH standards

4. Community Partnership
   - UC Stroke Team
   - Northern Ky. – EMS
   - SEQIP (Stroke Encounter Quality Improvement Project)
   - GCSC (Greater Cincinnati Stroke Consortium)

5. Physician Engagement
   - MD Involvement in order set development
   - MD participation in all stroke initiatives
   - Current Member of the Stroke Quality Committee

PERCEPTION OF CARE

- Patients are currently surveyed with regard to their satisfaction on treatment and services provided.

- Results are summarized by their Discharged facility
  - Comments by patients or family members (regarding care and services) are provided for managers to follow up as appropriate.
  - There are opportunities to re-design how patient/family feedback is used to improve the program and better meet patient needs.
Opportunities for Improvement

Feedback from the Surveyor

- When analyzing your data – remember to develop an effective action plan – to alter your data – improve the program

- Opportunities:
  - Perception of Care
    - Data is aggregated at the program level (ASRH) (DSPM3 – A6)
      - Surveyor is not interested in overall data from Main Hospital
    - The Program evaluates Patient Satisfaction with and perception of quality of care at the program level.
    - Patient satisfaction data is utilized for program specific performance improvement activities. (DSPM.5)

DISEASE SPECIFIC CERTIFICATION

Acute Stroke Ready Hospital

STROKE BINDER (not a requirement)

- The availability of program documents that will support compliance based on the Joint Commission Manual for Disease Specific Care

Binder

- Provide an organized method
  - Use the Joint Commission Manual by Standard
  - Provide documents that support each standard

Documents to include in the Stroke Binder

1. The Agenda for Day
   - With list of participants
2. Letter of Support from the Hospital administrator
3. Stroke specific policies
   - Organizational Plan
   - Ethics – Rights and Responsibilities
   - Mission and Vision
   - Downtime and Diversion policies
4. Stroke Program specific contracts
5. Transfer agreements with PSC (if applicable)
6. Core Team composition
7. EMS protocols
8. Target Population
9. Scope of Practice
10. Stroke Protocols
Documents to include in the Stroke Binder

Continued

11. Stroke Job Descriptions – if applicable
12. Formulary / TPA
13. CPG – Clinical Practice Guidelines
14. Dashboards – Quality Measures
15. PDSA – Action Plans
16. Staff education Plan
   • Orientation – annual – stroke unit specific
17. Physician education
18. MD compliance
19. Patient Satisfaction data / Perception of Care

• Binder of Stroke Education for members of the Core Team
• Binder of Committee Meetings

QUESTIONS