

Stroke Care Across the Continuum

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Improving Your Life

Learning Objectives

- *The learner will be able to identify successful initiatives this community hospital used to improve its stroke care.**
- *The learner will be able to discuss lessons learned from implementation of the initiatives by the community hospital.**

About Blessing

367 Bed Community Health System

2,000 Employees

240+ Physicians

Affiliates include:

- Illini Community Hospital (critical access hospital)
- Community Outreach Clinic
- Denman Medical Equipment
- Denman Biomedical
- Blessing Physician Services

College of Nursing
Schools of Radiology and Laboratory



Blessing Hospital
ANCC Magnet Recognition



Improving Your Life

Stroke Care Across the Continuum



Key Target Areas:

- *Interdisciplinary Stroke Team with two physician champions
- *Neuro Assessment and Vital Sign Standardization post-tPA
- *Standardization process for tPA mixing between ED and Pharmacy
- *Stroke Alert Pager
- *Link to Tertiary Center
- *Standardized order sets
- *Weekly QI Meetings for defects and have built access database that assists with defect follow-up
- *Designated Stroke Unit when Critical Care not required.
- *Community Education

Reminder card TPA Reassessment

Measure blood pressure every 15 minutes for the first 2 hours and subsequently every 30 minutes for the next 6 hours, then hourly until 24 hours after treatment.



Perform neurological assessments every 15 minutes during the infusion and every 30 minutes thereafter for the next 6 hours, then hourly until 24 hours after treatment.



Stroke Care Across the Continuum

Leveraging Electronic Medical Record

- * Care Plan to flow to Educational Record with Hard Stop for all educational requirements
- * Electronic Dysphagia Screening Tool
- * Contraindication documentation added to order sets
- * Work List Documentation for Alternating Leg Pressure Device to flow to documentation in Medical Record.
- * Reminder for Antiplatelet restart to tPA orders
- * Physician Discharge Checklist
- * Medication Reconciliation Document to include VTE Prophylaxis

Educational Record

List Set Description

Stroke Education

Literature Given	Identified/Educated Risk Factors	Education
<input checked="" type="checkbox"/> Stroke Packet given	<input type="checkbox"/> High Blood Pressure	<input checked="" type="checkbox"/> Signs/Symptoms of Stroke
	<input type="checkbox"/> Cigarette Smoking	<input checked="" type="checkbox"/> When to call 911
	<input checked="" type="checkbox"/> Diabetes	<input checked="" type="checkbox"/> Follow-up appointment
	<input type="checkbox"/> Carotid or other artery disease	
	<input type="checkbox"/> Atrial Fib	
	<input checked="" type="checkbox"/> High Blood Cholesterol	
	<input type="checkbox"/> Physical Inactivity	
	<input type="checkbox"/> Obesity	

OK Cancel

Dysphagia Screening Tool

List Set Description

Dysphagia/Swallowing Screening Tool

1. Dysarthria (slurred speech) and/or facial droop:

☐ No-Passed
 ☐ Yes-Failed

2. History of Recurrent Pneumonia:

☐ No-Passed
 ☐ Yes-Failed

Dysphagia/Swallowing Screening Tool	
RN will perform dysphagia screening on all Acute Stroke/TIA patients before intake/meds a	
Dysphagia Screening (stop after 1st failure)	
Saliva Swallow	
5 ML Water using Teaspoon	
Sip from cup (held by nurse)	
Sip from cup (held by patient)	
Drink like swallowing a pill	
"I have notified the physician of Screening Results"	

Dysphagia Screening (stop after 1st failure) Saliva Swallow

1. Voice Quality

☐ Clear - Passed
 ☐ Gurgley wet (say Ahh after swallow) - Failed

2. Laryngeal Lift

☐ Normal laryngeal lift - Passed
 ☐ Reduced/absent laryngeal lift - Failed

3. Throat Clearing/Cough Response

☐ Throat clearing/coughing not observed - Passed
 ☐ Throat clearing/coughing present after swallow - Failed

Physician Discharge Checklist

Discharge Checklist

! Discharge Checklist ☐ AMI ☐ CHF ☒ Stroke ☐ VTE/PE ☐ None

! Antithrombotic prescribed at discharge? ☒ Yes ☐ No

! Statin medication prescribed at discharge? ☒ Yes ☐ No

! Atrial fibrillation/flutter present at discharge? ☒ Yes ☐ No

! Anticoagulant medication prescribed at discharge? ☐ Yes ☒ No

! Reason: **Intracranial Hemorrhage within Last Year**

Hypertensive Urgency/Emergency
Immune Mediated HIT

! Assessment for Rehab completed prior to discharge? **Intracranial Hemorrhage within Last Year**

Intraocular Surgery within 2 weeks
Post-operative Bleeding Concerns
Severe trauma - head/spinal cord W/ HEMORRHAGE in last 4 wks

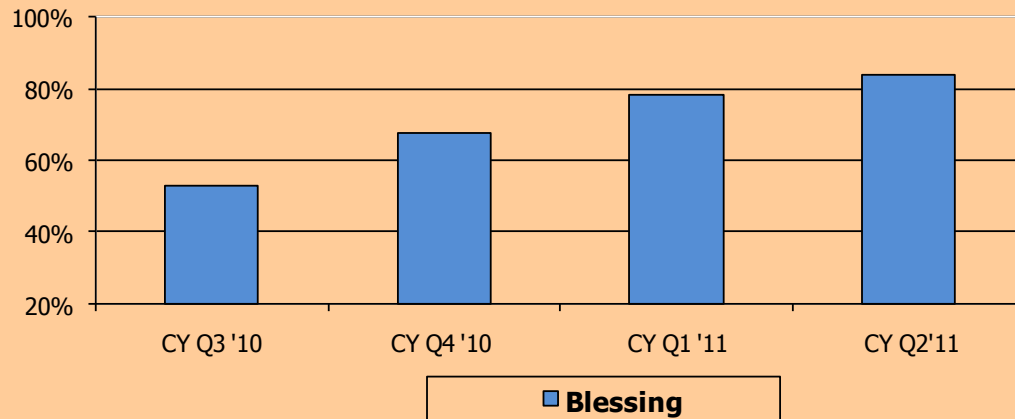
! Follow up appointment scheduled above for one week (Stroke)? Thrombocytopenia (less than 50k)
Other Reason:

Stroke Measure Sets

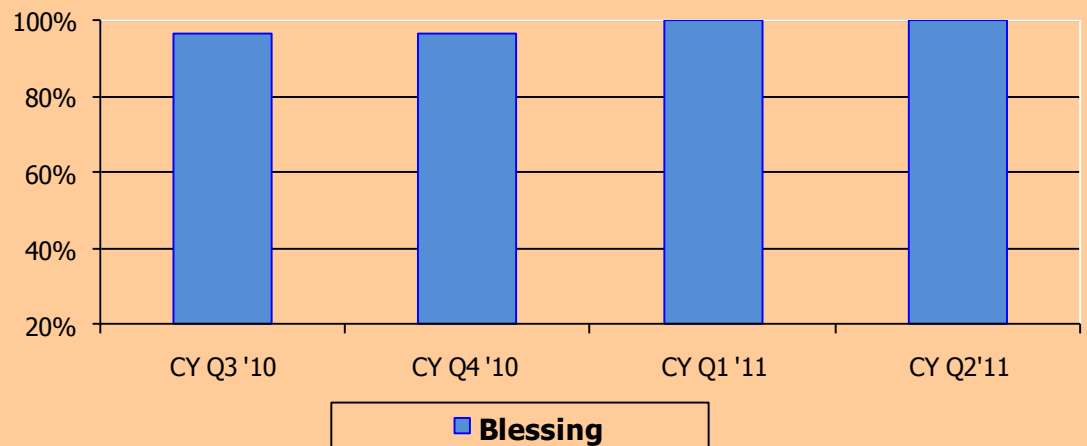
- * STK 1: Venous Thromboembolism Prophylaxis (VTE) given day of or day after arrival
- * STK 2: Discharged on Antithrombotic Therapy
- * STK 3: Anticoagulation Therapy for Atrial Fibrillation/Flutter (prescribed at hospital discharge)
- * STK 4: Thrombolytic Therapy (tPA initiated w/in 3 hours of time last known well)
- * STK 5: Antithrombotic Therapy by End of Hospital Day 2
- * STK 6: Discharge on Statin Medication
- * STK 8: Stroke Education
- * STK 10: Assessed for Rehabilitation

Stroke Core Measures

STK 1: VTE Prophylaxis

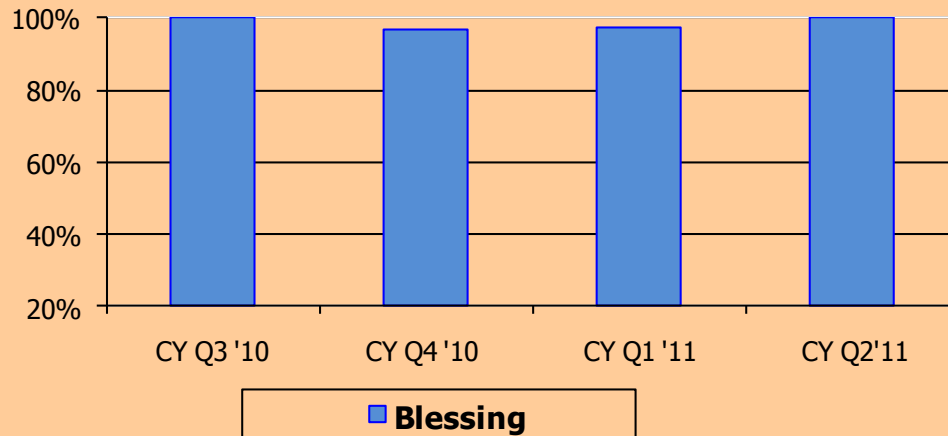


STK 2: Discharged on Antithrombotic Therapy

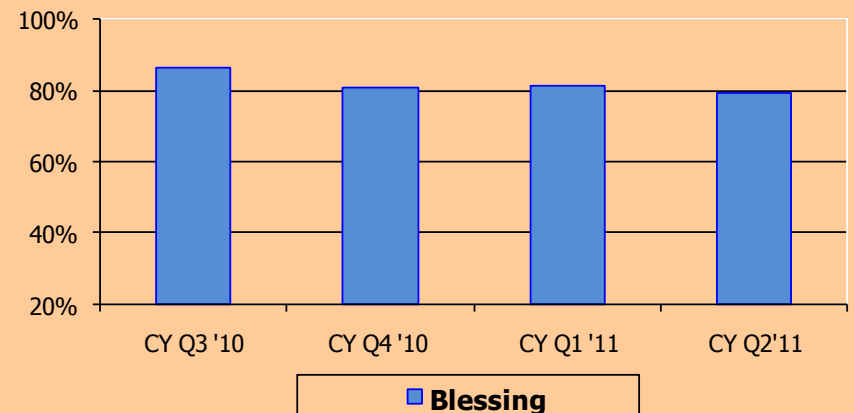


Stroke Core Measures

STK 5: Antithrombotic Therapy by end of Hospital Day 2

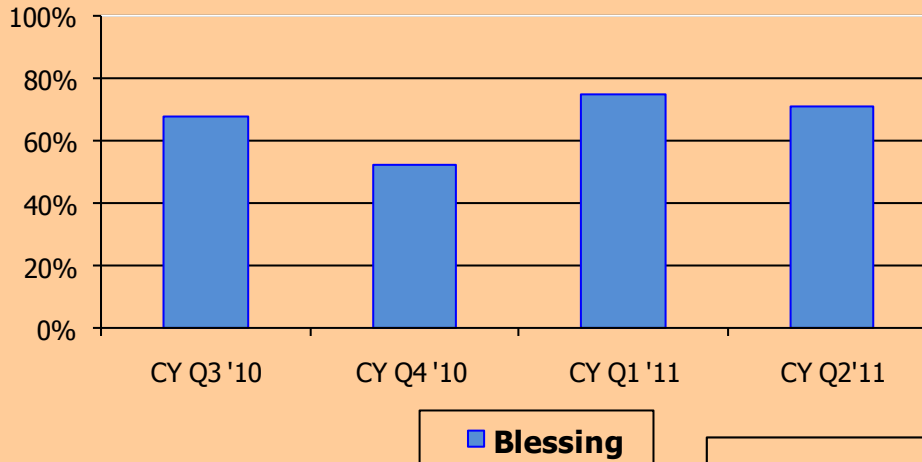


STK 6: Discharged on Statin Medication

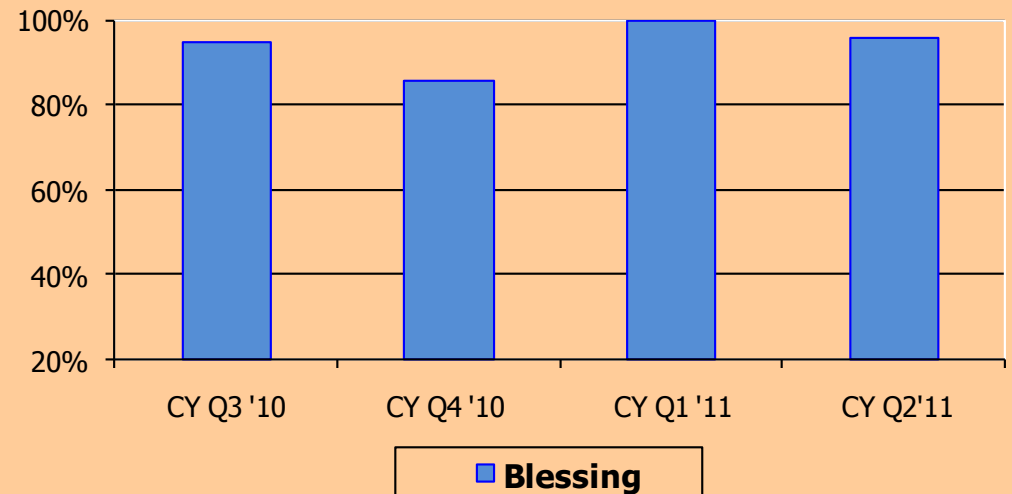


Stroke Core Measures

STK 8: Stroke Education



STK 10: Assessed for Rehabilitation



Community Initiatives

- * Strike Out Stroke Baseball Night
- * Community Wide Wellness Event with a focus on Stroke (700 people)
- * Carotid Screenings for Early Intervention
- * Middle School Health Fair
- * High School Health Class Presentations
- * On Hold Telephone Message on Warning Signs for Stroke
- * Warning Signs Posted on Hospital Vehicle and Parking Lot Banners
- * Radio and TV Spots and Hospital Website Information
- * Live Presentations
- * Professional Education

Lessons Learned

- * Educate, educate, educate!
- * Maximize electronic medical record
- * Performance Measures need to be shared at all levels
- * Real time follow up on defects is helpful.
- * Positive Reinforcement i.e. Pens “My Care is a Stroke of Genius”
- * It takes a village.