

## F.F. Thompson Hospital STROKE TEAM

### Meeting Minutes

December 19, 2013

**Present:** Elizabeth Alexander, Ragan Stevens, Vijay Bansal, Sarah Clayson, Sarah Gallagher, Kiera Kuhn, Kelly Newton, Cheryl Quigley, Antonio Russo, Justin Rymanowski, Beth Wilcox

**Next meeting:** TBD

ITEM	DISCUSSION	ACTION
<p><b>New Members</b></p>	<p>Welcome to new Stroke Committee members: Sarah Clayson as ICU nurse manager rep Ragan Stevens as 3W charge RN rep Kelly Newton as ED RN rep</p> <p>Kim Ricigliano to represent Rehab Services in place of Barb Lafler.</p> <p>Hospitalist rep pending</p> <p>ICU RN rep pending</p>	<p>Thank you!</p> <p>Sarah G to follow-up with Hospitalist group. Sarah C to follow-up with ICU RN rep.</p>
<p><b>Measures - October</b></p>	<p><b>IV rt-PA treat by 3 hrs – n/a</b>  <b>Early Antithrombotics – 100%</b>  <b>VTE Prophylaxis – 100%</b>  <b>Antithrombotics at discharge – 100%</b>  <b>Anticoag for Afib/flutter – 100%</b>  <b>Smoking Cessation – 100%</b>  <b>Statin prescribed at discharge – 100%</b></p> <p><b>Dysphagia Screening – 77.8%</b>  <i>(2) – dysphagia screening not done prior to PO intake; (1) in ED who presented as nausea, vomiting, chest pain and received ASA, (1) in ED who presented with stroke symptoms but received dinner from husband and PO fluid from nurse.</i></p> <p><b>Stroke Education – 81.8%</b>  <i>(2) – TIAs that did not receive stroke education at time of discharge; (1) discharged from 3W, (1) admitted with Lethargy to 3E and discharged from 3E.</i></p> <p><b>Rehabilitation considered – 100%</b></p> <p><b>NIHSS Reported – 93.8%</b>  <i>(1) – TIA patient that was admitted with lethargy to</i></p>	<p>Letters sent with feedback &amp; education to RNs and Josh.</p> <p>Letter sent with feedback &amp; education to 3W discharge RN. Letter sent to Hospitalist group regarding communication of stroke dx patients.</p> <p>Letter sent to Hospitalist group (see above)</p>

	<p><i>3E and so didn't receive NIHSS throughout visit.</i></p> <p><b>NIHSS at Discharge – 87.5%</b>  <i>(1) – Ischemic pt that did not receive complete NIHSS at time of discharge.</i></p> <p><b>Door-to-MD Assessment &lt; 10 min – 44.4%</b>  <b>Door-to-Stroke Team &lt; 15 min – 60%</b>  <i>(5) pts fell outside time-frame;</i>  <i>(1) with weakness, numbness - code 15 called</i>  <i>(1) with AMS - code 15 called</i>  <i>(1) with dizziness - no code 15 called</i>  <i>(1) with nausea, vomiting, CP – no code 15 called</i>  <i>(1) with vertigo vs TIA/CVA – MD requesting to see – no code 15 called.</i></p> <p><b>Door-to-Brain Image Complete &lt; 25 min – 60%</b>  <i>(2) pts fell outside time-frame;</i>  <i>(1) with no reason documented for CT delay</i>  <i>(1) with vertigo vs TIA/CVA – MD requesting to see – no code 15 called.</i></p> <p><b>Door-to-Brain Image Read &lt; 45 min – 60%</b>  <i>(2) pts fell outside time-frame; both were related to delay in CT completion.</i></p> <p><b>Lab Target Time frames (for November) – 84%</b>  <i>(3) pts fell outside time-frame;</i>  <i>(1) pt was drawn by lab so unsure as to why delay</i>  <i>(1) pt – lack of documentation to explain delay</i>  <i>(1) pt with duplicate orders placed but documentation of labs drawn immediately so unsure of delay</i></p>	<p>Letter sent with feedback &amp; education to 3W discharge RN.</p> <p>Findings provided to Bruce and Josh for lab and ED follow-up</p>
<b>Trends</b>	<p>CT delays r/t delay in orders being placed: (12)  CTAs were ordered this month: (3)  SCDs ordered but not charted: (1)  % of Code 15s called with final (+) stroke dx: 52%  % of (+) final stroke pts that had Code15 called: 87%</p>	<p>Discussed again pre-alert to CT of incoming stroke patient. It was also identified that the McKesson upgrade eliminated the need to “process” MD orders of CTs. Discussed again the importance of charge RNs placing orders when calling code 15s.</p>
<b>Review of URMC transferred patients</b>	<p>(1) patient transferred to URMC – ultimate diagnosis of seizures and discharged home to follow-up with neurology.</p>	

<b>Primex Software - timing</b>	Nothing new to report.	
<b>Education Requirements</b>	Managers have been monitoring stroke-related education with staff; multiple reminders have been sent recently to all those that still require education.	Continue to monitor; due by 12/31/13.
<b>Stroke Order Set Review</b>	<p>Current CPOE order sets were reviewed (Ischemic Stroke no-TPA admission order set, Ischemic Stroke Post-TPA ICU order set, Stroke/TIA Discharge order set).</p> <p>Suggested changes: include "NIHSS on discharge", "modified NIHSS q4 hours", removed TEDs as an option, have mandatory fields automatically selected (nursing stroke order set, laboratory orders, Rehab consults)</p>	Sarah G to discuss changes with Sue Pragle.
<b>Upcoming Education</b>	None identified at this time.	