**F.F. Thompson Hospital STROKE TEAM**
Meeting Minutes

*February 2, 2014*
*Present:* Elizabeth Alexander, Jessica Schojan, Sarah Gallagher, Kiera Kuhn, Paul Sandroni, Carlos Ortiz, Cheryl Quigley, Kim Ricigliano, Antonio Russo, Justin Rymanowski, Beth Wilcox
*Next meeting:* March 13, 2014 – Walters Conference Room – 3pm

| ITEM | DISCUSSION | ACTION |
|---|---|---|
| **New Members** | Sarah Clayson to identify stroke rep for ICU – deferred as Sarah C not present at meeting.<br><br>Paul Sandroni present as Hospitalist rep. | Sarah C to follow-up |
| **Measures – November & December** | **IV rt-PA treat by 3 hrs – n/a** | |
| | **Early Antithrombotics – 96%**<br>*(1) – ASA ordered but not given due to pt's NPO status.* | Elizabeth to provide education to RN on ordering PR if needed. |
| | **VTE Prophylaxis – 83%**<br>*(1) – SCDs/LMWH not ordered until several days after arrival*<br>*(1) – SCDs ordered; charted as "no mechanical VTE prohylaxis, medical contraindication"*<br>*(1) – TEDs ordered (nothing charted); not sufficient.*<br>*(1) – pt not identified as ICH for a few days; TEDs ordered on arrival but not sufficient.* | Letters sent with feedback & education to individual RNs, MDs, and managers. |
| | **Antithrombotics at discharge – 100%**<br>**Anticoag for Afib/flutter – 100%**<br>**Smoking Cessation – 100%** | |
| | **Statin prescribed at discharge – 95%**<br>*(1) – LDL 103 with no statin documented* | Letter sent to MD. |
| | **Dysphagia Screening** – **77%**<br>*(3) – no dysphagia done in ED on admitted stroke patients.*<br>*(1) – pt with final diagnosis of heart failure and secondary diagnosis of stroke; admitted from ED with SOB and PO given in ED.*<br>*(1) – pt failed swallow eval in ED; admitted as NPO with speech eval ordered. PO given on floor prior to speech eval.*<br>*(1) – stroke not identified for a few days* | Letters sent with feedback & education to ED RNs, 3W RN, and managers.<br>Red stroke packets to be re-introduced and encouraged in ED.<br>Floor suggesting ED staff to make it clear to receiving RN if pt failed or still awaiting dysphagia screening. |

| | | |
|---|---|---|
| | **Stroke Education – 100%**<br>**Rehabilitation considered – 100%** | |
| | **NIHSS Reported – 85%**<br>*(1) – pt with final diagnosis of Heart Failure and secondary diagnosis of CVA (not communicated to nursing); no NIHSS throughout stay.*<br>*(2) – patients admitted from ED with stroke diagnosis and no NIHSS*<br>*(2) – patients experienced inpatient strokes; had modified NIHSS done rather than complete NIHSS.*<br>*(1) – pt not diagnosed as ICH for a few days; modified NIHSS done at time of diagnosis/transfer.* | Paul to share with Hospitalists to be sure to communicate any suspicion of stroke or potential diagnosis (primary or secondary) of stroke to Nursing.<br>Letters sent to ED RNs and Josh for feedback and education.<br>Elizabeth met with RNs regarding the inpatient strokes; the daily assessment tab only prompts for modified NIHSS.<br>Elizabeth re-educated RNs on calling code 15s and utilizing stroke packets as needed. |
| | **NIHSS at Discharge – 90%**<br>*(2) – Ischemic pts that did not receive complete NIHSS at time of discharge.* | Letters sent to discharging RNs and Elizabeth. |
| | **Door-to-MD Assessment < 10 min – 65%**<br>**Door-to-Stroke Team < 15 min – 70%**<br>*(1) pt presented with "legs giving out; falling" – no code 15 called.*<br>*(3) code 15s called timely; MD delays.*<br>*(2) delay in code 15 called; MDs timely.*<br>*(1) delay in calling code and delay in MD assessment..* | All fallouts forwarded to Vijay and Josh for both Nursing and MD review and follow-up as needed. |
| | **Door-to-Brain Image Complete < 25 min – 60%**<br>*(2) no code 15s initiated.*<br>*(1) delay in CT order being placed*<br>*(2) delay in code 15 being called; CT timely.*<br>*(1) due to delays in both code 15 being called and CT being obtained.*<br>*(1) delay in CT being obtained; no noted reason.* | All fallouts forwarded to Antonio for review and follow-up as needed.<br>Delays or lacks of code 15s being initiated forwarded to Josh for review and follow-up as needed.<br>Additional discussion on CT tech coverage; see below. |
| | **Door-to-Brain Image Read < 45 min – 74%**<br>*(1) no code 15 initiated.*<br>*(1) timely CT completion; delayed read time.*<br>*(2) delayed CT completions; but also delay in read times.* | Forwarded to Wendy for review and follow-up as needed. |

| | | |
|---|---|---|
| | **Lab Target Time frames (for December)** – **71%**<br>*(1) difficult time getting orders to cross over in system; delay in lab receiving bloodwork.*<br>*(3) lab received late - pt went to CT first*<br>*(1) lab received late – unknown reason*<br>*(1) delay on lab end – unknown reason* | Josh following-up with particular ED RNs with feedback and education.<br>Bruce reminding lab techs to stay and wait for bloodwork. |
| **Trends** | SCDs ordered but not charted: (3)<br>% of Code 15s called with final (+) stroke dx: 41%<br>% of (+) final stroke pts that had Code15 called: 84% | Missed code 15 identification shared with Josh for follow-up as appropriate. |
| **CT tech on-call** | Concern raised regarding occasional need for CT techs to be on-call with nobody in-house to complete timely head CT if needed. Antonio shared that xray techs are not required to learn CT; some are cross-trained but not all. When there is a need to cover PTO of regular staff with on-call techs, they have a 30 minute window to respond to the call. While it is not apparent that this has been a significant issue in the past; the concern was voiced that this is increasing the chances of failure especially due to the various other reasons that could contribute to delays additionally. | While this is the current staffing, Antonio has met with Dr. Wandtke to discuss the schedule and work to re-arrange for as little need for on-call tech as possible. |
| **Dialysis Stroke Patient** | Elizabeth shared concern from nursing regarding a patient that was undergoing dialysis and experiencing neurological changes. The appropriateness of initiating a code 15 in the middle of dialysis or upon completion. Dr. Ortiz re-inforced that if the patient is experience significant acute neurological changes then a code 15 is warranted regardless of dialysis status. | No action necessary; Elizabeth has already communicated with staff and she just wanted to share the scenario with the committee. |
| **Hemorrhagic stroke, CTA** | Antonio shared interesting scans of a patient (MRN 00284917) that arrived to the ED with blood in the sinus cavity as well as metallic foreign body. Additional information regarding source/reason for bleed could've been answered with a CTA. Dr. Rymanowski agreed and shared that any hemorrhagic stroke would benefit to have a CTA as well (if meeting eligibility criteria) | Continue to encourage CTAs as appropriate. Timeliness of uploads for patients that need to be transferred continues to be a work in progress but CD images can always be burned if needed. |

<table>
<tr><td>ED debriefing</td><td>A patient (MRN 00325243) presented to the ED with complaints of a headache and was ultimately diagnosed with a SAH. The likelihood of SAH was promptly identified by ED MD (Dr. Bansal) and so the patient's acuity status was promptly updated and communicated with ED staff. Dr. Bansal also pulled staff members aside afterwards for a debriefing session on better identification and communication. Feedback from staff regarding this debriefing session was all positive.</td><td>Josh and Sarah G to share the case at ED nursing staff meeting as well as additional education on helpful tips for identifying hemorrhagic strokes at time of triage presentation.</td></tr>
<tr><td>Education Requirements</td><td>3W and ED have some outstanding NIHSS completions; absolute final due date is by end of 1Q 2014.</td><td>Elizabeth and Josh to continue to monitor; due by 03/31/14.</td></tr>
<tr><td>Stroke Order Set Review</td><td>Sarah G met with Sue Pragle to share previously discussed changes to the stroke order sets. Additionally, Sue recently received the capability to highlight and bold certain orders and so she has done so with the VTE portion of the order set.<br><br>Jessica Schojan shared additional research and feedback related to the continued inappropriate use of TEDs versus SCDs. It was decided by the committee that TEDs would be removed from the order set list.</td><td>Sarah G to discuss with Sue Pragle about removing TEDs from the stroke order sets.</td></tr>
<tr><td>Community Education</td><td colspan="2">2/7/14: National Wear Red day<br>2/15/14: Day of Dance - Sarah G and Beth Wilcox to share stroke information<br>4/12/14: AHA Walk - Antonio shared invite from URMC to participate in AHA walk; Antonio working with FFTH contact to coordinate FFTH group.</td></tr>
<tr><td>Staff Education</td><td colspan="2">2/17/14: ENA Medical Management Eligibility & Outcomes in Stroke Patients invite shared with group.<br>2/?/14: Grand Rounds - ?Neurogsurgery – Dr. Pierre Girgis – additional details to follow as obtained.<br>3/20/14: Grand Rounds – Stroke – Dr. Rymanowksi<br>3/27/14: STAR 3rd Regional Stroke Management Symposium<br>4/2, 4/3: Brain Injury – Stroke, Alzehimer's, & Head Trauma – Institute for Natural Resources<br>6/5/14: Grand Rounds – Treating Hemorrhagic Stroke – Dr. Jahromi</td></tr>
</table>

| | |
|---|---|
| | TBD: Grand Rounds for Nursing – Stroke – URMC Stroke Coordinator – to be arranged by Hazel and Ana. |