

Get With the Guidelines

Aspirus Medford Hospital & Clinics- Data Utilization

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Data Collection

- Stroke data is abstracted retrospectively on all patients with a stroke diagnosis
 - GWTG Stroke Database through WI Coverdell Stroke Program
 - Re-abstractions for Interrater Reliability
 - Post-Discharge Follow-up

- Allocation of Time & Resources
 - Stroke Coordinator:
 - Individual charts abstracted from EMR and submitted in GWTG database quarterly
 - ½ - 1 Hour allocated to each patient chart
 - » Average 8 patient charts per month
 - Post-Discharge Calls and Data entry – ½ hour each call/chart

 - Re-abstractor RN:
 - 4-5 patient charts per Quarter
 - Hour dedicated to each chart abstraction/data entry

The Value of Data

Acute Stroke Ready Certification by The Joint Commission

The Joint Commission

ASRH Measures

- ASR-OP-1 Thrombolytic Therapy – Inpatient
- ASR-IP-2 Antithrombotic by End of Day 2
- ASR-IP-3 D/C on Antithrombotic Therapy
- ASR-OP-1 Thrombolytic RX: Drip ‘n Ship
- ASR-OP-2b Door to Transfer: Hemorrhagic
- ASR-OP-2c Door to Transfer: Drip ‘n Ship
- ASR-OP-2d Door to Transfer: No t-PA



Aspirus Medford – Data Driven

- All data is shared:
 - AMH Stroke Committee meetings
 - Abstractor to Provider (real-time positive & negative)
 - Medical Director to Provider
 - Quality Assurance and Performance Improvement
- Data from all Code Stroke patients is analyzed and summarized into a *Code Stroke Summary* and *The Reperfusion*.
- Emergency Department and Inpatient metrics are shared on Code Stroke patients with:
 - Emergency Department Staff and Physicians
 - Medical/Surgical Inpatient Unit Staff and Hospitalists
 - Stroke Committee

Sample Code Stroke Summary

83-year-old male 9/29/2020

- Last Known Well < 24 hours 45 minutes
- Door to ED MD: <10 minutes upon arrival
- Door to CT: <25 minutes 6 minutes
- Door to CT resulted: <45 minutes 32 minutes
- Door to Alteplase: < 60 minutes 46 minutes
- NIHSS documented Yes (24)
- NPO until bedside swallow assessment Yes
- Vitals and Neuro checks Q15 Yes
- Comments:
- Awesome work!

Sample of Our Stroke Publication

December 2020

THE REPERFUSION

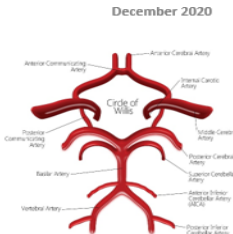
Stroke Care: September - October 2020

- **Total Strokes: 19; Sept - 11, October - 8**
 - Hemorrhagic - 1
 - Ischemic - 12
 - TIA - 6
- **Code Stroke Activations:**
 - **September – total 14 Activations:**
 - 9 – Stroke dx; 5 – Rule-Out Activations; 1 – CVA missed
 - **October – total 14 Activations:**
 - 7 – Stroke dx; 7 – Rule-Out Activations
- **Alteplase (tPA):**
 - **September – 1 total – 46 minutes door to needle!**
 - **October – 3 total! – 80 min, 66 min, and 77 minutes door to needles**
 - *Busy couple of months – Way to go Everyone!*
 - Goal = Door to tPA < 60 minutes “Think brain pins!” 🧠
- **Transfers - 12**
- **Admits – 4**
- **Discharged directly to Home from ED – 3 (few AMAs)**
 - Goal = Admission/Transfer for further Stroke work-up

Continue the Flow - Nursing Tips

- ✚ **SOC TeleStroke** consults for **Last Known Well Time < 24 hours & Status Epilepticus only** (No pediatric consults)
- ✚ **Thrombectomy candidates** ‘should be’ automatic and immediate transfers to Primary or Comprehensive Stroke Centers

B.E.F.A.S.T.



December 2020

- aka: MMC, Sacred Heart or Mayo in Eau Claire, UW-Madison, AWH (no 24/7 capabilities at this time), Aurora-Green Bay, etc.
- ✚ **Keep up the Great Documentation in the patient’s care timeline!** i.e. Any delays, consults (re-calls), changes in pt status, transport issues, pt/family interactions, B/P management, etc.
 - *This significantly impacts how the patient’s chart is interpreted/audited and paints the picture of our interventions/cares provided
 - Remember “Not Documented = Not Done” – Let’s show ‘em we’re going above and beyond! 🧠

What’s Stopping the Flow?

- **Blood Sugars** – missing/not documenting w/in 30 minutes of arrival to ED
 - Document EMS blood sugars!
- **Dysphagia/Swallow** screen – needs to be completed/documented prior to ANY oral intake/medications!
- **Correct Patient Info for SOC consults** – please make note we need the E# and CSN# in the right place on the consult
 - *This ensures the SOC Neurologist’s consults are entered into Epic w/in 30 minutes after consult; if there is no consult in Epic – Call SOC Helpdesk to request it be faxed or entered into Epic! (Review SOC Consult Tip Sheet)*

***Remember to*...**

- Code Stroke Over-head Page & Page via American Messaging
- RN & Monitor Vitals in CT/CTA
- Doc. Code Stroke Activation in Code Stroke Flowsheet
- Start 2 IV’s prior to tPA – 18g R AC for CTA

B.E.F.A.S.T.



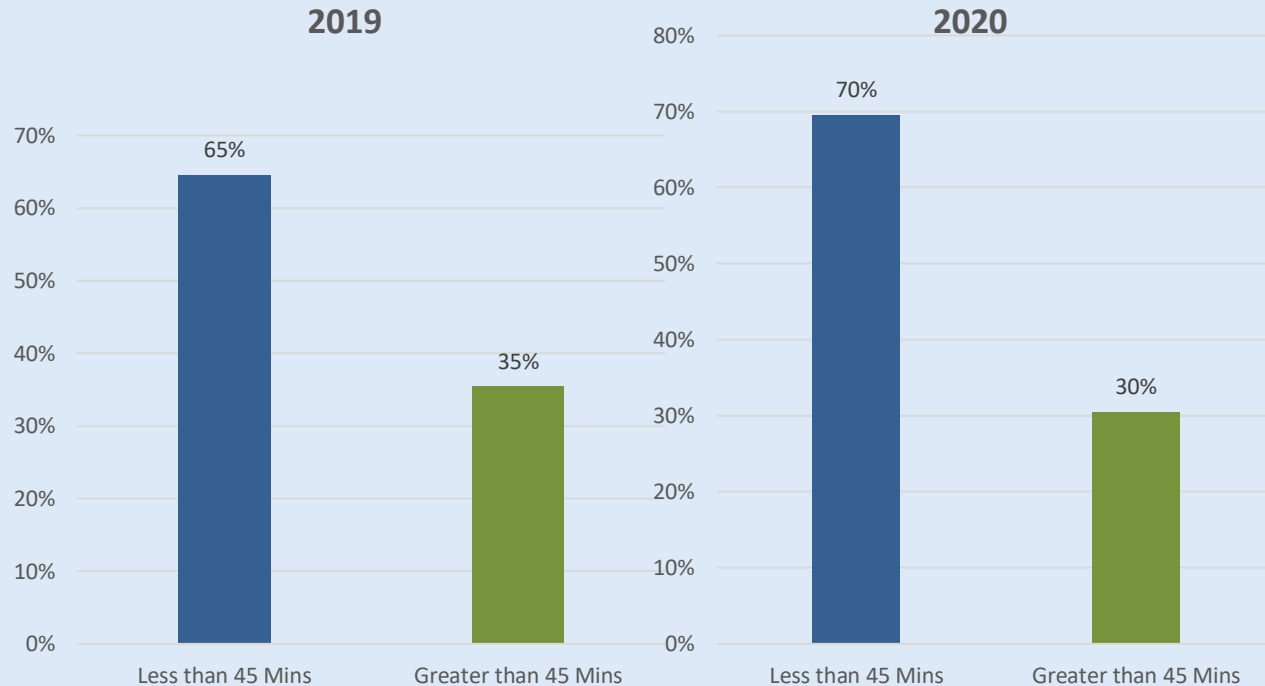
Performance Improvement

2019 Top Stroke Initiatives

- ✓ Door to Head CT Read Time < 45 Minutes
- ✓ Tele-Stroke – SOC Consult for all Code Strokes
- ✓ Code Stroke Activations – Increase Code Stroke activations to capture atypical Stroke presentations

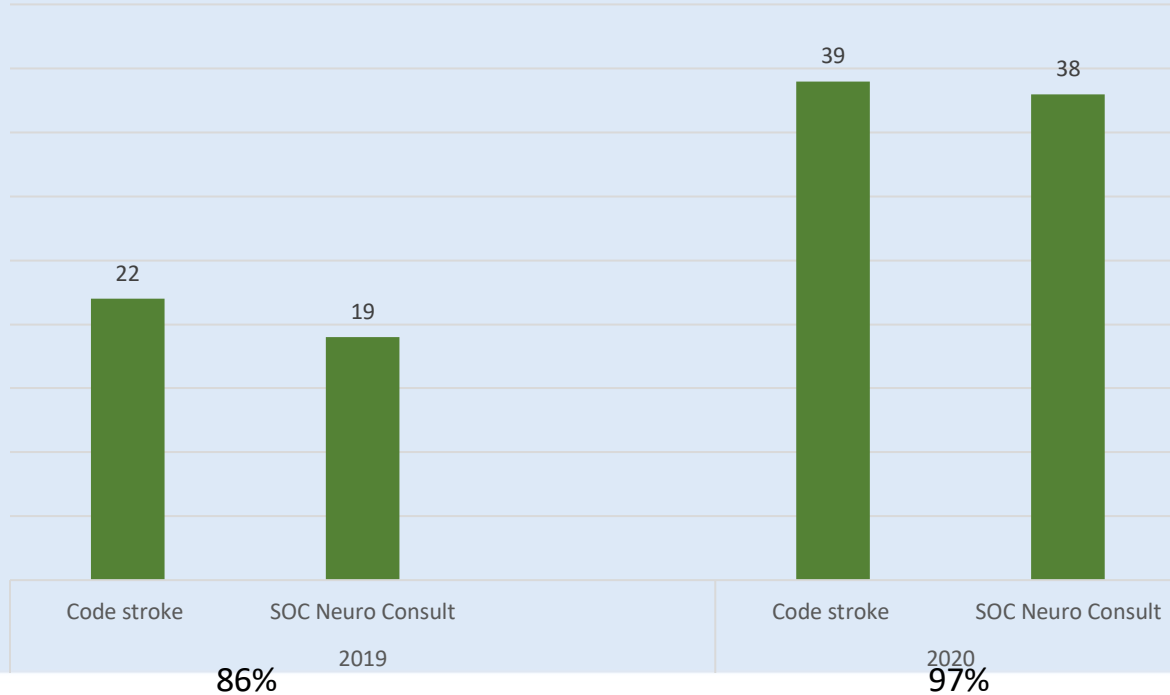
Stroke Performance Improvement Data

Door to Head CT or MRI Read Time <45 Minutes



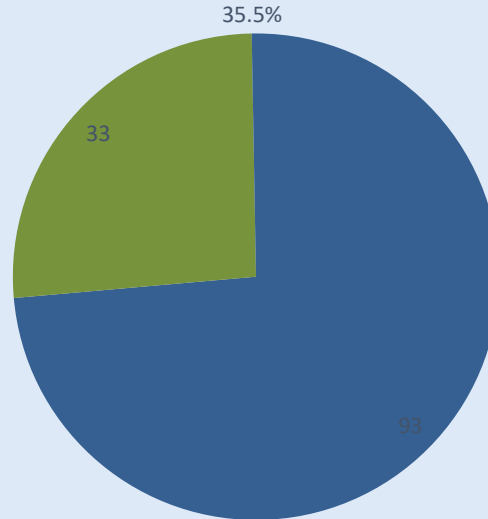
Tele-Stroke – Code Stroke Consults

SOC Consults



Stroke Activations

Stroke Rule-Out Activations 2019-2020



■ Activation ■ Non Stroke Activations

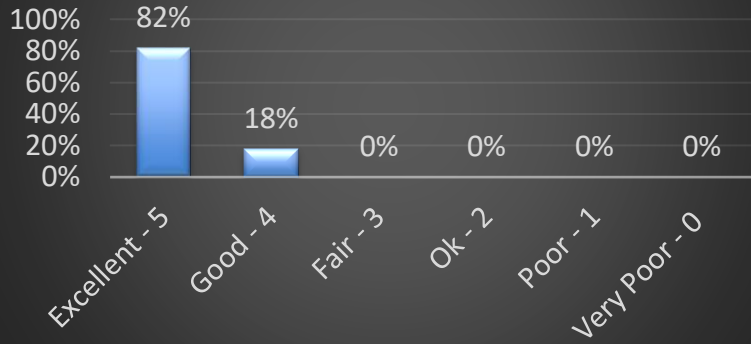
Performance Improvement

Additional Stroke Initiatives

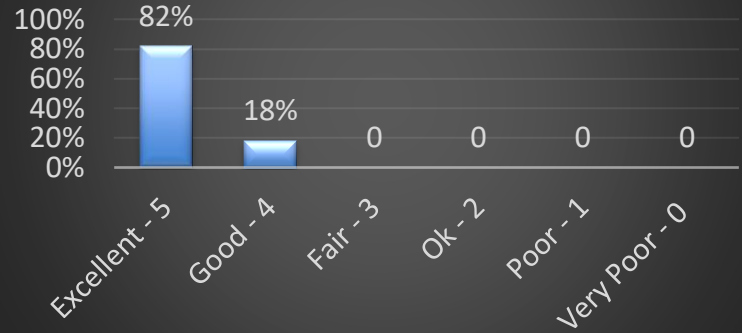
- ✓ **Discharge Calls to Inpatient Stroke Patients:** Get With The Guidelines (GWTG) partner September 2020, grant for home B/P
- ✓ **Dysphagia Screen:** RN competencies
- ✓ **NIHSS Documentation:** Consistent with SOC consults
- ✓ **24/7 CT/CTA capabilities:** As of September 2020
- ✓ **Blood Sugar & INR within 30 minutes of arrival:** RN checklist
- ✓ **EMS Pre-Notification:** Coverdell partner 2019
- ✓ **Door to Needle < 60 minutes:** Brain pin recognition & Stroke target

Stroke Patient Satisfaction

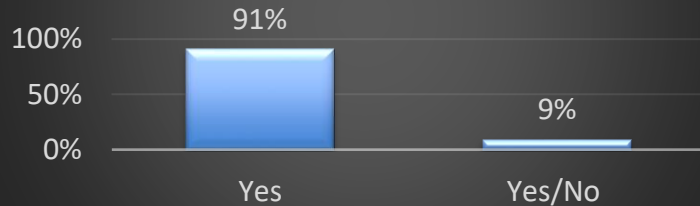
Patient Satisfaction 2020 Overall ED Care



Patient Satisfaction 2020 Med/Surg Care



Patient Satisfaction 2020 Prepared you for Home Life After Stroke



Thank-you.

