JC Stroke Survey Questions

Please utilize the below talking points as a study guide for a stroke survey. Please study all sections, even if the section title does not pertain to your current role/unit. Surveyors may ask any questions related to stroke in any area.

What is goal of JC?

To increase Patient Safety, quality and care

- **Who admits stroke patients?**
  Hospitalist, Intensivist, and some Family Practice (mostly Hospitalist)
- **What are your stroke units?**
  MSICU, IMC, MAP
- **Does every TIA/CVA have a neuro consult?**
  Yes
- **What do you do if you see a pt. with a stroke?**
  Activate Code Stroke
- **When do you call a Code Stroke?**
  When the symptoms include, but are not limited to:
  Sudden confusion, trouble speaking or understanding speech.
  Sudden numbness or weakness of face, arm, or leg especially on one side of body.
  Sudden trouble seeing in one of both eyes.
  Sudden trouble walking, dizziness, loss of balance or coordination.
  BEFAST
- **How does Lab know about code stroke?**
  Lab is part of the Code Stroke page
- **How does CT result get to you?**
  Radiologist calls Hospitalist for Inpatient Code Stroke.
- **What is compliance with dysphagia screen?**
  Refer to dysphagia data on stroke board
- **Show me stroke packet?**
  Green folder
- **How do you know CT is ready?**
  Call
- **Does Neurology come to bedside?**
  Yes
- **How do you facilitate getting patient out of ED to stroke designated unit?**
  Hospital Supervisor gets a bed on Stroke Units
- **Do you use MRI in stroke?**
  Yes, not first line
- **Who brings patient. to CT?**
  Primary Nurse, RRT team
- **Do you draw bloods prior to CT?**
  Usually but don't delay CT for lab draw
- **If you could do one thing what would you do to improve stroke program?**
  Think of this ! (Please pass your ideas to the Stroke Coordinator!!)
- **What is door to lab results?**
  30 minutes
- **What bloods are drawn during stroke activation?**
  Accucheck, CBC, COMP,PT/INR
- **Show me results of CT?**
  Under results tab
- **Do you use CTA?**
  yes
- **Do you mix TPA or Pharmacy?**
  Pharmacy
- **If pt. needs coil or clipping do you do here?**
  No
- **Where do you send?**
  Usually UW-Madison
- **Do you have a transfer agreement?**
  Yes

Stroke Activation

- **Who can call a stroke activation?**
  Any RN
- **What *is door to CT done time?***
  25 minutes
- **What is door to CT read time?**
  45 minutes
- **Do you wait for Radiologist read prior to tPA?**
  Radiologist or Neurologist can read
- **How do you activate a code stroke?**
  Dial 44 and tell switchboard "Code Stroke" and room number / location

- **When do we call an Acute Stroke Response?**
  When onset of symptoms occur within 24 hours
- **Who respond to a stroke response?**
  RRT – MSICU RN, CTU RN, RT, Hospitalist
  CT, Lab, Pharmacy, Hospital Supervisor, Stroke Coordinator, Neuro NP

NIHSS

- **Who can perform the NIHSS during a stroke activation?**
  Hospitalist, Neurologist, Neuro NP
- **Is RN Staff NIHSS Certified?**
  Not yet but education is planned
- **If you are not certified can you perform NIHSS?**
  NO
- **What does your neuro assessment consist of?**
  Stroke neuro assessment in EPIC

CT SCAN

- **What if another patient is on table?**
  Have second scanner
- **What if emergency occur while you are scanning pt.?**
  Stroke activation takes precedence, have another scanner
- **What kind of education did you get on stroke?**
  Dept meetings
- **Who reads films?**
  Days: Radiologists
  Nights: VRAD

Labs/Tests

- **What is goal for lab results?**
  Door to result ≤30 minutes. Glucose is POC testing. If pt is on Coumadin we wait for INR results otherwise do not wait for other labs prior to administering tPA.
- **When should CT be completed? /Read?**
  Door to CT ≤25 minutes from Ed arrival or 25 minutes from symptom onset if inpatient.
  Door to CT resulted ≤45 Minutes
- **How does lab know it is a Stroke activation?**
  Code Stroke page
- **What labs do we perform?**
  POC Glucose, CBC, COMP, PT/INR/PTT,

BP Management

- **What are BP Guidelines for CVA/TIA?**
  220/120
- **What are BP guidelines for ICH?**
  Keep SBP less than 140- 160
- **What are BP guideline prior to TPA?**
  185/110
- **What are BP guideline during and 24 hours after TPA?**
  180/105
- **What antihypertensive are recommended to control HTN in stroke patients?**
  Labetalol, Hydralazine, Nicardipine

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tPA = Activase (Alteplase)

- **Who can administer tPA?**
  RN from ED or MSICU
- **What solution do we use to mix tPA?**
  Reconstitute with Sterile Water. (Dextrose containing solutions, such as D5W, are contraindicated for stroke patients due to poorer outcomes.)
  Pharmacy mixes tPA.
- **What is the bolus dose?**
  Bolus Dose = 10% of the Total Dose
- **What is the IV Infusion Dose?**
  90% of the Total Dose
- **What is the max dose of tPA?**
  90 mg
- **Where is tPA kept?**
  Pharmacy
- **What are VS /Neuro checks post tPA?**
  Every 15 minutes x 2 hours, then
  Every 30 minutes x 6 hours, then
  Every one hour x 16 hours
- **What are the BP parameters to initiate of tPA?**
  Cannot be greater than 185/110
- **What are BP parameters during and post tPA?**
  Cannot be greater than 180/105
- **How do you receive TPA education?**
  Orientation, Dept meetings, Skills Days
- **What is the inclusion criteria for tPA?**
  Must have stroke symptoms
  Must be 18 years of age or greater
  Must be within 4.5 hours of Last Known Well
  See Exclusion / Inclusion criteria in Green Folder

- **What does "Last Known Well" mean?**
  The time at which the patient was last known to be without the signs/symptoms of the current stroke or at his/her prior baseline.
- **What is "Onset of Symptoms" mean?**
  When the symptoms first became apparent (first started)
- **What does "Discovery of Symptoms" mean?**
  When someone first noted the symptoms. May be the same as Onset of symptoms. (May know the Discovery of Symptoms time and not the true Onset of symptoms time.)
- **What is P&P for NOACs and tPA?**
  tPA contraindicated if received a NOAC within 48 hours
- **What is rate of bleeding with tPA?**
  6.4%
- **What are risks of tPA?**
  Bleeding, Angioedema, worsening symptoms
- **Do you check for angioedema?**
  Yes, during Neuro assessments, Increased risk of angioedema when taking an ACE inhibitor
- **What are contraindications for tPA?**
  Stroke onset from Last Known Well between 0 – 4.5 hours
  - Onset of symptoms > 4.5 hours
  - Previous stroke in the past 3 months
  - Intracranial Hemorrhage (ICH)
  - MI in the past 3 months
  - Major surgery in the past 14 days
  - Arterial puncture in a non-compressible site in the last 7 days
  - No evidence of acute trauma or bleeding
  - On Coumadin therapy with an elevated INR > 1.7

  In addition for Stroke onset from Last Known Well between 3 and 4.5 hours:
  - Patient cannot be greater than age 80
  - On oral anticoagulation therapy regardless of INR
  - Baseline NIH score > 25
  - History of stroke and Diabetes
- **How soon after tPA do you repeat head CT?**
  Within 24 hours, sooner if have S/S of bleeding or headache or change in neuro status
- **Who prepares TPA?**
  Pharmacy
- **Do you do actual or estimated weights prior to tPA?**
  On Floor, all patients have actual weights on Admission
- **Do you obtain written consent for tPA?**
  No.
- **Can you transport pt. with TPA infusing?**
  Yes
- **If TPA candidate where does patient go?**
  MSICU for at least 24 hours
- **Do you wait for lab results prior to tPA administration?**
  Need glucose POC result and INR if on coumadin

- **What are the stroke designated Units?**
  ED, MSICU, IMC, MAP
- **If pt. not a candidate for tPA and come within TPA time frame what do you do?**
  Consider Neurointervention
- **Can a patients who receive tPA receive endovascular interventions?**
  Yes

- **What did you educate pt. on?**
  S/S of stroke (BEFAST), Personal risk factors, their LDL, BP, and HGA1c level, Call 911 for stroke S/S, F/U appointments, Medication education.
- **Where is plan of care?**
- **What is the patient's LDL?**
- **What is the patient's HgA1C?**
- **What is "Permissive HTN"?**
  Allowing for high blood pressure in stroke population to perfuse brain and not extend infarct.
- **Show me VS and Neuro for TPA?**
- **Show me stroke neuro assessment?**
- **If problem with BP who do you go to?**
  Neurologist, Neurosurgeon, Hospitalist, Admitting FP, but keep in mind BP parameters for permissive HTN

- **Do we use CAM for delirium?**
- **Are stroke pt. at high risk for delirium?**
  Yes

IMC / MAP

- **When patient admitted from ED to IMC or MAP how often VS?**
  Every 4 hours for an acute stroke or TIA or as ordered
- **What is LDL?**
- **What is HgA1C?**
- **Do we have a designated overflow area?**
  Goal is to admit all stroke patients to stroke units: MSICU, IMC, MAP
- **Tell me about your pt.?**
- **Tell me about you?**
- **How are you competent to take care of this pt.?**
  Stroke education – describe what education you have had:
  Nursing Symposiums, Skills Days, Unit Mtgs, Dysphagia competency, etc
- **Do we routinely screen for OSA?**
- **Is Aspirin considered an anticoagulant?**
  No, Antithrombotic
- **What is permissive HTN?**
  Allowing for high blood pressure in stroke population to perfuse brain and not extend infarct.
- **Why is the physician allowing the bp parameters to be so high?**
  Higher parameters are sometimes used for stroke patients when physicians are allowing for "Permissive Hypertension" in the Acute Ischemic Stroke Population.
- **Show me the ST note**
- **Show me the PT note**
- **What did OT say?**
- **What is patient's preferred language?**
- **What meds is patient on?**
- **Was dysphagia screen done?**
- **What are education requirements for this floor?**
- **Can patient feed self?**
- **What is discharge disposition?** Ie: rehab/ skilled nursing facility
- **What is intensive statin therapy?**
  Usually Atorvastatin 80 mg
  High dose of statin therapy has proven to be effective for patients who have had a stroke for cholesterol reducing and neuroprotective mechanisms.
- **Can a float take care of stroke patient on your unit?**
  Float pool yes because they have had training but not floats from non-stroke units.
- **What do you do if you have a float?**
  Avoid giving them a stroke pt.
- **Is patient on anticoagulation for aFib?**
- **Who does DM teaching?**
  Staff RN from admission to discharge. Diabetic Educator (Patti Hafeman) as a resource.
- **Who does cognitive evaluation?**
  ST
- **Show me patient meds?**
- **Do we have ST on weekend?**
  Yes
- **What if patient fails nursing swallow screen?**
  NPO. Re-evaluation by ST when appropriate.
- **Can you show me neuro consult?**

- **What are you proud of on this unit?**
  Need to think of something!
- **Tell me about your role in a stroke activation?**
  Dial 44 to activate Inpatient Code Stroke.
- **Can you give tPA on this floor?**
  ED & MSICU only

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OT/PT/ST

- **Does AWH have a stroke support group?**
  Yes
- **Do we have PT / OT / ST?**
  Yes – Availability?
- **What if patient fails nursing swallow screen?**
  NPO. Re-evaluation by ST when appropriate.
- **Do we have PT / OT / ST on weekend?**
  Yes

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Patient Education

- **Show me stroke care plan**
- **Show me stroke education**
- **Where do you documents patient goal?**
- **What goes on white boards?**
- **Do you teach patient about their individuated risk factors for stroke?**
  Yes
- **Where do you document?**
- **What method do we use to teach?**
- **Will interview patient**
  See possible interview questions in other section.
- **What is your patient's personal risk factors?**
  Examples: Diabetes (know the A1C), HTN (know bp), Hyperlipidemia (know cholesterol levels), etc
- **Does you patient know their personal risk factors?**
  Teach them and document!
- **Does AWH have their own Stroke Support Group?**
- Yes – for patients and families/caregivers. The group meets every other month

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Patient Interview

- **Tell me your experience here?**
- **Can you tell me your risk factors?**
- **What are S/S of stroke?**
- **What will you do if you have S/S of stroke again?**
- **What is your ldl ?**
- **What is you A1C?**

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Stroke Patient Satisfaction Survey

- **Does patient receive a stroke satisfaction survey?**
  No but they may be called for a patient satisfaction survey

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Committees and Teams

- **Do you have a stroke committee?**
  Yes
- **When does it meet?**
  Once a month
- **Who attends?**
  Interdisciplinary team

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Community Education

- **What do you teach in community?**
  BEFAST, Stroke Risk Factors,
  What is Be Fast?
  Acronym for Balance, Eyes, Face arms, Speech, and terrible headache /time to call 911
  Way to identify a stroke
  B-is gait unsteady or balance off
  E-visual changes
  F-face drooping
  A-arm weak or paralyzed
  S-speech slurred
  T-Terrible headache & Time is brain call 911 AS
- **What are S/S of stroke?**
  Facial droop, slurred speech, weakness/paresis in extremities, dizziness, gait disturbance, visual changes, terrible headache
- **What month is Stroke Awareness Month?**
  May

DATA

- **What is the purpose of Data to the Stroke Program?**
  It enables us to improve program and patient care
- **How is data disseminated to you?**
  Every month it is shared at Stroke Committee.
  Visual Management Board in Dept
- **What system do you use to collect data?**
  "Get With The Guidelines"

ADDITIONAL QUESTIONS

- What are 5 elements that must be addressed during patient education
  1. Personal risk factors
  2. Warning sings
  3. How to activate ems
  4. Follow up with MD, therapy, etc
  5. Meds at dc

- Do your stroke patients fall?
- How do you prevent falls and any programs you have?
- How do you identify patients who may have a stroke while an inpt,
- What stroke quality measure do you have the most impact on
- How do the patient rate the satisfaction with the care here
- What have you done to improve the care and outcomes of your stroke patients in the past two years
- How do you mobilize your patients with weakness or paralysis
- Is your staffing adequate to manage the stroke patients care