



THE JOINT COMMISSION RECERTIFICATION TIPS

Primary Stroke Center



DOING WHAT'S BEST.®



MISSION STATEMENT

Reduce the incidence of stroke through public awareness and education and to optimize quality outcomes through collaboration and innovation.

Vision

To be recognized as a preferred regional stroke center.

JOINT COMMISSION CONTACT INFORMATION:

www.jointcommission.org

STROKE FACTS

Stroke is the fifth leading cause of death in the United States after heart disease and cancer and is the leading cause of long-term disability. On average, someone suffers a stroke every 40 seconds; and every 3-4 minutes, someone dies of a stroke.

The typical patient loses 1.9 million neurons each minute a stroke is left untreated. Deprived of oxygen, the nerve cells in the affected area of the brain cannot function and die within minutes.

Did you know 80% of the estimated 795,000 strokes that will occur in the United States could be prevented by simple lifestyle changes? According to the American Stroke Association, approximately 60,000 first attacks and 195,000 recurrent strokes occur every year. Overall, 600,000 more women than men have a stroke each year because women generally live longer and their risk of stroke increases with age.

Over half of all strokes are caused by hypertension, a treatable and preventable condition. High blood pressure is the single most important risk factor for stroke because it's the number one cause of stroke.

tPA (activase) is the ONLY FDA approved treatment for acute ischemic stroke.



HOW DO I KNOW IF A PATIENT OR FELLOW EMPLOYEE IS EXPERIENCING A STROKE?

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

B

alance

Sudden trouble walking, dizziness or loss of balance or coordination.

E

yes

Trouble seeing in one or both eyes. Blurred vision, partial loss of vision or blindness.

F

ace

Is the face drooping to one side? Ask the person to smile. Is the smile crooked?

A

rms

Ask the person to raise both arms out in front of him or her. Does one arm drift downward?

S

peech

Ask the person to repeat a simple sentence. Is the speech slurred? Can he or she repeat the words? Does it make sense?

T

ime

Time is of the essence! If you see any of these symptoms, note the time and call 9-1-1 immediately!



Q AND A...

Q: Who is the medical director of our stroke program?

A: Dr. Karim Fram, Neurology, Medical Director.

Q: Where do I find the stroke order sets?

A: All order sets are electronic and are contained within the CPOE portion of the EMR. All Ischemic stroke order sets are under stroke.

Q: Where are the Clinical Practice Guidelines (CPGs) related to stroke care?

A: In the Stroke Resource Guide Notebook and McLaren Lapeer Region's Intranet CPG are evidence based and published by ASA/AHA, American Association of Neuroscience Nurses (AANN), Brain attack coalition.

Q: Where do I find the Stroke Resource Guide Notebook?

A: In all the nursing station units

Q: Where do I find the stroke Code Stroke packets?

A: Code Stroke Packets are found next to the orange tackle boxes on each floor.

Q: What do I do if a patient in the hospital exhibits signs and symptoms of stroke?

A: #1: Call a Code stroke 3333

You will need to know the Last Known Well Time, Location of the patient, Gender, Weight in Kg and age of patient.

Q: When is a code stroke called?

A: When a patient presents with stroke symptoms and is within the 4.5 hour to receive tPA. This mobilizes our resources to obtain stat CT, labs and determine if patient meets criteria for IV tPA.

Q: Who responds to Code Stroke?

A: A Nursing Supervisor, Respiratory Therapy, CT, ED Nurse, and Lab.

Q: Do I need an order to call code stroke?



A: NO.

Q: Do I need an order to perform a swallow screen?

A: NO.

Q: Do I hold ASA on my stroke patient if fail their swallow evaluation?

A: No, give the ASA rectal (it must be given by the end of hospital day 2)

Q: Where can tPA be given?

A: On a medical nursing floor

What are our Average Door To Needle Times (ADTNT)?

2018 - 52 minutes

2019 - 42 minutes

2020 (year to date) - 36 minutes

How many patients have received tPA this year?

2019 - 16

2020 - 15

Q: What makes you competent to work with stroke patients (ED, ICCU, PCU and float nurses)

A: Possible Answers: (NIHSS of every year, Basic Dysrhythmia, 8 hours of Neuro skills training yearly, Healthstream, etc.), attendance at Neurovascular Symposium, stroke updates, roaming inservices.

Q: When is a repeat CT scan ordered on a patient that has received tPA?

A: 24 hours after first CT scan unless there is any neurological changes in the patient.



MONITORING PARAMETERS FOR ALL STROKE/ TIA PATIENTS

For Thrombolytic (tPA) Patients:

Pretreatment:

- NIHSS assessment (baseline)
- BP Q 15 minutes (should be less than 185/110 at all times and for 24 hours post infusion)
- Follow stroke tPA orders for BP management

During and Post Treatment:

- NIHSS assessment and BP, P, R, Q 15 minutes x 2 hours, then Q 30 minutes x 6 hours, then Q 1 hour x 16 hours

For Non-Thrombolytic (tPA) Patients:

- NIHSS assessment upon admit to unit and Q 12 hours thereafter with any changes in neuro status and at discharge
- BP, P, R, neuro checks Q 1 hour x 4 hours, Q 2 hours x 4 hours, then Q 4 hours

STROKE PERFORMANCE MEASURES

What are the 8 Joint Commission stroke performance measures?

FY 2019

100%	STK-1	Venous Thromboembolism (VTE) Prophylaxis
90%	CSTK	NIHSS Perf Ischemic Patient
100%	STK-2	Discharged on Antithrombotic Therapy
99%	STK-3	Anticoagulation Therapy for Atrial Fibrillation/Flutter
77%	STK-4	Thrombolytic Therapy
90%	STK-5	Antithrombotic Therapy By End of Hospital Day 2
94%	STK-6	Discharged on Statin Medication
100%	STK-8	Stroke Education
98%	STK-10	Assessed for Rehabilitation
90%		Dysphagia Screening prior to PO meds/food
88%		Intense Statin Usage

RISK FACTORS FOR STROKE/TIA

- High blood pressure
- Diabetes
- Atrial fibrillation, Coronary heart disease, heart valve disease and carotid artery disease
- High LDL cholesterol levels
- Smoking
- Age
- Sex: At a younger age, males are more likely to have a stroke than women. But women tend to live longer, so their lifetime risk of having a stroke is higher. Women who take birth control pills or use hormone replacement therapy are at a higher risk. Women who had preeclampsia are at a greater risk of stroke later in life.
- Race and ethnicity
- Family history and genetics.





STROKE OPERATION TEAM

Chris Candela, President and CEO

Sheri Testani, CNO

Dr. Joseph Zajchowski, CMO

Stephanie Wilson, Interim Manager, Emergency Department

Paula Sweeny, Supervisor, Emergency Department

Dr. James Sutton Medical Director, Emergency Department

Jacqueline Raymond, Stroke Coordinator

Toni VanDongen, Manager, ICU/Bariatric Program

Kevin Belanger, Manager, PCU/Stroke Unit/Telemetry 3

Pam Haddox, Manager Telemetry 2/Ortho

Stephanie Wilson, Director, Education/Manager, Nursing Office/OB

Dr. Karim Fram, Medical Director, Neurology

Dr. Jostock, Manager, Hospitalists

Brian Wicker, Director, Respiratory Services

Zachery Wallen, Manager, Diagnostic Imaging

Lori Warpup, Director of Therapy Services

Scott Roseberry, Manager, Laboratory

Micheal Keusch, Director, Pharmacy



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