Comprehensive Stroke Survey will occur on Monday 11/19 & Tuesday 11/20

- Bolded times will be when surveyors will be touring units & doing patient tracers
- There will be 2 Joint Commission surveyors for both days completing the survey

**Day 1 Agenda:**
- 8:00-9:30: Opening Conference and Orientation to Program
- 9:30-10:00: Reviewer planning session and protocol review session
- 10:00-10:30: ED Review
- 10:30-12:30: Individual patient tracers (both surveyors)
- 12:30-1:00: Lunch
- 1:00-3:30: Individual Patient Tracers (conducted separately)
- 3:30-4:30: Reviewer Planning Session

**Day 2 Agenda:**
- 8:00-10:00: Individual patient tracers (conducted separately)
- 10:30-12:30: System Tracer (data use, research and PI; both reviewers)
- 12:30-1:00 Lunch
- 1:00-3:00: Education, competence assmt and credentialing process
- 3:00-4:00: Issue resolution & report preparation
- 4:00-4:30: Exit Conference

**Good Things to Know To Prepare For Survey:**

**Resources available:**
- Emergency Medicine Website (resources & links, clinical documents → Stroke Clinical Practice Guidelines and Acute Stroke Algorithm)
- Code Stroke Data on Nursing Intranet@work Website
  (http://nursing.intranet.unehealthcare.org/servicelines/strokeprogram)
  → Quick Link will be available during survey: Click on intranet@work, nursing (on lower left side), Stroke Program Website (on right side)

**Key Point:**
Be able to locate Stroke Program Clinical Practice Guidelines (available on both sites), current data (on Stroke intranet website under ‘Stroke Center Data’) and Administrative Guidelines (on Stroke intranet site under ‘Administrative Guidelines’)

*If you don’t know an answer to a question, show the surveyor where you would find it*
24/7 Availability:

- Surveyors will likely focus on our 24/7 availability and process for diversion.
- We do not divert for stroke patients coming via EMS or PV; all appropriate OSH patients are accepted via Open Access and a bed is created for them

Concurrent Emergent Stroke Care

- Surveyors will also focus on if 2 acute strokes come in at the same time
- If possible, split location of patients between 2 attendings/residents for concurrent care
- Team work with neurology and code stroke team for emergent stroke care
- 2nd neurology resident, on-call attending and stroke attending back-up

Assessment/Referral Protocols

- Neurology/Neurosurgery consult teams
- Code Stroke Pathway

Performance Improvement:

- Identify what the ED is doing to improve care for stroke patients. Examples include:
  
  Patient placement in resuscitation rooms during acute work-up

  Re-design of Code Stroke Pathway in May 2012 with MD & RN input

  Feedback Loop (communication report by Stroke Coordinator emailed out after tPA or intervention case to team involved)

  Data tracking (door to CT, door to Lab, door to EKG, door to needle)

Research:

- There are many stroke trials on-going. The neurology resident will consult the stroke trials team for potential patients

Stroke Measures:

- The measures that we track for Joint Commission that apply to the ED:

  **STK 4: Thrombolytic Therapy (Ischemic)**
  Description: Acute ischemic stroke patients who arrive at this hospital within 2 hours of time last known well and for whom IV t-PA was initiated at this hospital within 3 hours of time last known well

  **STK 7: Dysphagia screen prior to PO intake (all)**
  Description: Patients with stroke or TIA (who have not returned to their neurological baseline) require a screening for dysphagia prior to PO intake. At UNCH, a Nursing Bedside Dysphagia Screen can be done by the nurse to clear the patient for PO medications. A formal swallow evaluation by Speech Language Pathology is required to clear the patient for a diet. Patients with TIA who have returned to their neurologic baseline may be cleared by the MD.
tPA Administration:

- Eligibility verified (per code stroke pathway)
- CPOE orderset activated by neurology resident (part of double check process—should not be hand written unless CPOE is down)
- Bolus & infusion dose calculation verified by RN/MD
- Drug mixed and administered
- NSICU Bed Request in t-system

Handoff:

- Explain process for handoff between shifts, by EMS to ED, by OSH to ED etc.

Plan of Care:

- Describe how the plan of care is communicated to the patient/family during process (updates by neurology & ED MD/RN's)
- Documentation of plan of care in t-system