



Stroke Education

CDC / COV Stroke Consensus Measures

Presented by William Peabody, MSN, RN, CCRN
St. Francis Hospital, Roslyn, New York



ST. FRANCIS HOSPITAL
THE HEART CENTER®
A Member of Catholic Health Services of Long Island

100 Port Washington Blvd. • Roslyn, NY 11576

Disclosure Information



- St. Francis Hospital , Roslyn, NY
- Impact of the use of a multidisciplinary rounding tool on compliance with stroke consensus measures.
- No Commercial Interests exist
- No Relevant Financial Relationships exist



ST. FRANCIS HOSPITAL
THE HEART CENTER®
A Member of Catholic Health Services of Long Island

ST. FRANCIS HOSPITAL

**The Best Place to work,
The Best care you can
get.**



100 Port Washington Blvd. • Roslyn, NY 11576



Impact of the use of a multidisciplinary rounding tool on compliance with stroke consensus measures.



Authors:

- Nancy Kostel – Donlon, MSN, RN – BC CCRN, CEN, CPAN
- Erin Markey, MSN, RN, ANP
- Barbara Colligan, AS, RN, CMSRN
- Celeste Koske, BSN, RN, CMSRN
- Mary McMahon, BSN, RN CMSRN
- Linda Mendick, AS, RN, CMSRN
- Lorraine Panella, BSN, RN, CCRN



ST. FRANCIS HOSPITAL
THE HEART CENTER®
A Member of Catholic Health Services of Long Island

Background



- As a state designated stroke center and a center of excellence in cardiac care, our stroke team is committed to the provision of evidence based care to patients admitted with stroke/TIA.



ST. FRANCIS HOSPITAL
THE HEART CENTER®
A Member of Catholic Health Services of Long Island

Objective

- To improve compliance with the 10 CDC / COV stroke consensus measures

1. **IV rt-PA Arrive by 2 Hour, Treat by 3 Hour** - Percent of acute ischemic stroke patients who arrive at the hospital within 120 minutes (2 hours) of time last known well and for whom IV t-PA was initiated at this hospital within 180 minutes (3 hours) of time last known well.
3. **Early Antithrombotics** - Percent of patients with ischemic stroke or TIA who receive antithrombotic therapy by the end of hospital day two.
3. **DVT Prophylaxis** - Percent of patients with an ischemic stroke, or a hemorrhagic stroke, or stroke not otherwise specified and who are non-ambulatory who receive DVT prophylaxis by end of hospital day two.
4. **Antithrombotics** - Percent of patients with an ischemic stroke or TIA prescribed antithrombotic therapy at discharge.
5. **Anticoag for AFib/AFlutter** - Percent of patients with an ischemic stroke or TIA with atrial fibrillation/flutter discharged on anticoagulation therapy.

6. **Smoking Cessation** - Percent of patients with ischemic, TIA, or hemorrhagic stroke with a history of smoking cigarettes, who are, or whose caregivers are, given smoking cessation advice or counseling during hospital stay.
7. **LDL 100 or ND – Statin** - Percent of Ischemic stroke or TIA patients with LDL \geq 100, or LDL not measured, or on cholesterol-reducer prior to admission, evidence of atherosclerosis, who are discharged on Statin Medication.
8. **Dysphagia Screen** - Percent of patients with ischemic, or hemorrhagic stroke who undergo screening for dysphagia with an evidenced-based bedside testing protocol approved by the hospital before being given any food, fluids, or medication by mouth.
9. **Stroke Education** - Percent of patients with ischemic, TIA, or hemorrhagic stroke or their caregivers who were given education and/or educational materials during the hospital stay addressing ALL of the following: personal risk factors for stroke, warning signs for stroke, activation of emergency medical system, need for follow-up after discharge, and medications prescribed.

10. **Rehabilitation Considered** - Percent of patients with Stroke who were assessed for rehabilitation services



ST. FRANCIS HOSPITAL
THE HEART CENTER®
A Member of Catholic Health Services of Long Island

Design and Method

- The stroke committee developed and approved the use of a Stroke/TIA worksheet to provide a daily prompt for the care team to review during care coordination rounds.
- The form is divided into timed areas of the patient's hospitalization:
 - Within 6 hours on symptom onset
 - On admission
 - Next day
 - Discharge



ST. FRANCIS HOSPITAL
THE HEART CENTER®
A Member of Catholic Health Services of Long Island

The Stroke / TIA Worksheet is available on the SFH intranet under "Forms" – [Acute Stroke / TIA Initiative Worksheet](#)



St. Francis Hospital
Roslyn, New York

PATIENT LABEL
(Name, Date of Birth)

Acute Stroke/TIA Initiative **WORKSHEET**

	Indicator	Comment	Print Name	Title	Date	Time
Within 6 Hours of Symptom Onset	Door to Doctor (10min)	_____minutes				
	Door to RRT (15min) can be same time as Door to Doctor	_____minutes				
	Door to CT (25min)	_____minutes				
	Door to CT Read (45min)	_____minutes				
	Door to tPA (60min)	_____minutes				
On Admission	If TPA not ordered, contraindication documented by physician	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	Dysphagia Screen/Massey Swallow prior to receiving fluids, medications, food	<input type="checkbox"/> Yes <input type="checkbox"/> No because patient NPO				
	NIHSS in ED or on stroke unit Only By NIHSS Certified physician, MLP or nurse	<input type="checkbox"/> Yes Score: _____				
	Lipid profile results on chart	<input type="checkbox"/> Yes				
By end of next Day	Start antithrombotic therapy	<input type="checkbox"/> Yes <input type="checkbox"/> No because _____				
	DVT prophylaxis for non-ambulating patient	<input type="checkbox"/> Yes <input type="checkbox"/> No because _____				
	Physical Therapy and/or Speech Evaluation Assessment Documented	<input type="checkbox"/> Yes				
On Discharge	Discharge Order for statin therapy if LDL \geq 100	<input type="checkbox"/> Yes <input type="checkbox"/> No because _____				
	Discharge order for intensive statin therapy if patient has atherosclerosis or LDL \geq 100	<input type="checkbox"/> Yes <input type="checkbox"/> No because _____				
	Discharge order for antithrombotics	<input type="checkbox"/> Yes <input type="checkbox"/> No because _____				
	Discharge order for anticoagulation for patients with atrial fibrillation (paroxysmal or persistent) including documented history of either.	<input type="checkbox"/> Yes <input type="checkbox"/> No because _____				
	Smoking cessation counseling and/or medication	<input type="checkbox"/> Yes <input type="checkbox"/> No because _____				
	Assessed for rehabilitation	<input type="checkbox"/> Yes <input type="checkbox"/> No because _____				
	NIHSS again on Discharge (within 48 hours before discharge) Only By NIHSS Certified physician, MLP or nurse	<input type="checkbox"/> Yes Score: _____				
	Discharged with copy of Logicare Instructions for Stroke Education	<input type="checkbox"/> Yes				

This form is a Not a Permanent part of the Medical Record.



ST. FRANCIS HOSPITAL
THE HEART CENTER®
A Member of Catholic Health Services of Long Island

Results

- First 2 quarters of 2010 show significant improvement in each of the 10 consensus measures.
- Stroke composite scores improved 89.6% in 2009 to 98% for the first two quarters of 2010.

The CDC / COV Composite score measures indicate how well the health care system does to provide appropriate, evidence-based interventions for each patient.

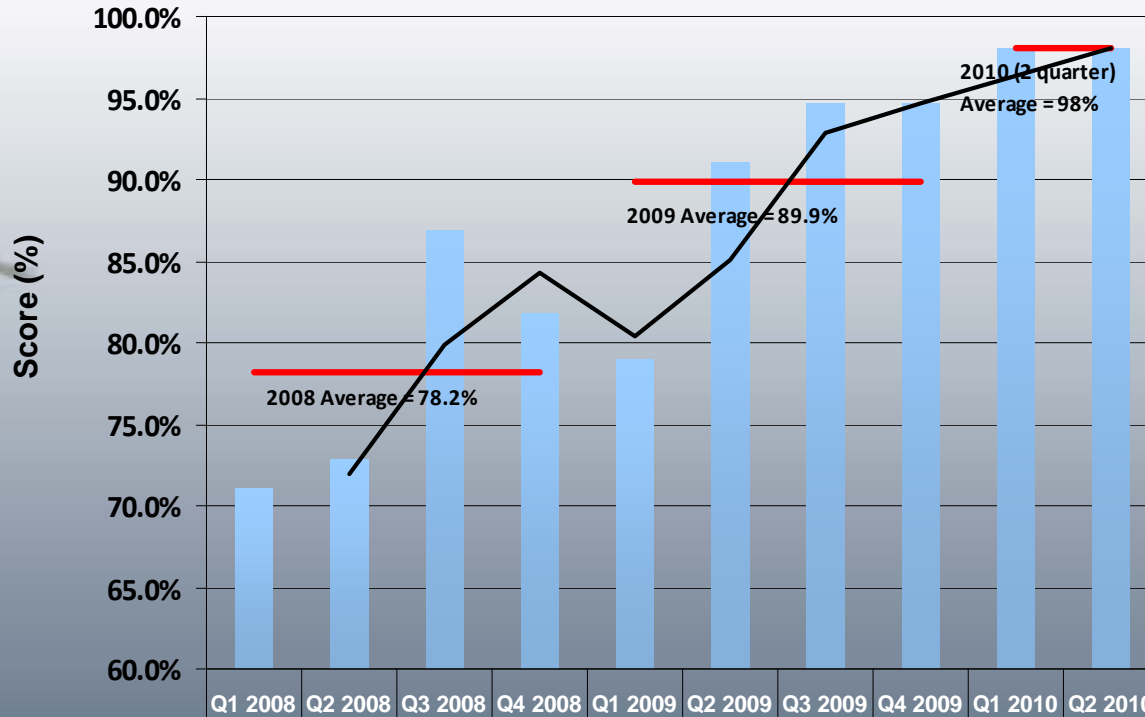
- Defect free scores improved from 65.3 % in 2009 to 91% for the first two quarters of 2010.



The CDC / COV Defect-Free Score gauges how well the hospital did in providing all the appropriate interventions to every patient.



ST. FRANCIS HOSPITAL
THE HEART CENTER®
A Member of Catholic Health Services of Long Island

CDC / COV Stroke Composite Score 2008 Q1 - 2010 Q2



 CDC / COV Composite Score	71.0%	72.9%	86.9%	81.8%	79.0%	91.1%	94.7%	94.7%	98.0%	98.0%
 Annual Average	78.20%	78.20%	78.20%	78.20%	89.90%	89.90%	89.90%	89.90%	98.00%	98.00%

The black line is a moving 2-Quarter trend line. As you can see, the CDC / COV Stroke Composite Score has been trending positively since 2008.

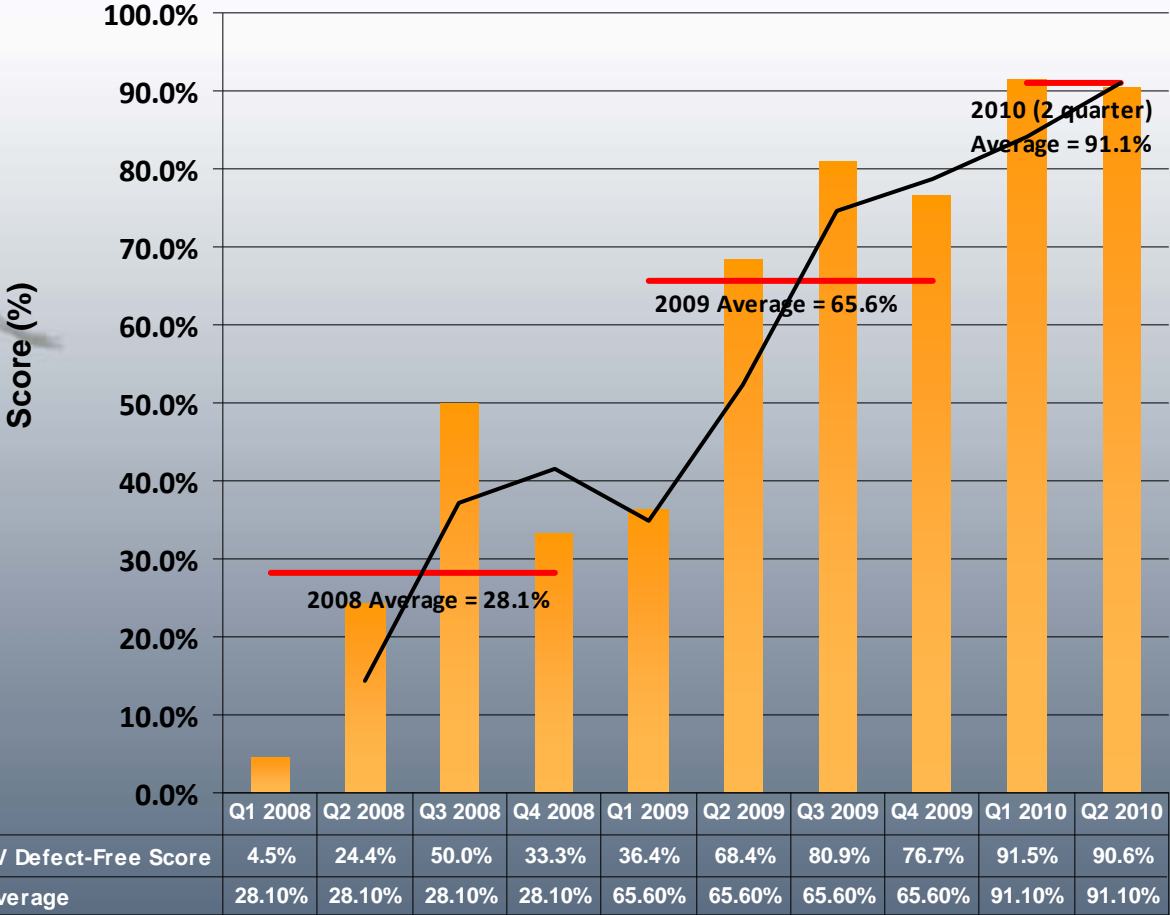
**Data provided by Outcome Sciences as of 10/13/2010.*



**ST. FRANCIS HOSPITAL
THE HEART CENTER®**
A Member of Catholic Health Services of Long Island

100 Port Washington Blvd. • Roslyn, NY 11576

CDC / COV Stroke Defect - Free Score 2008 Q1 - 2010 Q2



The black line is a moving 2-Quarter trend line. As you can see, the CDC / COV Stroke Defect-Free Score has been trending positively since 2008.

**Data provided by Outcome Sciences as of 10/13/2010.*



Conclusion

- Staff participation in development and implementation of tools such as the Stroke/TIA Worksheet can assist in the provision of excellence in stroke care.



ST. FRANCIS HOSPITAL
THE HEART CENTER®
A Member of Catholic Health Services of Long Island