



St. Peter's Hospital
A Member of St. Peter's Health Care Services

NATIONAL INSTITUTE OF HEALTH STROKE SCALE COMPLIANCE

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BACKGROUND

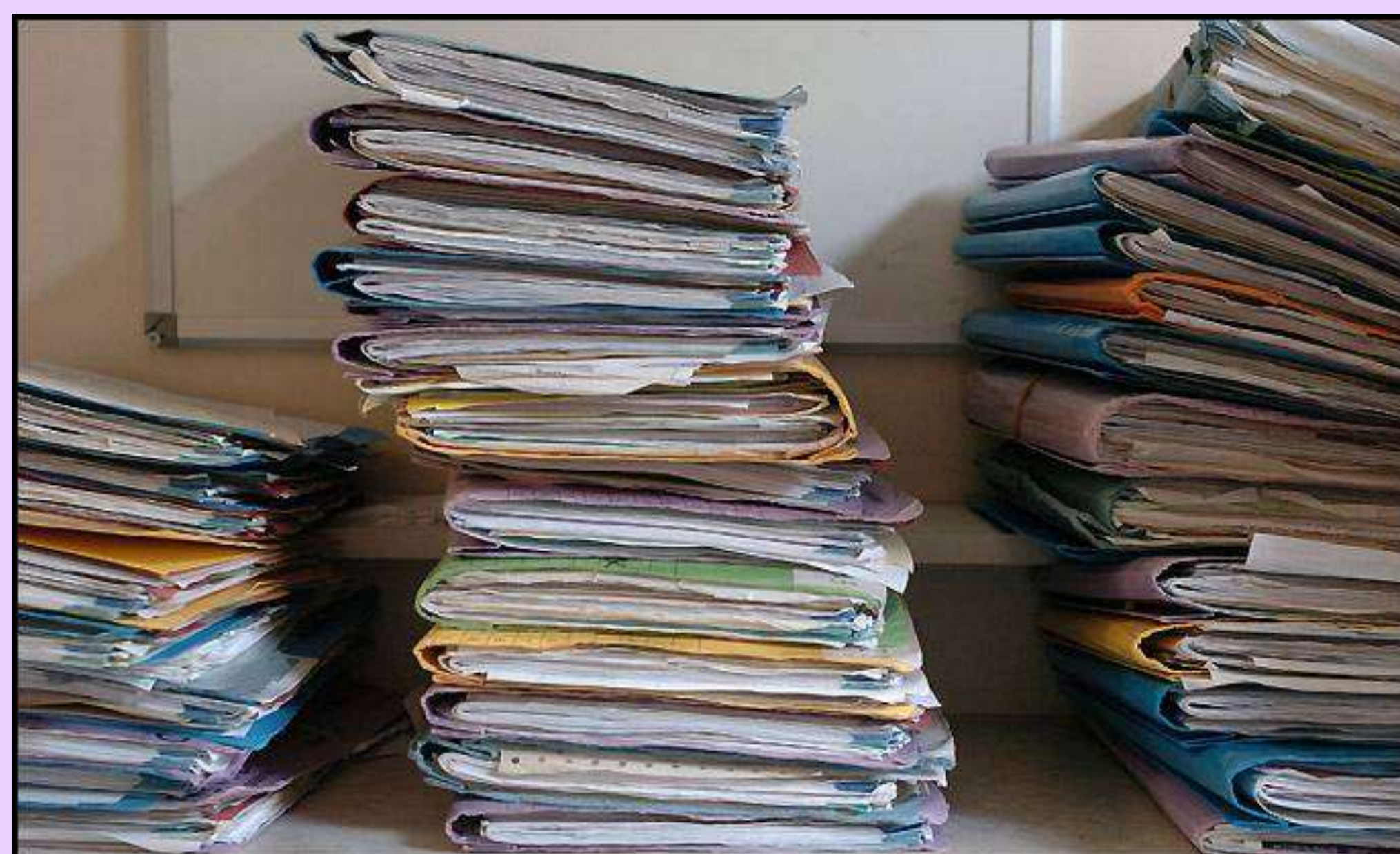
The NIH Stroke Scale is a systematic assessment tool to evaluate the acuity of stroke patients, determine appropriate treatment, predict patient outcomes, and provides a common language for information exchanges among health care providers.

STATEMENT OF PURPOSE/OBJECTIVE

The purpose of this study is to determine the impact of certification on compliance & documentation of NIHSS by ED nurses

STUDY DESIGN AND METHODS

Beginning in December 2009, the NIHSS was adopted in a 442 bed community hospital. ED nurses were certified on the AHA or NSA web-site and issued a certificate. Once certified, a retrospective study was designed to assess compliance with the use of the scale. All charts with stroke-related diagnoses were selected and reviewed from Care Focus Clinical Surveillance System between July and October 2009 and compared with charts following certification, between November 2009 and March 2010. Charts were reviewed on a one-to-one basis with ED RNs for feedback with this new assessment tool. Comparison was then made with the national, state and local benchmarks.



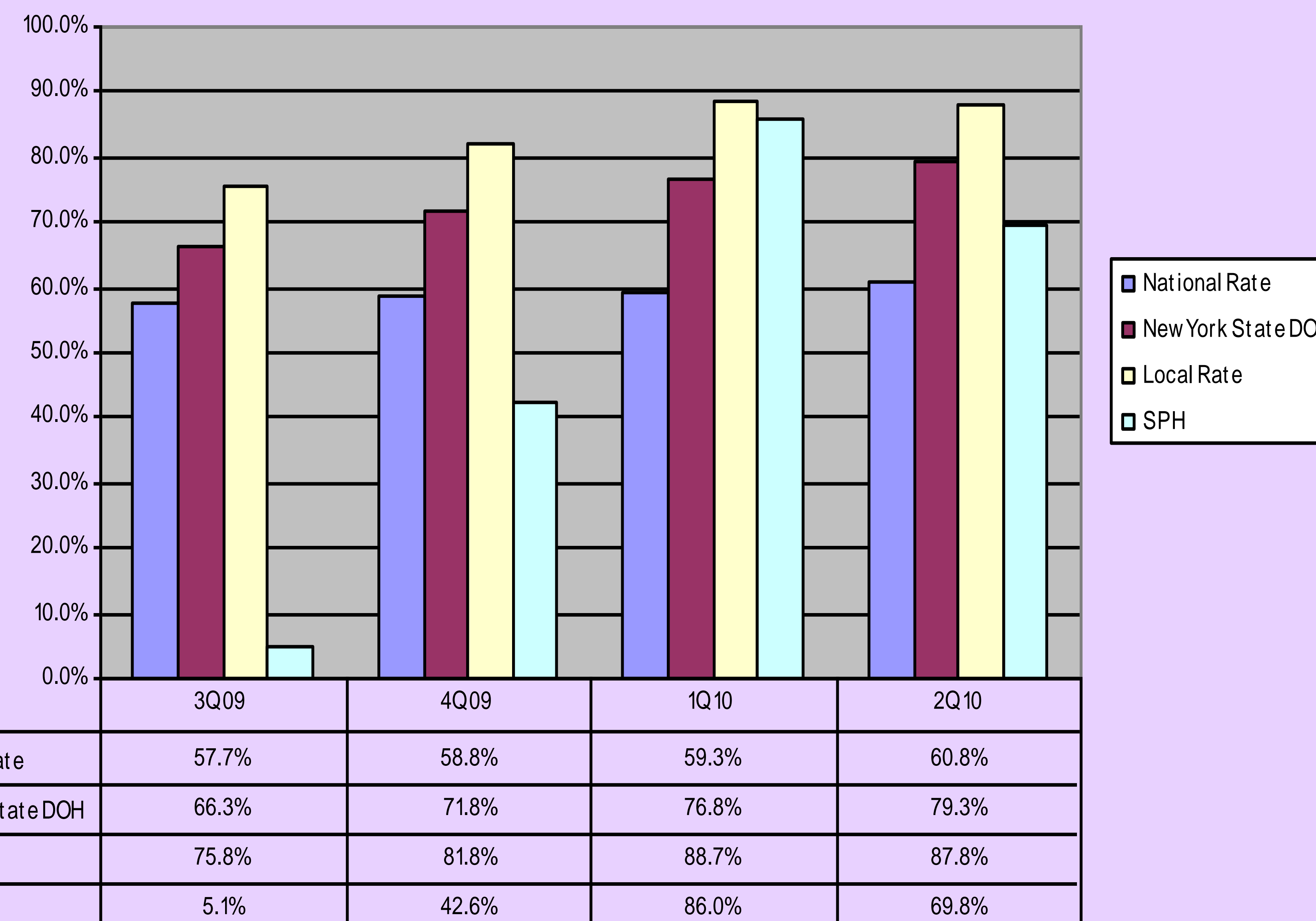
RESULTS/FINDINGS

Compliance has risen from <5.1% prior to certifications to well above the state and national benchmarks since 4th quarter 2009 & closer to the local benchmark YTD.

NIH Stroke Scale Assessment
Must be certified to use

Date & Time:	DATE/TIME	DESCRIPTION	SCORE	Patient Information Label	DATE/TIME	DESCRIPTION	SCORE
1. LOC (Awake)	1	Awake	5	1. LOC (Awake)	1	Awake	5
2. LOC (Orients)	2	Orients to person, place, time	5	2. LOC (Orients)	2	Orients to person, place, time	5
3. LOC (Orients)	3	Orients to person, place, time	5	3. LOC (Orients)	3	Orients to person, place, time	5
4. LOC (Orients)	4	Orients to person, place, time	5	4. LOC (Orients)	4	Orients to person, place, time	5
5. LOC (Orients)	5	Orients to person, place, time	5	5. LOC (Orients)	5	Orients to person, place, time	5
6. Motor Arm left	6	Can't resist gravity	2	6. Motor Arm left	6	Can't resist gravity	2
7. Motor Arm right	7	Can't resist gravity	2	7. Motor Arm right	7	Can't resist gravity	2
8. Motor Leg left	8	Can't resist gravity	2	8. Motor Leg left	8	Can't resist gravity	2
9. Motor Leg right	9	Can't resist gravity	2	9. Motor Leg right	9	Can't resist gravity	2
10. Motor Face	10	Can't resist gravity	2	10. Motor Face	10	Can't resist gravity	2
11. Motor Speech	11	Can't resist gravity	2	11. Motor Speech	11	Can't resist gravity	2
12. Motor Sensation	12	Can't resist gravity	2	12. Motor Sensation	12	Can't resist gravity	2
13. Motor Vision	13	Can't resist gravity	2	13. Motor Vision	13	Can't resist gravity	2
14. Motor Communication	14	Can't resist gravity	2	14. Motor Communication	14	Can't resist gravity	2
15. Motor Consciousness	15	Can't resist gravity	2	15. Motor Consciousness	15	Can't resist gravity	2
16. Motor Total	16	Can't resist gravity	2	16. Motor Total	16	Can't resist gravity	2
17. Motor Total	17	Can't resist gravity	2	17. Motor Total	17	Can't resist gravity	2
18. Motor Total	18	Can't resist gravity	2	18. Motor Total	18	Can't resist gravity	2
19. Motor Total	19	Can't resist gravity	2	19. Motor Total	19	Can't resist gravity	2
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100. Motor Total	100	Can't resist gravity	2	100. Motor Total	100	Can't resist gravity	2

NIH Stroke Scale (Initial)



LESSONS LEARNED

Certification in administration of the NIHSS is clearly valuable for making reliable assessments of patients. Based on our limited research, the two most important activities are to review charts for the appropriateness of performing the scale and to continue to educate and remediate with the ED RNs.



CONCLUSIONS

Preliminary numbers show an impressive increase in compliance with performing and documenting the NIHSS. We are now moving forward to continue with feedback to our ED nurses and work towards our goal of 100% compliance.

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