



Mock Stroke Code

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Ohio Coverdell



- 2001- 4 states funded pilot, through academic institutions
- 2007- Ohio awarded
 - Academic Institution, MetroHealth Medical Center is the Coordinating Center
 - Monitoring
 - Training
 - Stroke updates – Clinical and Regulatory
 - Recruiting and sustaining new sites



Benefits of Coverdell

- Primary Stroke Centers:
 - Inter-rater reliability
 - Mock Prep visits
 - Mock Stroke Code
 - When invited by hospital, attendance at PSC site visit



Disclosures

- The information contained in this presentation is meant as reference only and in no way represents The Joint Commission, Disease Specific Care, Primary Stroke Center Certification Program, The American Heart Association, or Get-With-the Guidelines Program. Please contact the specific organization with further questions.



Objectives

- Describe a “mock stroke code.”
- Discuss Mock JC Prep Visits
- Discuss 2010 National Patient Safety Goals during JC on-site review.

What is a “Mock Stroke Code” ?



- Opportunity to:
 - Improve care of patients with stroke
 - Access staff knowledge and educate regarding current stroke protocols and guidelines
 - Prepare staff for PSC Certification Site Visit
 - Review staff knowledge of 2010 National Patient Safety Goals
 - Plan strategies for improvement as needed

MOCK STROKE CODE – ED ARRIVAL

*This check sheet is just a starting point. It will need to be modified to reflect your institution's policies.

Pre-Treatment Work-Up / ED Patient	Yes	No	Time
1. Patient arrives at ED			
2. Triage RN assess for Code Stroke Status as per institution policy			
3. Time patient last known well documented (<3 hours for fibrinolytics) (Per policy for 3-4.5 window and IA therapy)			
4. Obtains the pre-printed order set			
5. Notifies ED physician immediately of positive findings			
6. Notify CT personnel			
7. Patient transported to CT scan and Code Stroke called (door to CT scan performed: goal <25 mins from arrival)			
8. Stroke Team performs NIH Stroke Scale (or ED RN as per institution policy)			
9. Keep patient NPO until swallow screen is performed			
10. Read CT scan (door to – CT read: goal<45 mins from arrival)			

Following takes place concurrently to save time / 3-hour timeframe:	Yes	No	Time
11. Positive neurological findings and absence of contraindications: 12. IV access (two IV lines) 13. Lab studies drawn and sent to lab			
14. Stroke team repeats neuro exam: are deficits variable or rapidly improving?			
15. Review fibrinolytic exclusions: are any observed?			
16. Med. Reconciliation with emphasis on anticoagulants?			
17. Review patient data: Is symptom onset now >3 hours? Consider extended windows per your hospital policy			
18. Neurologist notified			
19. If no, ED physician informs patient / family of risks & benefits			
20. Place patient on ECG monitoring			

<p>21. Monitor VS per institution policy BP above 185/110: treat per AHA guidelines/your institution protocol</p>			
<p>22. Nurse/ pharmacy mixes tPA per hospital protocol</p>			
<p>23. Administer thrombolytic therapy (door to treatment goal <60 minutes)</p>			
<p>24. VS/ Neuro checks – Post tPA -every 15 during treatment and for another 2 hrs, then every 30 min. for 6 hrs, then hourly for 16 hours</p>			
<p>25. Admit to appropriate level of care bed or transfer per institution policy</p>			
<p>26. Handoff/Med. Reconciliation include dysphagia screen, vital signs, complications before going to floor</p>			

MOCK STROKE CODE - INPATIENT

**This check sheet is just a starting point. It will need to be modified to reflect your institution's policies.*

Date _____

Time _____

Location _____

Staff that found patient _____

Staff responding to Code CVA _____

Pre-Treatment Work-Up / Inpatient	Yes	No	Time
1. Nursing staff on unit recognized/or alerted to patient change in neuro status. Suspected stroke call Stroke/Rapid Response Team.			
2. Nursing staff assessed ABCs/vital signs			
3. Obtain IV access; obtain blood samples (CBC, electrolytes, coagulation studies)			
4. Check blood sugar; treat if indicated			
5. Obtain 12-lead ECG; check for arrhythmias			
6. Family notified of change in condition			

7. (Steps 2-6 goal: <10 minutes from notification)			
8. Obtain the pre-printed orders/packet			
9. Radiology notified of Code Stroke/ aware of potential need for CT scan			
10. Stroke Team/Rapid Response Team responds			
11. Stroke/Rapid Response Team rapidly performs NIHSS			
12. Stroke/Rapid Response Team RN evaluates patient for inclusion and exclusion criteria for tPA			
13. Med Reconciliation			
14. Admitting physician notified within 10 minutes			
15. Patient transferred to Radiology for CT			
16. Patient transferred to appropriate bed from Radiology			



Mock Code Scenarios

- Inpatient
- ED
- Interventional opportunity



Opening Session

- Shapes the day
- Surveyor will verify what is said in the opening session is in practice
- PowerPoint presentation followed by surveyor asking questions of group
- Surveyor should have looked at your application but may want overview



Opening Session Con't

- Individual team members should be prepared to identify their roles, education, relevant experience and description of area they impact for stroke.
 - Possible members to be present: Stroke Director and Coordinator; Senior Administration; EMS, Radiology; Neuroradiology; Neurosurgery; Lab; ED; NICU; Medical Unit; Nursing Director; Quality; Dietary; PT/OT/Speech



Opening Session Con't

- History of program
 - How has it grown
 - New focus and goals?
 - Adopt to change
 - Adopt to challenges



Opening Session Con't

- What are the demographics of the program?
 - What population do you serve?
 - How have you developed your program to meet their needs?
 - What type of education in the community to meet their needs?



Opening Session Con't

- Statistics of the program
 - Number of strokes
 - Percent of patients receiving tPA
 - Do you track complications
 - Interventional therapy
 - Transfer patterns
 - EMS involvement



Opening Session Con't

- Admission patterns
 - What service
 - What floor
 - Neurology Consult
 - Who follows after discharge



Opening Session Con't

- Performance measure-
 - Success story – let yourself shine
 - One needing PI- may ask staff
 - Who determines what PI is needed?



Administrative

- Organization for the day:
 - Review JC agenda and have ready needed elements:
 - List of patients in-house
 - List of previous patients
 - tPA patients
 - 7 business day notice



Chart Review

- Tracer or retrospective:
 - Vs and neuro checks
 - Completion of paperwork
 - NPSG



Tracer

- Who is carrying stroke pager
- Start in ED
 - First contact for patient:
 - Registration
 - Know signs and symptoms of stroke
 - “Walk me through”



Tracer

- Talk with MDs, RNs, ED support staff
- Written protocols
 - Where are they kept
- Communication with Neurologist
- Dysphagia Screen
 - Protocol
 - Competency



Tracer

- tPA Administration
 - Mixing tPA
 - Guidelines/mixing instructions posted
 - Competencies
 - Patient Weight
 - VS/Neuro checks
 - Complications
 - What would you do if.....



Tracer

- CT Scan Personnel:
 - Stroke Protocol
 - Critical times
 - S&S of stroke
 - Stroke Education
- Lab Personnel:
 - Critical times



Tracer

- Intensive Care:
 - Ischemic, tPa, SAH, ICH patient
 - Will want to see that protocols are being followed for intensive care

Tracer



- Any patient care area:
 - Know patient:
 - History, risk factors
 - Plan for the day
 - Tests ordered
 - Social issues
 - Performance measures: VTE, dysphagia, antithrombotic
 - Therapies ordered – talk with therapist



Tracer

- Any patient care area Con't:
 - Education:
 - Change in measure
 - Needs to show ongoing
 - Plan for the day
 - What did last shift report
 - Response of education
 - Where is it charted

Joint Commission NPSG and Requirements



- The National Patient Safety Goals (NPSG) promote specific improvements in patient safety by providing health care organizations with evidence-based guidance on persistent patient safety problems. Compliance with the requirement is a condition of continuing accreditation or certification for Joint Commission-accredited and –certified organizations.

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Updates for 2010

- No new NPSG for 2010, 2009 – hospitals can not be PSC without being JC accredited
- No longer DSC NPSG –not in manual
- Many NPSG moved to Standards



Goal 1: Improve the accuracy of patient identification

- NPSG 01.01.01 - Use at least two patient identifiers when providing care, treatment, or services

- PSC Considerations:
 - How do you identify patients with aphasia
 - Drawing labs
 - Administering tPA

Goal 2: Improve effectiveness of communication among caregivers



- NPSG. 02.03.01 – The organization measures, assesses, and, if needed, takes action to improve the timeliness of receipt of critical tests and critical results and values by the responsible licensed caregiver.

Goal 2: Improve effectiveness of communication among caregivers



- NPSG. 02.03.01
- Elements of Performance:
- Defines critical tests and critical results and values
 - Defines acceptable length of time for reporting of routine tests with critical abnormal values
 - Defines the length of time of availability of results and receipt by responsible licensed caregiver
 - Collects data of timeliness
 - Assesses data and determines if PI is needed

Goal 2: Improve effectiveness of communication among caregivers



- NPSG. 02.03.01
- PSC Considerations:
 - CT order to done- 25 min
 - CT order to report to MD- 45 min
 - Lab order to result- 45 min
 - ECG- order to result- 45 min
 - How are these reported?
 - Are they discussed in Stroke Committee?
 - Is Process Improvement needed?

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Goal 3: Improve the safety of using medication



NPSG.03.04.01 Label all medications, medication containers, and other solutions on and off the sterile field in preoperative and other procedural settings. Note: Medication containers include syringes, medication cups and basins.

Goal 3: Improve the safety of using medication



- Elements of Performance

- NPSG.03.04.01:

- Label medications that are not immediately administered. An immediately administered medication is one that an authorized staff member prepares or obtains, takes directly to a patient, and administers to that patient without any break in the process

Goal 3: Improve the safety of using medication



- Elements of performance
NPSG.03.04.01
 - Label when any medication or solution is transferred from the original container to another container
 - Medication name, strength, quantity, diluents and volume

Goal 3: Improve the safety of using medication



- Elements of performance

NPSG.03.04.01

- Verify medications and solutions labels both verbally and visually. Done by 2 individuals qualified to participate in the procedure whenever the person preparing the medication is not the person who will be administering it.
- Reviewed by entering and exiting staff

Goal 3: Improve the safety of using medication



- PSC Considerations NPSG.03.04.01 :
 - IV tPA preparation
 - IA tPA procedure
 - Procedures: Lidocaine



Goal 3: Improve the safety of using medication



- NPSG.03.05.01 – Reduce the likelihood of patient harm associated with the use of anticoagulation therapy

Goal 3: Improve the safety of using medication



■ Elements of Performance NPSG.03.05.01

- Use unit-dose or prefilled syringes or infusion bags when available
- Use approved protocols for initiation and maintenance
- Assess baseline INR and to monitor and adjust therapy



Goal 3: Improve the safety of using medication



■ Elements of Performance

NPSG.03.05.01

- Be aware of food and drug interactions
- Use programmable pumps for IV heparin
- Written policy for baseline and labs for heparin



Goal 3: Improve the safety of using medication



- Implications for PSC NPSG.03.05.01
 - Be aware of your policies
 - Written policies for PTT for heparin

Goal 7: Reduce the risk of health care associated infections



- NPSG.07.01.01- Reduce the risk of health care associated infections

- Elements of Performance:
 - The organization complies with the World Health Organization or Centers for Disease Control and Prevention (CDC) hand hygiene guidelines.

Goal 7: Reduce the risk of health care associated infections



- NPSG.07.03.01 Implement evidence-based practices to prevent health care-associated infections due to multi-drug resistant organisms in acute hospitals
- NPSG. 07.04.01 Implement evidence-based practices to prevent central line-associated bloodstream infections

Goal 7: Reduce the risk of health care associated infections



- NPSG.07.05.01 Implement evidence-based practices for preventing surgical site infections
- PSC Considerations:
 - Hand washing
 - Awareness of protocols for specific patients
 - Surgical procedures for ICH

Goal 8: Accurately and completely reconcile medications across the continuum of care



- Evaluated but not scored during on-site survey.
- PSC considerations:
 - Consider your processes for:
 - Transferred patients
 - “Drip and Ship”
 - IA patients
 - Who is responsible for making sure meds are reconciled?

Goal 8: Accurately and completely reconcile medications across the continuum of care



- PSC considerations con't:
 - How is medication information communicated to the next provider?
 - In hospital system
 - Not a network hospital
 - Patient/family education regarding medications



Universal Protocol

- UP.01.01.01- Conduct a pre-procedure verification process
- UP.01.02.01- Mark the procedure site.
- UP.01.03.01- A time-out is performed immediately prior to starting procedure.



Universal Protocol

- UP.01.03.01
- PSC considerations
 - Time-out before starting IV and IA tPA
- PSC considerations:
 - tPA checklist to cover essentials
 - Consent /family permission/awareness
 - Transfer of patient to CT scanner and/or angio suite
 - Radiology and lab results are available

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Human Resources

- Will want to see HR files for Stroke Team
- Will inform you of what other files required during tracer
 - Appropriate education
 - Licensure
 - Verification



Closing session

- Outstanding issues should be resolved
- Usually brief
- Surveyor will explain scoring
- Attendance- similar to opening session



Questions/Resources

- The Joint Commission
 - <http://www.jointcommission.org>

- American Heart Association
 - <http://www.heart.org>

- Alice Liskay, RN, BSN, MPA, CCRC
 - Aliskay@metrohealth.org
 - 216 778-8782

- American Association of Neuroscience Nurses
 - Stroke Listserv