

Re-designation Quality Improvement Support: A Guide to Improve Measure Adherence

This document was developed as a quality improvement (QI) support tool for Arkansas hospitals treating acute stroke patients. Facilities designated as an **Arkansas Stroke Ready Hospital (ArSRH)** are required to meet minimum adherence rates for specific performance measures. As part of the improvement process, the initial decision focuses on the origin for lack of adherence. The reason for lack of adherence may be patient care related, a documentation issue or both. This document addresses both potential issues. For some measures identifying a patient care or documentation issue may be answered by creating a “patient record” ¹ report and others may require additional data collection. Additionally, with multiple improvement targets, prioritization of improvement activities may be needed. For questions on this document or other areas related to quality improvement, please contact the Arkansas Stroke Registry program staff with the Arkansas Department of Health. This document is divided into the following four sections which are color-coded: **Required Stroke Performance Measures** (pages 1-6), **Reported Stroke Performance Measures** (pages 7-10), **Quality Improvement Support** (page 11-12), and **Appendix**.

REQUIRED STROKE PERFORMANCE MEASURES: Strategies to Address Measure Adherence		
Measure	Origin Focus	Improvement Strategies
<p>Pre-notification Percent of cases of advanced notification by EMS for suspected stroke patients transported by EMS from scene.</p>	<p>Patient Care – Non-adherence is patient-care related</p> <p>Filter data: a variety of filters are available, i.e., filter by “mode of arrival.” Identify if there is a delay in patients arriving by EMS or by car. This important as the solutions are different.</p> <p>Filter data by patients arriving within 3.5 hours of LKW.</p>	<p>If EMS is not calling stroke pre-notification, it may be a(n):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Educational issue. Does EMS recognize the symptoms of stroke? To be sure, educate EMS and/or develop a protocol for EMS stroke pre-notification.^{1*} <input type="checkbox"/> Confidence issue. To be sure, educate EMS and/or develop a protocol.¹ <input type="checkbox"/> NOTE: For all improvement strategies involving EMS, it is recommended the hospital include EMS in its QA/QI process. <p>If this measure is 80% or higher, there may be a misunderstanding on the need to call on ALL possible stroke patients. It requires education.</p>
<p>Pre-notification Percent of cases of advanced notification by EMS for suspected stroke patients transported by EMS from scene.</p>	<p>Documentation – Non-adherence is documentation related</p>	<p>If EMS is pre-notifying but there is not documentation:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Is EMS providing the Arkansas Department of Health (ADH) EMS Field Patient Care Report Short Form, an ePCR, or other ADH approved documentation to the hospital? This must be provided at the time of patient drop off for 100% of stroke patients transported by EMS. Include in this documentation if a “CODE STROKE” is called to the hospital by EMS. An ADH EMS hand-off form is available at: https://www.healthy.arkansas.gov/images/uploads/pdf/ADH_Short_Form.pdf <input type="checkbox"/> Ensure the EMS field hand-off form becomes a part of the patient record. <input type="checkbox"/> Build pre-notification completion into the Emergency Department (ED) nurse’s assessment documentation. <input type="checkbox"/> Work with EMS to ensure stroke pre-notification was completed and documented on the EMS field hand-off form. <input type="checkbox"/> If EMS uses Pulsara to pre-notify, a summary report can be run and used in documentation.

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<p>Stroke Bands ID Percent of stroke cases for which a stroke band identification number was recorded into the registry.</p>	<p>Patient Care – The band allows for the linkage of patient’s pre-hospital and hospital data statewide to drive quality improvement. Linking the data provides an opportunity to follow the patient’s care and outcome, and ultimately identify strategies to improve outcomes.</p> <p>Filter data by patient arrival (EMS and PoV arrival).</p>	<p>Applying the band: Hospital staff applies the band UPON ARRIVAL:</p> <ul style="list-style-type: none"> <input type="checkbox"/> EMS transports without applying a stroke band and the provider questions a stroke. <input type="checkbox"/> Arrival is private vehicle (PoV) and the provider questions/confirms stroke. <p>Address issues by:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Identifying patients not banded by EMS, review for trends. Trends to consider include the same agency, the same EMS provider etc. <input type="checkbox"/> Consider an EMS educational program on identifying and assessing the stroke patient. ¹ <input type="checkbox"/> For patients arriving by PoV, work with the Registration and Triage staffs to quickly identify the stroke patient. For example, teach the Registration and Triage staffs the possible presentations for stroke, including vague symptom presentations, and conduct a BE FAST⁶ scale. If positive, band the patient, call a code stroke and expedite care. <input type="checkbox"/> The bands are for use on all patients suspected of having a stroke. If the stroke is ruled-out, remove the band. Do not hesitate to apply the band because stroke is “suspected”.
<p>Stroke Bands ID Percent of stroke cases for which a stroke band identification number was recorded into the registry.</p>	<p>Documentation – Ensure Band ID is entered in Get With The Guidelines – Stroke (GWTG-Stroke).</p>	<p>Documenting the band:</p> <ul style="list-style-type: none"> <input type="checkbox"/> This number is required on all hand off forms and ePCR’s for patients suspected as stroke. <input type="checkbox"/> Hospital staff input 100% of stroke band numbers for all stroke patient to Get With The Guidelines-Stroke (GWTG-Stroke) “Stroke Band ID” field. <input type="checkbox"/> Pulsara may be used.
<p>Door to CT Time <= 25 min or less for patients arriving with 24 hours of LKW (filtering required)</p> <p>Percent of patients who receive brain imaging within 25 minutes of arrival.</p>	<p>Patient Care – Using GWTG-Stroke, run reports of all time-sensitive activities. Assess if they are meeting the time targets. ² If not, address the delays.</p> <p>Filter data by arrival within 24 hours AND patient arrival (EMS and PoV arrival).</p>	<p>Review the activities leading-up to the CT scan to evaluate areas needing improvement.</p> <p>Time-sensitive activities:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Pre-notification done <input type="checkbox"/> For EMS transported patients, the Stroke Band is applied <input type="checkbox"/> With pre-notification, ED staff activates the “CODE STROKE” protocol <input type="checkbox"/> For patients arriving by private vehicle, there is a process in place to expedite triage <input type="checkbox"/> Once triaged, the patient arriving by private vehicle is rapidly assessed, the “CODE STROKE” protocol is activated, and the stroke band applied. <input type="checkbox"/> A direct to CT process is in place (after assessment for safety of immediate transfer to CT)

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<p>Door to CT Time <= 25 min or less for patients arriving with 24 hours of LKW (filtering required)</p> <p>Percent of patients who receive brain imaging within 25 minutes of arrival.</p>	<p>Documentation – Assess if the previous time-sensitive activities are documented accurately and timely.</p>	<p>Data Collection:</p> <ul style="list-style-type: none"> <input type="checkbox"/> It may be an entry issue; be sure to document the “scout” film as CT time. <input type="checkbox"/> For vendor abstractors, be sure the needed documentation is available to them.
<p>Time to intravenous thrombolytic therapy – 60 minutes</p> <p>Percent of acute ischemic stroke patients receiving (thrombolytic) therapy during the hospital stay who have a time from hospital arrival to initiation of thrombolytic therapy administration (door to needle time) of 60 minutes or less.</p>	<p>Patient Care – Using GWTG-Stroke, run reports of all time-sensitive activities. Assess if they are meeting the time targets. ² If not, address the delays.</p> <p>Filter data by patient arrival (EMS and PoV arrival). The interventions vary depending upon the mode of arrival.</p>	<p>Time -sensitive activities:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Check for EMS stroke pre-notification to expedite the assessment process. <input type="checkbox"/> With pre-notification, ED staff activates a “CODE STROKE.” <input type="checkbox"/> For patients arriving by private vehicle, there is a process in place to identify a potential stroke and expedite triage. Once triaged, the patient arriving by private vehicle has an expedited assessment and rapid activation of the stroke protocol. <input type="checkbox"/> A direct to CT process is in place. Include radiology staff in mock drills. <input type="checkbox"/> Timely blood draw and resulting for lab tests ordered. <input type="checkbox"/> Glucometer check by either EMS or completed immediately on ED arrival. <input type="checkbox"/> Scale on stretchers to obtain a quick and accurate weight. <input type="checkbox"/> NIHSS completed and documented. This may be performed via telemedicine. <input type="checkbox"/> ED physician orders IV-thrombolytic and/or a timely process is in place for consultation. <p>Provider Education:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Work with EMS re: Pre-notification. ¹ <input type="checkbox"/> Discuss a document supporting EMS evaluation and response. <input type="checkbox"/> Conduct mock “CODE STROKE” drills. Include EMS and ED all ancillary staff in the drills. <input type="checkbox"/> For patients arriving by PoV, work with the Registration and Triage staffs to quickly identify the stroke patient. For example, teach the Registration and Triage staffs the possible presentations for stroke, including vague symptom presentations, and conduct a BE FAST scale. If positive, band the patient, call a code stroke and expedite care. ⁶

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<p>Time to intravenous thrombolytic therapy – 60 minutes</p> <p>Percent of acute ischemic stroke patients receiving (thrombolytic) therapy during the hospital stay who have a time from hospital arrival to initiation of thrombolytic therapy administration (door to needle time) of 60 minutes or less.</p>	<p>Documentation – Assess if the previous time-sensitive activities are documented accurately and timely.</p> <p>Filter data by patient arrival (EMS and PoV arrival). The interventions vary depending upon the mode of arrival.</p>	<p>Documentation:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Ensure the time stamp reflects the time tasks are completed, NOT the time they were documented. <input type="checkbox"/> Ensure a process is in place for a “shout-out” when the IV-Thrombolytic is given. Otherwise, the time may not be noted accurately. <input type="checkbox"/> If there is a “patient-related” reason for a delay in medication, indicate this within GWTG-Stroke. However, to enter the patient-related delay, it must be documented by the provider (physician, APN, PA).³
<p>IV thrombolytic Arrive by 2 hours, Treat by 3 hours</p> <p>Percent of acute ischemic stroke patients who arrive at the hospital within 2 hours of time last known well and for whom IV-thrombolytic was initiated at the hospital within 3 hours of time last known well.</p>	<p>Patient Care - IV-Thrombolytic was administered, but the administration time exceeds the 3 hours from Last Known Well (LKW) target. To identify if it is patient care or a documentation issue, run a GWTG-Stroke report on this measure.</p> <p>Filter: IV-thrombolytic, “yes” and again as “no”. If no, the ineligibility reasons documented will be listed. If no IV-thrombolytic was given and there are no reasons listed, it may be a documentation issue. If the IV-thrombolytics were given, then it is a timeliness of administration issue.</p>	<p>Time -sensitive activities:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Check for EMS stroke pre-notification to expedite the assessment process. <input type="checkbox"/> With pre-notification, ED staff activates a “CODE STROKE.” <input type="checkbox"/> For patients arriving by private vehicle, there is a process in place to expedite triage. <input type="checkbox"/> Once triaged, the patient arriving by private vehicle receives a rapid assessment. <input type="checkbox"/> A direct to CT process is in place (after an assessment for safety of direct to CT). <input type="checkbox"/> Timely CT reading. <input type="checkbox"/> Timely blood draw and resulting and/or point of care testing. <input type="checkbox"/> Scale on stretchers to obtain a quick and accurate weight. <input type="checkbox"/> NIHSS completed and documented. <input type="checkbox"/> ED physician orders IV-thrombolytic and/or a timely process is in place for consultation. <input type="checkbox"/> Identify presenting symptoms most often missed as a stroke and facilitate identification and a process for a timely assessment. <p>Provider Education:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Work with EMS re: Pre-notification.¹ <input type="checkbox"/> Develop a document supporting EMS evaluation and response. <input type="checkbox"/> Conduct mock “CODE STROKE” drills which include EMS and all ancillary services. <input type="checkbox"/> Address reluctance in giving IV-thrombolytic; offer the “treatment option.” If the patient is eligible, it is not up to the provider to make the decision for the patient/family. Conduct a focus review to identify if there are providers reluctant to administer IV-thrombolytic. Address issues identified.

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<p>IV thrombolytic Arrive by 2 hours, Treat by 3 hours Percent of acute ischemic stroke patients who arrive at the hospital within 2 hours of time last known well and for whom IV-thrombolytic was initiated at the hospital within 3 hours of time last known well.</p>	<p>Documentation – If it is an issue of documenting the patient’s ineligibility, it may be a documentation issue, or it could be an issue of not identifying the patient may be having a stroke. A review of the patient record should reveal the issue.</p> <p>Filter: IV-thrombolytic, “yes” and again as “no”. If no, the ineligibility reasons documented will be listed. If no IV-thrombolytic was given and there are no reasons listed, it may be a documentation issue. If the IV-thrombolytics were given, then it is a timeliness of administration issue.</p>	<p>Assessment and Documentation of Stroke Evaluation:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Vague stroke symptoms may be missed. Develop a method of identifying symptoms that are often missed as stroke and facilitate an evaluation for stroke. <input type="checkbox"/> With a tele-medicine consultation, a consult report is written and given to the hospital. Ensure the tele-medicine consult is a permanent part of the patient record. <input type="checkbox"/> Use the tele-medicine documentation in data collection. With vendor abstraction, ensure the documentation is available for data entry. <input type="checkbox"/> Use the concurrent review process; identify documentation issues prior to patient’s discharge.⁵ <input type="checkbox"/> Use addendum notes, prior to the patient’s discharge, if it is noted the reasons for ineligibility were not documented. <input type="checkbox"/> Conduct a focused review to identify any patterns in not identifying a patient may be having a stroke and/or if there is a pattern to a lack of documentation.
<p>IV thrombolytic Arrive by 3.5 hours, Treat by 4.5 hours Percent of acute ischemic stroke patients who arrive at the hospital within 3.5 hours of time last known well and for whom IV-thrombolytic was initiated at the hospital within 4.5 hours of time last known well.</p>	<p>Patient Care - IV-Thrombolytic was administered, but the administration time exceeds the 3 hours from Last Known Well (LKW) target. To identify if it is patient care or a documentation issue, run a GWTG-Stroke report on this measure.</p> <p>Filter: IV-thrombolytic, “yes” and again as “no”. If no, the ineligibility reasons documented will be listed. If no IV-thrombolytic was given and there are no reasons listed, it may be a documentation issue. If the IV-thrombolytics were given, then it is a timeliness of administration issue.</p>	<p>Time -sensitive activities:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Check for EMS stroke pre-notification to expedite the assessment process. <input type="checkbox"/> With pre-notification, ED staff activates a “CODE STROKE.” <input type="checkbox"/> For patients arriving by private vehicle, there is a process in place to expedite triage. <input type="checkbox"/> Once triaged, the patient arriving by private vehicle receives a rapid assessment. <input type="checkbox"/> A direct to CT process is in place (after an assessment for safety of direct to CT). <input type="checkbox"/> Timely CT reading. <input type="checkbox"/> Timely blood draw and resulting and/or point of care testing. <input type="checkbox"/> Scale on stretchers to obtain a quick and accurate weight. <input type="checkbox"/> NIHSS completed and documented. <input type="checkbox"/> ED physician orders IV-thrombolytic and/or a timely process is in place for consultation. <input type="checkbox"/> Identify presenting symptoms most often missed as a stroke and facilitate identification and a process for a timely assessment. <p>Provider Education:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Work with EMS re: Pre-notification.¹ <input type="checkbox"/> Develop a document supporting EMS evaluation and response. <input type="checkbox"/> Conduct mock “CODE STROKE” drills which include EMS and all ancillary services. <input type="checkbox"/> Address reluctance in giving IV-thrombolytic; offer the “treatment option.” If the patient is eligible, it is not up to the provider to make the decision for the patient/family. Conduct a focus review to identify if there are providers reluctant to administer IV-thrombolytic. Address issues identified.

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<p>IV thrombolytic Arrive by 3.5 hours, Treat by 4.5 hours</p> <p>Percent of acute ischemic stroke patients who arrive at the hospital within 3.5 hours of time last known well and for whom IV-thrombolytic was initiated at the hospital within 4.5 hours of time last known well.</p>	<p>Documentation – If it is an issue of documenting the patient’s ineligibility, it may be a documentation issue, or it could be an issue of not identifying the patient may be having a stroke. A review of the patient record should reveal the issue.</p> <p>Filter: IV-thrombolytic, “yes” and again as “no”. If no, the ineligibility reasons documented will be listed. If no IV-thrombolytic was given and there are no reasons listed, it may be a documentation issue. If the IV-thrombolytics were given, then it is a timeliness of administration issue.</p>	<p>Time -sensitive activities:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Check for EMS stroke pre-notification to expedite the assessment process. <input type="checkbox"/> With pre-notification, ED staff activates a “CODE STROKE.” <input type="checkbox"/> For patients arriving by private vehicle, there is a process in place to expedite triage. <input type="checkbox"/> Once triaged, the patient arriving by private vehicle receives a rapid assessment. <input type="checkbox"/> A direct to CT process is in place (after an assessment for safety of direct to CT). <input type="checkbox"/> Timely CT reading. <input type="checkbox"/> Timely blood draw and resulting and/or point of care testing. <input type="checkbox"/> Scale on stretchers to obtain a quick and accurate weight. <input type="checkbox"/> NIHSS completed and documented. <input type="checkbox"/> ED physician orders IV-thrombolytic and/or a timely process is in place for consultation. <input type="checkbox"/> Identify presenting symptoms most often missed as a stroke and facilitate identification and a process for a timely assessment. <p>Provider Education:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Work with EMS re: Pre-notification.¹ <input type="checkbox"/> Develop a document supporting EMS evaluation and response. <input type="checkbox"/> Conduct mock “CODE STROKE” drills which include EMS and all ancillary services. <input type="checkbox"/> Address reluctance in giving IV-thrombolytic; offer the “treatment option.” If the patient is eligible, it is not up to the provider to make the decision for the patient/family. Conduct a focus review to identify if there are providers reluctant to administer IV-thrombolytic. Address issues identified.

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<p>NIHSS reported</p> <p>Percent of ischemic stroke and stroke not otherwise specified patients with a score reported for NIHSS.</p>	<p>Patient Care – The NIHSS is completed as part of the IV-thrombolytic eligibility assessment. All ischemic stroke patients, regardless of time of presentation must receive the NIHSS assessment.</p> <p>NIHSS is important to assess:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Stroke severity to evaluate for IV-thrombolytic. <input type="checkbox"/> For post-IV-thrombolytic complications. <input type="checkbox"/> Eligibility for thrombolytic therapies. <input type="checkbox"/> Severity of illness for M and M review. <p>Filter data by 3.5 hours from LKW. The improvement process is different for patients arriving within or beyond 3.5 hours from LKW.</p>	<p>Patients presenting within 3.5 hours of LKW:</p> <ul style="list-style-type: none"> <input type="checkbox"/> MUST be done in the ED as part of the initial assessment. NOTE: If telemedicine is utilized, the initial NIHSS should be performed on video with the neurologist. <input type="checkbox"/> A nurse or physician/APN/PA may conduct the NIHSS. <p>Patients presenting beyond 3.5 hours of LKW:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Conduct an NIHSS as part of the admission process. It can be done by a hospitalist, neurologist, or RN, within 24 hours of admission. <input type="checkbox"/> Ensure the hospitalist, or RN, conducts an NIHSS if not done at the time of the history and physical examination. <p>Hints for improvement:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Periodically, offer in-service educational sessions with NIHSS instructions on use. Or expect the nursing and appropriate medical staff take the online certification. <input type="checkbox"/> Introduce the NIHSS in the ED and the intensive care unit as the hospital standard for ischemic stroke and stroke not otherwise specified assessment. <input type="checkbox"/> Conduct the NIHSS at discharge; as an objective tool for assessing outcome.
<p>NIHSS reported</p> <p>Percent of ischemic stroke and stroke not otherwise specified patients with a score reported for NIHSS.</p>	<p>Documentation – If done, is it documented?</p>	<p>Possible documentation issues:</p> <ul style="list-style-type: none"> <input type="checkbox"/> The consultant report does not have the NIHSS documented. All consultants, or the ED physician/NP/PA assessing for IV-thrombolytic eligibility, must complete the NIHSS as part of the initial assessment and documented. The RN may complete the assessment and provide information to the physician. <input type="checkbox"/> To ensure all the needed assessment information is in the chart as soon as possible, the ED RN, APN, PA, or physician can document the total NIHSS score in the chart. For example, “...the telemed consultant, Dr. Johnson, conducted the NIHSS. The score reported is 5.” <input type="checkbox"/> If the consultant report has the NIHSS documented, ensure the report is a permanent part of the patient record.

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<p>Door to CT Time <= 25 min or less for patients arriving</p> <p>Percent of patients who receive brain imaging within 25 minutes of arrival.</p>	<p>Patient Care – Using GWTG-Stroke, run reports of all time-sensitive activities. Assess if they are meeting the time targets. If not, address the delays.</p>	<p>Review the activities leading-up to the CT scan to evaluate areas needing improvement.</p> <p>Time-sensitive activities:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Pre-notification done <input type="checkbox"/> For EMS transported patients, the Stroke Band is applied <input type="checkbox"/> With pre-notification, ED staff activates the “CODE STROKE” protocol <input type="checkbox"/> For patients arriving by private vehicle, there is a process in place to expedite triage <input type="checkbox"/> Once triaged, the patient arriving by private vehicle is rapidly assessed, the “CODE STROKE” protocol is activated, and the stroke band applied. <input type="checkbox"/> A direct to CT process is in place (after assessment for safety of immediate transfer to CT)
<p>Door to CT Time <= 25 min or less for patients arriving</p> <p>Percent of patients who receive brain imaging within 25 minutes of arrival.</p>	<p>Documentation – Assess if the previous time-sensitive activities are documented accurately and timely.</p>	<p>Data Collection:</p> <ul style="list-style-type: none"> <input type="checkbox"/> It may be an entry issue; be sure to document the “scout” film as CT time. <input type="checkbox"/> For vendor abstractors, be sure the needed documentation is available to them.

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<p>Dysphagia Screening</p> <p>Percent of stroke patients undergoing screening for dysphagia with an evidenced-based bedside testing protocol approved by the hospital before being given any food, fluids, or medications by mouth.</p>	<p>Patient Care – Must be done prior to ALL po intake, including medications.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Don't reinvent the wheel. It is likely there is already a swallow screen in place. Review the swallow screen and modify it to meet the needs of the nursing units as well as the dysphagia screening process. Use the language (dysphagia or swallow screen) that your nursing staff is already familiar with. If it is called swallow screen, but you have followed the measure definition, it works for the dysphagia screen. <input type="checkbox"/> The dysphagia/swallow screening process is of value for other patients entering your ED. Instead of requiring a dysphagia screen for just stroke patients, include patients with other neurological symptoms as well. Stroke patients may present differently and can be missed. Have a list of presentation symptoms appropriate for the screen. ⁵ Build the list into the EMR. Have a screen, "Check all presenting symptoms the patient is exhibiting" If ANY of the symptoms are checked, indicate a dysphagia screen is required (hard stop). <input type="checkbox"/> Complete the screen as part of the initial emergency nurse assessment. The longer you wait to screen, the likelihood increases that the screen will be forgotten. <input type="checkbox"/> If the patient can't participate in the screening process, FAIL the patient. Keep him/her on strict NPO. If the patient can participate later, conduct the screen. <input type="checkbox"/> Stop if there is a "no" to any of the screening questions. The patient is then on strict NPO until a Speech and Language Pathologist's (SLP) assessment is done. If the patient passes the questions, the patient is asked to swallow water. The nurse observes the patient drinking for signs of issues (hoarseness, sneezing, cough, nasal discharge). If at any time there is a potential issue, the patient is on strict NPO. Order a SLP assessment. <input type="checkbox"/> Prior to using a dysphagia screen, the SLP is part of the development or reviews the proposed screening process and approves its use.
<p>Dysphagia Screening</p> <p>Percent of stroke patients undergoing screening for dysphagia with an evidenced-based bedside testing protocol approved by the hospital before being given any food, fluids, or medications by mouth.</p>	<p>Documentation – Ensure the screen is documented and that the time of the screen, NOT the documentation time stamp, is entered into the database.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> An area of challenge is the documentation time stamp and NOT the actual time of the screen. Some have addressed this issue by: <ul style="list-style-type: none"> ▪ Building the screening process into the EMR and include a screen time space for the nurse to document the time the screen was completed. ▪ Have a statement in the screen with a "yes" and "no" response that must be completed by the nurse. An example of the statement, "The patient was maintained on strict NPO status until the screen was completed." ▪ If the screen doesn't have the above triggers, addendum notes may be completed if the nurse forgets to state the time of the screen. He/she can complete the addendum per hospital policy.

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<p>Door-in-Door-Out Times at First Hospital Prior to Transfer to Acute Therapy Percent of confirmed stroke patients for whom ≤ 90 minutes was spent in the ED prior to transfer to a higher-level stroke center (e.g., PSC, CSC, etc.) for time-critical therapy.</p>	<p>Patient Care – It is critical to provide an expedited assessment and care enabling the patient to be transferred, if appropriate, for thrombolytic therapy. To expedite the assessment/care, each aspect of care needs to be timely. If not completed, the patient may lose the opportunity for life saving, disability limiting care.</p> <p>Using GWTG-Stroke, run reports of all time-sensitive activities. Assess if they are meeting the time targets.² If not, address the delays. It may be helpful to drill-down to identify the patient population at risk, use the report writing, filtering process if appropriate.⁴</p>	<p>Time-sensitive activities:</p> <ul style="list-style-type: none"> <input type="checkbox"/> With pre-notification, ED staff activates a “CODE STROKE.” <input type="checkbox"/> For patients arriving by car, there is a process in place to expedite triage. <input type="checkbox"/> Once triaged, the patient arriving by car has an expedited assessment and activation of “CODE STROKE” protocol. <input type="checkbox"/> A direct to CT process is in place (with an assessment for safety of direct to CT). <input type="checkbox"/> Timely CT reading. <input type="checkbox"/> Timely blood draw and resulting and/or Glucometer check by either EMS or immediately on ED arrival. <input type="checkbox"/> Scale on stretchers to obtain a quick and accurate weight. <input type="checkbox"/> NIHSS completed and documented. <input type="checkbox"/> ED physician orders IV-thrombolytic and/or a timely process is in place for consultation. <input type="checkbox"/> Create a timeline of the major components of transfer. Decide on the typical time for each step in the transfer process. Collect the actual time. Review for trends in delays and address the issues identified.
<p>Door-in-Door-Out Times at First Hospital Prior to Transfer to Acute Therapy Percent of confirmed stroke patients for whom ≤ 90 minutes was spent in the ED prior to transfer to a higher-level stroke center (e.g., PSC, CSC, etc.) for time-critical therapy.</p>	<p>Documentation - Assess if the previous time-sensitive activities are documented accurately and timely.</p>	<p>Documentation:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Accurately document the time and essential activities, including the contacts with the receiving hospital and transport.

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Quality Improvement Support		
QI Approach	Possible Issues	Improvement Strategies
Prioritization of QI Targets	<p>You may need to prioritize if you:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Have multiple measures needing improvement. <input type="checkbox"/> If multiple improvements need to be made AND all are priorities, all must be addressed. 	<p>Prioritization Recommendations:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Patient care issue or documentation issue – Address patient care issues first. <input type="checkbox"/> Number of patients impacted. <input type="checkbox"/> Seriousness of the outcome due to a lack of adherence to the guidelines. <input type="checkbox"/> Organizational priority targets may impact prioritization.
Reasons to Establish a QI Improvement Team	<p>Management or QI Team decision:</p> <p>An initial decision focuses on the need for a QI team. A QI team may be appropriate if the:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Improvement target is complex. <input type="checkbox"/> Outcome is not pre-determined. 	<p>Consider establishing a QI Improvement Team:</p> <p>The solution:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Is unknown. <input type="checkbox"/> Requires creativity. <input type="checkbox"/> Crosses disciplinary, departmental and/or organizational lines to include other agencies. <p>Staff/provider participation is needed for:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Expertise on the current process. <input type="checkbox"/> Insight into possible solutions. <input type="checkbox"/> Buy-in. <p>Don't start a team if:</p> <ul style="list-style-type: none"> <input type="checkbox"/> It is an easy to resolve issue. <input type="checkbox"/> It is a non-negotiable fix. <input type="checkbox"/> It is management's role to decide.
Establish / Reenergize a Stroke Committee⁴	<p>You need a stroke team if you:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Would like to give better patient care <input type="checkbox"/> Need help with your Stroke Program <input type="checkbox"/> Are clinical and not a QI expert <input type="checkbox"/> Would like key departments to take you seriously <input type="checkbox"/> Would like senior management's buy-in to your work 	<p>Work of a Stroke Team:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Protocols/standard order sets: Periodic review or oversight. <input type="checkbox"/> Annual plan for community outreach: Development and oversight. <input type="checkbox"/> Evaluate telemedicine: Assess quality and if meeting patient and provider needs. <input type="checkbox"/> Provider education: Assess educational need, plan to address needs identified. <input type="checkbox"/> Standard adherence: Discuss the data adherence and other methods of evaluating adherence. <input type="checkbox"/> Stroke QI oversight: Identify QI targets; team establishment and oversight. <input type="checkbox"/> Case review: Forum for individual case review (if a Medical Staff Committee). <input type="checkbox"/> Minutes: Document the work of the team.

Re-designation Quality Improvement Support: A Guide to Improve Measure Adherence

Quality Improvement Support		
QI Approach	Possible Issues	Improvement Strategies
<p>Develop a Concurrent Review Process⁵</p>	<p>Patient care strategy: A practice that can assist in addressing measure adherence issues. But most importantly, this may assist in improving patient care.</p>	<p>Current Review Process:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Data collection is retrospective. A retrospective review identifies patients receiving/not receiving interventions. When patients, not receive therapeutic interventions are identified retrospectively, it is too late to impact care. <input type="checkbox"/> The concurrent data collection/care monitoring process are resource intensive and require careful planning and implementation. To maximize the benefit for all patients, the concurrent review process should be a 24-hour 7-day a week endeavor; the stroke coordinator must enlist others in the process. <input type="checkbox"/> The concurrent review’s goal is to identify interventions, not provided, and change the care for the current patient. Additionally, it provides a trigger to ensure appropriate documentation is completed to accurately reflect that assessments were done, and the care given and provided timely. If the documentation is not completed, in most cases, including an addendum note completed by the provider involved is appropriate.

Appendix

The following are referenced within this document. These documents are available on the AR Department of Health web page. Please notify Joanne LaBelle (Joanne.LaBelle@Arkansas.gov) for copies or questions.

¹Stroke protocol example*

²Time Targets

³Time Targets

⁴Establishing a Stroke Committee

⁵Concurrent Review Process

⁶BE FAST Stroke Scale