



Stroke Recognition Application

2020



Application Instructions

Stroke Coordinator:

Interested facilities need to identify a stroke coordinator. The stroke coordinator will be responsible for submitting the required application information, the semi-annual surveillance data, conducting and reporting on stroke quality improvement activities, and ensuring that the institutional commitment criteria are carried out. It is recommended that the stroke coordinator establish contact with the stroke coordinators at the facilities to whom patients are routinely transferred. The contact information can be found at www.montanastroke.org.

Application Process:

Included in this packet is an application form and checklist. The checklist assists you to recognize the clinical and process pieces to excellent stroke care. The completed application form and checklist as well as a copy of the acute care stroke order-sets/policy procedures need to be electronically submitted to the Cardiovascular Health Program no later than **August 9, 2020**.

Please submit to: Michael McNamara – mmcnamara@mt.gov

Notification:

Facilities will be notified by September 7th, 2020 if their application was approved. The notification will include the data reporting spreadsheet, press release, and information related to receiving the \$1,000 stipend.

Site Visit:

The application review committee will be doing site visits on a sample of facilities. These visits may take place with little notice and may happen anytime between September 15, 2020 and September 15, 2021.

Questions:

If you have any questions regarding the certificate or application process, please contact:
Michael McNamara, MS, FAACVPR
Montana Cardiovascular Health Program



Phone: (406) 444-9170

mmcnamara@mt.gov

Stroke Recognition Application Critical Access Hospital

Date: _____

Facility name: _____

Address: _____

Application submitted by: _____

Title: _____

Phone: _____

E-mail: _____

I attest that the material included in this application is accurate and represents the standard of care offered at our facility.

Applicant Signature: _____

CEO Signature: _____

Please return application, checklist and copy of stroke policy and procedures to:

Michael McNamara, MS, FAACVPR
Montana Cardiovascular Health Program
PO Box 202951
Helena, MT 59620



Ph. (406) 444-9170
Fx. (406) 444-7465
mmcnamara@mt.gov

Stroke Care Process Assessment – Quality Improvement

Stroke care process assessment is a critical component in identifying areas that need targeted quality improvement (QI). Requirements of the recognition award are that facilities actively participate in process assessment, submit de-identified data to the Cardiovascular Health Program and demonstrate QI activities related to stroke care. The process measures that need to be evaluated and reported are listed below:

- 1) Patient mode of arrival
- 2) ED admission date and time
- 3) Pre-notification of stroke by EMS (yes/no)
- 4) Type of stroke
- 5) Date and time of stroke symptom onset (the time the patient became symptomatic or, if unwitnessed, the time they were last seen normal)
- 6) NIH stroke scale score (full)
- 7) CT date/time including door to CT time
- 8) CT interpretation/report date/time including door to CT interpretation time
- 9) Neurologist consulted by phone or telemedicine
- 10) Neurology consultation– date and time
- 11) Patient screened for potential administration of Alteplase (yes/no)
- 12) Was Alteplase administered (yes/no)
- 13) If yes, Alteplase administration date and time. Include Door to Needle time
- 14) If no, what was the documented reason Alteplase was not administered
- 15) Patient disposition

For surveillance and feedback purposes, every six months over the 3-year recognition period, facilities are required to submit de-identified data on all ischemic stroke/TIA patients to the Cardiovascular Health Program. A reporting Excel spreadsheet will be provided. A semi-annual data summary from the cases will be shared with participating facilities. The summary will include benchmarking information that should help facilities in identifying QI projects. In addition, the facility must include documentation of at least one QI project that was conducted as a result of their internal reviews and/or State feedback data.



Stroke Recognition Criteria Checklist for Critical Access Hospitals

Please checkmark all below elements that are available within your organization's stroke care process.

Required Services:

- Onsite CT scanner available 24/7
- CT scan completion and interpretation available within 45 minutes of patient arrival
- Neurology consultation (phone or telestroke) available within 15 minutes
- CBC, PT/INR, PTT, BMP completed within 45 minutes of patient arrival

Required Stroke Documentation:

- Date/Time of last known normal and stroke symptom onset if known
- Date/Time of emergency department arrival
- Mode of arrival
- If arrival by EMS, was pre-hospital notification of stroke received
- Time CT performed
- Time CT interpretation reported
- Time of Alteplase administration
- Anticoagulation history and date/time of last dose



Required elements in Acute (emergency department) Stroke Order Set:

- STAT finger-stick blood glucose with provider notification parameters (< 60 or > 180)
- STAT non-contrast head CT
- CBC, PT/INR, PTT, BMP
- IV placement
- Vital signs (includes provider notification parameters for blood pressure)
- Neurologic checks
- Full NIHSS (National Institute of Health Stroke Scale)
- Oxygen for saturations < 94%
- Weight in kilograms
- ECG & continuous cardiac monitoring
- Neurology Consultation and Alteplase Screening
- NPO until passed nursing dysphagia screen

Required Policy/Procedure/Protocol:

- Treatment protocol for temperature > 38° C
- Treatment protocol for elevated blood pressure in ischemic stroke (parameters can be referenced on montanastroke.org or AHA Guidelines for the Early Management of Patients with Acute Ischemic Stroke)
- Alteplase inclusion/ exclusion criteria
- Alteplase dosing, mixing and administration directions



- Nursing Dysphagia Screen
- Transfer protocol or agreement
- TIA risk assessment ABCD2 scale (optional)

Institutional Commitment (please check):

- Yearly stroke education provided
- Order set review every 2 years- input from primary stroke receiving facility recommended and/or utilization of order set resources on montanastroke.org
- Orientation of new providers and nurses to the facility's stroke policy/procedure/order sets
- Staff participation in stroke/TIA quality improvement is supported by administration

Stroke Care Process Assessment/Quality Improvement:

If awarded stroke recognition, the organization will commit to:

- For QI purposes, facilities are to review up to 5 cases internally every 6 months
- Submit de-identified data to the Montana Cardiovascular Health Program every 6 months
- Identify and track one stroke-related QI project/ year based on reviews

In summary, this application and the policy, procedure, order sets, and transfer agreements you provide document your readiness for acute stroke care. Following a successful application, you need to initiate your data collection and reporting and review processes. Development of chart audit tools can facilitate staff involvement with administrative support. Education is required and may be a stand-alone, (Alteplase education, for example) or linked to a QI project, most of which do require education. Set dates and build a method for order set review. Consider packaging your order sets and policy/procedure into an orientation packet.



Make use of your area primary stroke center coordinator. All of this will assist your reapplication in the future. Thank you for doing this work for your community.