m1 DEPARTMENT
OF HEALTH

Reference Guide:
Acute Stroke Ready Hospital (ASRH) Designation Site Visit

MINNESOTA STROKE PROGRAM

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For help preparing for ASRH Designation site visits, please contact:

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Background

We are pleased that your facility has decided to apply for initial designation or re-designation as an Acute Stroke Ready Hospital (ASRH)! The ASRH designation application is comprised of two components: the electronic submission of documents for each criteria in the Minnesota Stroke Portal **and the one-day site visit facilitated by the Minnesota Department of Health (MDH) review team**. Both components are combined together to approve or deny designation.

Acute Stroke Ready Hospital designation includes a site visit conducted by MDH to help develop and improve a designated facility's stroke program. Site visits will be scheduled in advance and can occur at any time during a facility's three year designation period.

This resource is a companion guide to the Reference Guide for ASRH Designation. This guide provides context on the ASRH designation site visit and includes Appendices of key site visit resources.

PLEASE NOTE: Due to COVID-19 pandemic and corresponding guidelines, MDH is implementing public health measures at ASRH site visits to help prevent potential spread, including socially distanced small group meetings. The Stroke Medical Director and Stroke Coordinator are the only staff requested/required to be present throughout the visit. If additional administrative and departmental staff want to listen in to the opening, closing, or other sessions, please arrange a conference call in. Please also consider participants, technology, and room space as you prepare for the visit.

If you have questions or need clarification please contact the Minnesota Stroke Program by email at health.stroke@state.mn.us.

Preparing for a Site Visit

ASRH site visits are intended to be a supportive and educational opportunity. They provide MDH the opportunity to verify that what was submitted in the online ASRH designation application documents is happening in the program's day-to-day stroke care in accordance with best practice for acute care of stroke. *Reference American Heart Association American Stroke Association Guidelines for the Acute Care of Stroke*. A site visit is facilitated by MDH site reviewer, a clinical stroke expert who is a stroke- or emergency- certified nurse working primarily in a Primary Stroke Center or Comprehensive Stroke Center. The site visit may be co facilitated by MDH Stroke Program staff. The site review team will validate designation and provide input and insight for improvement (immediate actions, recommendations, opportunities, strengths) in the facility's stroke care and overall infrastructure of the stroke program.

Site visits will be scheduled at least six weeks in advance. The Stroke System Designation Coordinator will be contacting you to schedule your hospitals site visit PRIOR to application deadline. The site visit will typically occur between the hospital's application deadline and designation effective date.

Site visits are expected to last five (5) hours. *Reference Appendix A Site Visit Agenda.* Please prepare appropriately and thoughtfully for the site visit. *Reference Appendix B Site Visit Checklist. Reference Appendix C Site Visit Tips and Tricks.*

In addition to the site visit resources provided as Appendices in this guide, a complete list of Stroke Program Resources to help your program prepare for ASRH designation and site visit are available on the <u>Minnesota Stroke Website</u>. If you are unsure or need clarification – please contact MDH Stroke Program staff at health.stroke@state.mn.us

Opening Session

- The site visit will begin with an initial opening session, to which we encourage leadership from departments involved in the care of stroke patients, as well as your hospital leadership, be invited to attend. Attendance at these sessions demonstrates engagement in the program. During this session, the hospital will present information about their hospital and stroke program. *Reference Opening PowerPoint Presentation Template on the Minnesota Stroke Website*. This will also be an opportunity for the reviewer to ask questions after his/her review of the application and recommendations, as well as serve as an open forum for discussion about designation and the site visit process.

- After the opening presentation expect a quick break before the facility tour. The reviewer will select cases (from prepared list) for the tracer activity that will occur later in the day. The reviewer will walk through the cases via the electronic medical record.

Facility Tour

- Following the opening session, the stroke coordinator and medical director will lead the reviewer on a tour of the facility starting in the ED. Reviewers will walk the path of a stroke patient (arrival by both walk in and EMS) therefor please start the tour at your ambulance bay, then to triage, emergency department, radiology (CT), pharmacy, and lab. If you have interventional radiology, the reviewer will also visit the IR suite. If patients are admitted to the floor after receiving alteplase, the reviewer will also visit the inpatient unit.

- Reviewers will interview staff along the way, particularly a nurse in the ED and ancillary department staff such as CT tech, to verify that they understand their role in the stroke activation process, whether it is an acute stroke patient arrival by EMS or walk-in, as well as where to find the protocol or algorithm to reference during the stroke code. Please plan ahead by allotting more staff, to ensure the visit does not negatively affect staff-to-patient ratios of care.

- **NEW After the facility tour reviewer will identify two acute stroke team member education files (one provider/locum and one nurse) – to verify that those acute stroke team members received education at least two hours or two episodes in the last calendar year.**

Case Review Tracer Activity

- Reviewers will conduct a tracer activity of at least three cases from the list prepared by your facility in advance. To prepare for this activity, present your stroke activation log from the last 12 months. Ensure the stroke activation log is organized/highlighted in the following categories 1) alteplase given and transferred; 2) alteplase given and admitted OR non-Alteplase and admitted (i.e., TIA); 3) other stroke transfers (i.e., Ischemic stroke alteplase not given and hemorrhagic stroke). The tracer will be used to verify that your facility is following your own process for how to care for stroke patients. *Reference Appendix D Case Tracer Form.*

- This is an opportunity for the stroke coordinator and/or abstractor to sit down with the reviewer and walk through cases via the electronic medical record. Reviewers will ask specific questions about your process and where you would find documentation to reveal the journey of the patient. This will illustrate the processes/documentation of stroke care while the patient was in your facility, and identify opportunities for improvement. For example, the reviewer may ask if patient arrived walk in or by EMS (and if EMS pre-notified of stroke), if a stroke code/alert was activated on the patient, if a glucose level was checked, when CT was initiated. The case tracer will especially zero in on alteplase patients (expect to review most recent alteplase cases) and look at the process, drug administration and monitoring of alteplase patients.

- Some questions may not have answers (was not documented) in the electronic or paper record, which is an opportunity to engage your team and administration in helping to develop a more robust record(as well as find ways to document items in the meantime).

- Review of the cases might reveal delays in time goals, which is an opportunity to look at your process and decide where you might try to gain efficiencies in order to meet time goals (I.E. activate telestroke earlier in the process; consider lab draws, rooming and gowning, etc., after CT initiation)

- Case tracers are a non-punitive, supportive and educational exercise to learn more about your program and identify where you can improve. The intent is for the reviewer to help identify whether your hospital is following your own processes, to identify areas where there were opportunities for improvement, to help you understand how to review a case with this new lens of performance improvement, and finally to identify those opportunities and develop a plan for addressing them. Reviewers will lead the exercise; MDH encourages this to be an open and engaging session where all can learn about your program and ways to improve.

Data and Performance Improvement Session

- This session allows for a more specific discussion about your data, how you collect and you utilize. How you currently perform case review and any performance improvement (PI) initiatives you are implementing. We will begin with your presentation of data and any PI processes at your hospital. *Reference the Data and PI PowerPoint Presentation Template*

on the Minnesota Stroke Website. Please illustrate your performance over the last three years (since the last site visit). One PowerPoint slide per metric showing a trend will be helpful. Please also be sure to give an example of your case review, how it is performed, and anything you have created for a current or future Performance Improvement. The focus is that you know what your hospital is doing in your work on stroke, and that you are identifying and working on any issues. This is an opportunity for discussion, and reviewers will share some of what they have experienced and possible ways to approach issues.

Pre-Conference Session (closed door)

- Review team will spend time gathering their impressions and preparing for a verbal presentation of the findings in the closing session.

Closing Session

- The final session closes out the day and communicates findings including recommendations, opportunities, strengths and if any immediate actions were discovered that need to be addressed in a timelier manner. Immediate actions derive from unmet designation criteria or concern for patient safety. We encourage attendance from the same disciplines that participated in the opening session. The reviewer will discuss all areas of feedback to improve the program and day-to-day care according to best practice guidelines and expert experience, and where your program excels. What is verbalized in the closing session will be written into a written report. Hospitals can expect to receive their written report within eight weeks of the site visit date.
- Criteria for your Acute Stroke Ready Hospital designation illustrate program areas that are essential to ensuring safe and effective care and efficient processes. This visit is a supportive and educational component of your designation. Findings can be used to gain administrative support for resources and educational opportunities, provide evidence of the strength of your stroke program and the care you provide, and ensure a connection to a Primary or Comprehensive Stroke Center that can help provide education and resources and feedback to aid your program.

Appendix A: ASRH Designation Site Visit Agenda

Time	Topic	*Participants
9:00 – 10:00 am	Opening Session: • Welcome and Introductions • Hospital and Stroke Program Overview/Presentation • Question and Answer	Stroke Program Coordinator Stroke Program Medical Director MDH Reviewer
10:00 – 10:15 am	Break • Identify Cases for Tracer Activity (Stroke Code Activation or PI Log)	
10:15 – 11:15 pm	Emergency Department Tour/Tracer Activity • Ambulance garage or entrance, Helipad • Ambulatory entrance • Registration, Triage, ED, EMS radio report areas • Radiology (CT), Pharmacy (how you store Alteplase), Lab, IR Suite (if endovascular capabilities) • ICU/floor (if admit Alteplase) • Inter-facility transfer	Stroke Program Coordinator Stroke Program Medical Director MDH Reviewer Departmental staff (when department visited – ED nurse, CT tech, etc)
11:15 – 12:15 pm	Case Review/Tracer Activity • Alteplase given and transferred • Alteplase not given and transferred • Alteplase given and admitted (OR other stroke admit)	Stroke Program Coordinator Stroke Program Medical Director optional MDH Reviewer Stroke Program Abstractor optional
12:15 – 12:45 pm	Break (Lunch) • Validate education files (2 hours or 2 times) of 1 provider and 1 nurse chosen during the ED tour	
12:45 – 1:15 pm	Data Utilization and Performance Improvement Session: • Stroke Data • Case Review process • PI Process	Stroke Program Coordinator Stroke Program Medical Director optional Stroke Program Abstractor optional
1:15 – 1:45 pm	Pre-conference Session (closed)	MDH Reviewer
1:45 pm	Closing Session: • Verbal Report Provided by Site Reviewer	Stroke Program Coordinator Stroke Program Medical Director MDH Reviewer

This agenda timeline is an estimate and is to provide general guidance on organization and staff participation.

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Appendix B: ASRH Designation Site Visit Checklist

☐ Review your hospital's ASRH application. *Reference MN Stroke Portal.*

☐ **NEW: Review your hospital's previous ASRH Designation Site Visit Report and ensure compliance of any Immediate Actions and ensure Recommendations have been addressed.**

☐ **NEW: Review your hospital's previous ASRH Application Recommendations Letter. Ensure recommendations have been addressed.**

☐ Reserve a room with technology (streaming PowerPoint presentation and accessing electronic medical record). *During COVID-19 pandemic consider room space.*

☐ Invite the key players needed to participate in site visit and ensure staff are available for interviews during the facility tour. Site reviewer will speak with departmental staff (registration/triage staff, an ED nurse and CT technician at a minimum). *Reference the Site Visit Agenda.*

☐ Update all hospital staff with the date of MDH site visit. Speak with staff and ensure they are aware of your hospitals protocols surrounding stroke patient care. Review where to locate stroke resources. Provide education as needed. *Reference the Education webpage from the MN Stroke website.*

☐ Prepare Opening Presentation about your hospital and services, catchment area, etc. *Reference the Opening Presentation Template from the MN Stroke Website.* Send the PowerPoint to MDH before or after the site visit.

☐ Ensure your stroke data/cases are entered (up to date!) in the MN Stroke Registry. Practice running reports from the MN Stroke Registry to see which ones provide meaningful data to present as part of your presentation. *Reference the MN Stroke Portal.*

☐ Prepare Data and PI Presentation. Showcase your stroke data. Illustrate how your program reviews cases and how your performance improvement process works. Showcase a current PI project a previous PI project (was it successful?). *Reference the Data PI Presentation Template from the MN Stroke Website.*

☐ Review acute stroke team (nursing and provider) educational files to ensure documented 2 hours or 2 episodes of stroke education for every nurse and provider that responds to stroke code in the ED. Assign education as needed. *Reference the Education webpage from the MN Stroke website.*
  - o **NEW: Ensure you have the ability to validate education of 1 nurse and 1 provider (selected on site by reviewer).**

☐ Prepare for Case Tracer Activity. Invite participation of stroke registry abstractor if available. *Reference the Case Tracer Form from the MN Stroke website.* Practice reviewing a case!
  - o **NEW: Have your stroke log available and your most recent stroke code activations highlighted or sorted as followed. Reviewer will choose the most recent cases:**
    - ▪ Alteplase transfer (reviewer will review most recent alteplase cases)
    - ▪ Non-alteplase transfer (ischemic, hemorrhagic..)
    - ▪ Alteplase and non-alteplase stroke admits

☐ Prepare site visit packet (1-2). Include copy of PowerPoint presentations for review team (please also send electronic copies of the PowerPoint presentations to MDH staff)

Appendix C: ASRH Designation Site Visit Case Tracer Form

Hospital:	MDH Code (not medical record):
Arrival Date:	Transfer/Discharge Date:

☐ Alteplase Transfer ☐ Other Transfer:_____ ☐ Alteplase Admit ☐ Other Admit:_____

Process	Time	Timing Indicators	ASRH GOAL
Arrival Mode (EMS / Walk-In)			
EMS pre notification (Y / N)			
Glucose Obtained (Y / N)			
ED Arrival Time		Door Time:	
Last Known Well Clock Time		LKW to Door:	
Provider Evaluation		Door to Provider	10 minutes
Stroke Code Activation		Door to Code:	15 minutes
Telestroke Activation		Door to Telestroke activation:	15 minutes
Telestroke Connection/Consultation		Door to Telestroke connection:	20 minutes from activation time
CT Initiated		Door to CT:	25 minutes
CT Read		Door to CT read:	45 minutes
Transfer out of ED		Door to Transfer:	120 minutes (more rapid for endovascular)
IV Alteplase		Door to Needle:	60 minutes
Weight obtained (method)			
Discussion of Risks and Benefits			
Double Check			
BP prior to infusion			
Bolus Time			
Infusion Time (within 5 minutes of Bolus)			
Flush (same rate same line)			
Post-Alteplase Monitoring		VS 15 15 15 15 15 15 15 15 N 15 15 15 15 15 15 15 15	
Documentation			
Dysphagia Screen documented	Y / N		
NIHSS documented (whom)	Y / N		
Reason no alteplase documented	Y / N		
Consideration of disability for treatment	Y / N		
Considered for endovascular treatment	Y / N		