



Hospital Resource Guide

Acute Stroke Ready Hospital Designation Site Visit

Minnesota Stroke Program Contact Information

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Background

In 2013, the Minnesota Legislature authorized the Minnesota Department of Health (MDH) to designate hospitals in Minnesota as “stroke hospitals.” A hospital that meets the criteria for a Comprehensive Stroke Center (CSC), Primary Stroke Center (PSC), or Acute Stroke Ready Hospital (ASRH) may voluntarily apply to the Commissioner of Health for designation. A hospital shall be designated as a CSC, PSC, or an ASRH for a three-year period upon MDH’s review and approval of the application.

An Acute Stroke Ready Hospital meets specific designation criteria illustrating it has the infrastructure and capability to care for acute stroke, including administration of intravenous thrombolytic therapy (also known as tissue plasminogen activator “tPA,” or alteplase). An ASRH has staff and resources available to diagnose, stabilize, treat, and transfer most patients with stroke. Most acute stroke patients are transferred to a Primary Stroke Center or Comprehensive Stroke Center post-treatment.

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 guide serves as a resource for hospitals designated as Acute Stroke Ready and preparing for an ASRH site visit.**

Preparing for a Site Visit

ASRH site visits are intended to be a supportive and educational opportunity. They also give MDH the opportunity to verify that what was submitted in your ASRH designation application is happening in their day-to-day stroke care in accordance with best practice for acute care of stroke. The site visit will be facilitated by a clinical stroke expert who is a stroke- or emergency-certified nurse working primarily in a Primary Stroke Center or Comprehensive Stroke Center, alongside a MDH Stroke Program staff. The site review team will provide input and insight on both strengths and opportunities for improvement in their day to day stroke care and overall infrastructure of their stroke program.

Site visits will be scheduled at least 6-8 weeks in advance. Site visits are expected to last five (5) hours. (See Appendix B.) The site reviewers will receive and review your application once the visit has been scheduled. We will ask for any updated policies, protocols or agreements at the time of scheduling. MDH will also ask for you to prepare the materials referenced in the attached checklist for the day of the visit. (See Appendix C.) Prior to the visit, you will receive an email from the site reviewer assigned to your visit, introducing him/herself and MDH – opening the communication channels ahead of the visit. This is an invitation to ask and answer questions ahead of time, and clarify any questions you have before the visit. Please take advantage of this opportunity and respond to this email as appropriate.

Opening Session

The process of the site visit will include 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. (*Use opening session presentation template.*) 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. Finally, the reviewer will select cases for the tracer activity later in the day. The reviewer will walk through the cases via the electronic medical record. We will also use the cases as a sample from which to verify educational criteria for those nurses and providers involved in the patient care.

Facility Tour

Following the opening session, the stroke coordinator and medical director will lead the reviewer and MDH staff on a tour of your facility. Reviewers will interview staff along the way, to verify that they know what general process when an acute stroke patient arrives either 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 we do not negatively affect staff-to-patient ratios of care. Reviewers will follow the path of a patient; 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, we will also visit the inpatient unit. Again, please plan ahead for staff to be interviewed.

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, generate a case list from the last 24 months (minimum of 10 cases) with diagnosis, treatment, and discharge disposition. Ideally present a stroke activation log, but at a minimum list those who coded out as stroke. Categorize as 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.

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 might find documentation to show the journey of the patient. This will illustrate the path and process of care while the patient was

in your facility, and identify opportunities for improvement. For example, the reviewer may ask for when pre-notification happened, when a glucose level was checked, or when CT was started. Some questions may not have answers in the electronic or paper record, which is an opportunity to engage administration in helping to develop a more robust record, as well as find ways to document items in the meantime. Some items might reveal delays in time goals, which is an opportunity to look at your process and decide where you might try to eliminate work that can be done after a patient is imaged, such as rooming and gowning. **These 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 teach through these exercises, and we hope this will be an open and engaging session where we all can learn about your program and ways that MDH can support you in your efforts.

Data and Performance Improvement Session

This session will follow the tracer activity. It allows for a more specific discussion about your data, how you currently perform case review, and any performance improvement (PI) and any changes or improvements you are planning. We will begin with your presentation of data and any PI processes at your hospital. (*Refer to template for Data and PI presentation.*) Please begin by illustrating your performance over the last three years on, at a minimum, Door-to-CT and Door-to-Needle times. If you track other metrics (e.g., Last Known Well documented or Dysphagia Screens done/documentated), please include what you have seen over time on these as well. 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 a Performance Improvement project around or plan to address in the future. **This is an opportunity to show what you are doing well on and what you need to work on.** 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)

Reviewer and MDH staff will spend time gathering their impressions and preparing for a presentation of the findings in the closing session. We will invite the stroke coordinator in towards the end to share our impressions.

Closing Session

This final session closes out the day and communicates both strengths and opportunities. We encourage attendance from the same groups that came to the opening session. The reviewer will discuss all the areas where you show excellence, as well as any opportunities to improve the program and day-to-day care according to best practice guidelines and expert experience. If there is any area that does not meet criteria and will need to be addressed immediately, the reviewer and MDH will communicate this as well. This is intended to be a supportive discussion. Reviewers and MDH will share resources and information to support you in addressing any areas that require improvement.

The criteria for your Acute Stroke Ready Hospital designation illustrate the areas that are essential to ensuring safe and effective care and efficient processes. This visit is a supportive element to your designation. The 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: Acute Stroke Care Time Goals

Action	Goal
Door to acute stroke team	15 minutes
Door to imaging (initiated)	25 minutes
Door to imaging (interpretation)	45 minutes (CT), 60 minutes (MRI)
Laboratory test results available	45 minutes (of when ordered)
Door to tPA administered*	60 minutes
Door to transfer**	2 hours
Telemedicine*** link established	Within 20 minutes (of when deemed necessary)
Availability of neurologist or other physician experienced in acute stroke diagnosis and treatment	Within 20 minutes (either on-site or via telemedicine***)

*NQF-Endorsed Measure #1952

**This time goal (door to admission or transfer) is for patients treated with IV tPA. More rapid transfer is indicated for patients not eligible for IV therapy, but may be eligible for intra-arterial therapy. In general, delays in transfer should be avoided.

***Telemedicine may include either telephonic, video linkage, or both.

Modified from (Jauch et al., 2013).

Please note: designation as an Acute Stroke Ready Hospital by the State of Minnesota is NOT contingent on meeting these time standards. These goals are provided here only as a reference for hospitals in their performance improvement efforts.

Appendix B: Acute Stroke Ready Designation Site Visit Agenda

Time	Topic	Participants
9:00 – 10:00 am	Welcome and Introductions Opening Session <ul style="list-style-type: none"> Stroke Program Presentation Question and Answer 	Stroke Program Leadership Team Hospital Administration Hospital Departmental staff MDH staff and Reviewer EMS
10:00 – 10:15 am	Break (Identify Cases for Tracer Activity)	
10:15 – 12:15 pm	Emergency Department Tour/Tracer Activity <ul style="list-style-type: none"> Ambulance garage or entrance, Helipad Ambulatory entrance Registration, Triage, ED, EMS radio report areas Radiology (CT), Pharmacy (how you store Alteplase), Lab ICU/floor (if admit Alteplase) Case Review/Tracer Activity <ul style="list-style-type: none"> Alteplase given and transferred Alteplase not given and transferred Alteplase given and admitted (OR non-Alteplase admitted) 	Stroke Program Leadership Team MDH staff and Reviewer Departmental staff (when department visited) Staff to navigate EMR
12:15 – 12:45 pm	Break (Lunch)	
12:45 – 1:15 pm	Data and Performance Improvement Session <ul style="list-style-type: none"> Data Presentation Case Review process: how do you identify and look at cases PI Process: how do you turn case review into performance improvement activities 	Stroke Program Leadership Team MDH staff and Reviewer Abstractor Quality Department staff
1:15 – 1:45 pm	Pre-conference Session (closed)	MDH staff and Reviewer
1:45 pm	Closing Session Verbal Report Provided by Site Reviewer	Stroke Program Leadership Team Hospital Administration Hospital Departmental staff MDH staff and Reviewer EMS

NOTE: This agenda timeline is an estimate. Site visits tend to take on a life of their own, and the schedule may be relatively fluid. This agenda is to help provide guidance on organization and staff participation. *The Stroke Medical Director is to participate in the entirety of the visit, alongside Stroke Coordinator, as part of the Stroke Program Leadership team.* Additional staff are recommended to participate in all or parts of the day.

Appendix C: Acute Stroke Ready Designation Site Visit Checklist

At time of scheduling (send to MDH):

- New protocols since application
- New agreements (EMS, transfer, tele-stroke) since application

At time of site visit:

- Presentation about your hospital and services, catchment area, etc. (see intro presentation template)
- Generate a case list from the last 24 months (minimum of 10 cases) with date, diagnosis, treatment, and discharge disposition. Ideally an Activation Log, but at a minimum those who coded out as stroke. Categorize as 1. Alteplase given and transferred. 2. Alteplase given and admitted (AND/OR non Alteplase admitted I.E. TIA) 3. Other stroke transfers
- Staff available for interviews during tour. (Your site reviewer will speak with an ED nurse and CT tech.)
- Updated educational listing of opportunities from last 12 months AND next 12 months, including which staff targeted and number of hours per training
- Nursing and provider stroke education documented in personnel files or in some other format (for all acute stroke team members in care of stroke patients, especially whom mix or administer alteplase). Reviewers will identify which nurses and providers to review. ASRH criteria requires all acute stroke team members (nurses and providers) to receive stroke education two hours or two times a year.
- Agendas and meeting minutes for meetings where you review stroke cases.
- Presentation of data and how you review cases. (See data presentation template.) Show us how your performance improvement process works including how you identify a gap in care. Present a PI project you have recently identified, are in process of, or have recently completed.
 - Focus on how you identified an issue, set your goals, implemented an action, measured pre- and post, demonstrated improvement.
 - Include where you perform your work, who is involved, and how you keep everyone engaged.
 - Show us your performance on Door to CT and Door to Needle over the last three years, and any other metrics you track. Do not worry if you do not meet goals – just show us you are working on the process.