

# Medical & Dental Staff Newsletter

February 2011

Cabell Huntington Hospital

Vol 2 Issue 1

## Upcoming Events

### The Joint Commission Primary Stroke Center Disease Specific Certification Survey February 10, 2011

The Joint Commission will be at Cabell Huntington Hospital February 10<sup>th</sup> to review the care we provide to all patients who experience a stroke. This includes patients that were both admitted with a stroke or Transient Ischemic Attack (TIA) or developed a stroke or TIA during their hospitalization.

The Joint Commission will evaluate our adherence to our Clinical Practice Guidelines (CPG). The CPGs are incorporated into our stroke ordersets which were developed in accordance with the American Heart Associate (AHA) and the Brain Attack Collation. (Every provider is encourage to review the guidelines- <http://stroke.ahajournals.org/cgi/rep rint/STROKEAHA.107.181486>) This is why it is imperative that providers utilize the stroke ordersets located on the Intranet and at each nurses station for all suspected and confirmed stroke patients.

a possible or confirmed stroke receives evidence base care-the care they **deserve** to receive.



### Stroke Alert Process

Over the last several months, the hospital has been practicing the inpatient stroke alert process. The Emergency Department has had a very solid and well functioning stroke alert process for patients that arrive with neurological symptoms are within 6 hours of the last known well time. However, to ensure that all patients received the same level of care, the IP stroke alert process was developed. This entails an immediate response from the Rapid Response Nurse and Hospitalist. They, in conjunction with the patients nurse, attending physician and the neurologist on call determine the plan of action for the patient. The CT department, the Radiologists and the Laboratory are immediately available to care for the patient and are fully aware of the need for timely intervention

Cabell Huntington Hospital's Stroke Appropriate Care Score has been at 100% for the last two months! This means that each and every stroke patient received evidence base care-which are the eight Joint Commission Stroke Indicators listed in the box below.

### Joint Commission Stroke Indicators

1. Venous thromboembolism (VTE) prophylaxis by end of hospital day two
2. Antithrombotic therapy by end of hospital day two
3. Discharged on antithrombotic therapy
4. Discharged on Anticoagulation therapy for atrial fibrillation/flutter (even a hx. of A-Fib)
5. Thrombolytic therapy if not contraindicated- see t-PA exclusion form on Intranet
6. Discharged on statin medication if LDL>100
7. Stroke education
8. Assessed for rehabilitation prior to discharge

See back page for ways to learn more about stroke.

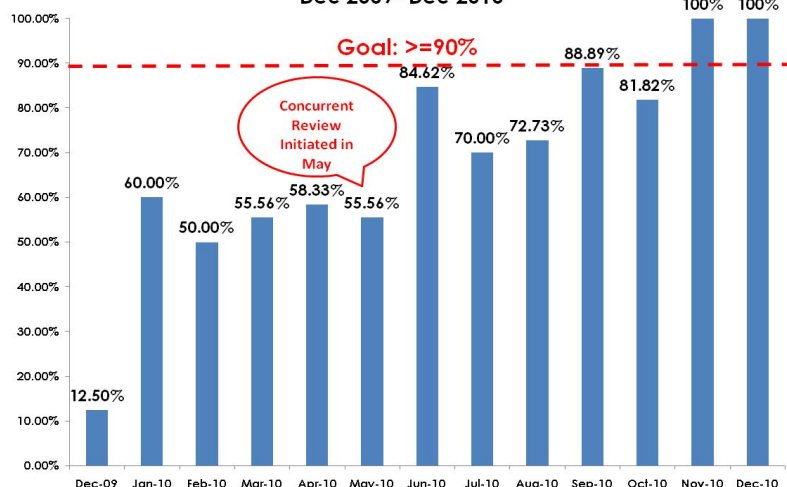
### Providers

Utilize the stroke ordersets-located on the Intranet and at the nurse's station

Contact Dr. Mark Stecker,  
Stroke Program Medical  
Director with questions  
(304)  
Becky Edwards  
(304) 526- 6084

The ordersets help the entire care team ensure that each patient with

Stroke Appropriate Care Score  
Dec 2009- Dec 2010



**To Learn More:  
Acute Stroke Training for Physicians**

1. On-line NIH Stroke Scale (and neuro exam during stroke)  
<http://learn.heart.org/ihtml/application/student/interface.heart2/nihss.html>
  
2. On-line AHA CME courses  
<http://learn.heart.org/ihtml/application/student/interface.heart2/index2.html?page=catalog>
  - A) Acute Stroke Management in the ER
  - B) Acute Stroke Science
  - C) Hypertensive Crisis Management
  
3. AHA Stroke Guidelines  
<http://stroke.ahajournals.org/cgi/reprint/STROKEAHA.107.181486>
  - A) Management of Acute Stroke
  - B) Management of Stroke and TIA
  
4. On-line Lecture for CME on the Cabell Intranet—Management of the Acute Stroke...coming soon!