# 2021 North Dakota Stroke and Cardiac Conference

FINANCIAL DISCLOSURE:
No relevant financial relationship exists

## STROKE AND CARDIAC SYSTEMS OF CARE UPDATES

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# ACUTE STROKE READY HOSPITAL DESIGNATION

- The COVID-19 pandemic has affected the Acute Stroke Ready Hospital (ASRH) Designation process

- All ASRH redesignation site visits have been delayed, leaving many sites overdue

- ASRH site visits have been prioritized in order to address the most overdue sites first
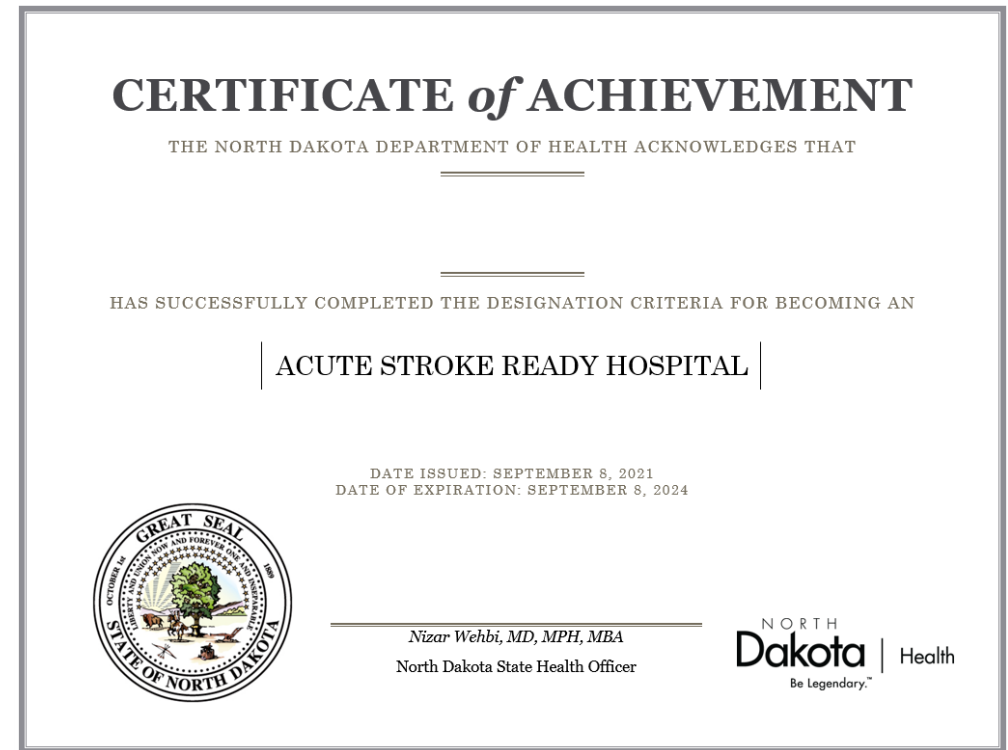
# ASRH SITE VISITS

- Held in-person or virtually
- Review team includes a Stroke Coordinator from a tertiary hospital and the State Stroke Coordinator.
- A virtual provider-to-provider interaction will be scheduled with case review.
- Each ASRH provides a presentation on their stroke program, quality metrics, and performance improvement program.



**Acute Stroke Ready Hospital Designation Site Visit Agenda**

| Time | Session | Attendees |
|---|---|---|
| 10:00–10:45 am | Welcome and Introductions<br>Opening Session<br>✓ Stroke Program Presentation<br>✓ Stroke Quality Metrics Presentation<br>✓ Question and Answer | Stroke Program Leadership Team<br>Hospital Administration<br>Hospital Departmental staff<br>NDDoH staff and Reviewer<br>EMS |
| 10:45–11:30 pm | ED Tour:<br>✓ Ambulance garage or entrance, Helipad<br>✓ Ambulatory entrance<br>✓ ED, Triage, EMS radio report areas<br>✓ Radiology (CT), Pharmacy (how you store alteplase), Lab<br>✓ ICU/floor (if admit Alteplase) | Stroke Program Leadership Team<br>NDDoH staff and Reviewer<br>Departmental staff (when department visited) |
| 11:30-12:45 pm | Working Lunch<br>Case Review (Tracer Activity)<br>✓ Alteplase given and transferred<br>✓ Alteplase given and admitted (OR non-alteplase admitted)<br>✓ Other stroke transfers | Stroke Program Leadership Team<br>NDDoH staff and Reviewer<br>Staff to navigate EMR as needed |
| 12:45–1:15 pm | Data and Performance Improvement Session<br>✓ Data presentation<br>✓ Case review process: how do you identify and look at cases<br>PI process: how do you turn case review into performance improvement activities | Stroke Program Leadership Team<br>NDDoH staff and Reviewer<br>Abstractor<br>Quality Department staff |
| 1:15–1:45 pm | Pre-conference Session (closed) | NDDoH staff and Reviewer |
| 1:45–2:15 pm | Closing Session<br>Verbal Report Provided by Site Reviewer | Stroke Program Leadership Team<br>Hospital Administration<br>Hospital Departmental staff<br>NDDoH staff and Reviewer<br>EMS |

# IV THROMBOLYTIC CHECKLIST

- Inclusion and Exclusion Criteria for IV Thrombolytic Treatment of Ischemic Stroke updated to include the use of Tenecteplase

- For consideration of eligibility within less than 4.5 hours of last known well, wake-up, or unknown time of onset

# ACUTE CARDIAC READY HOSPITAL DESIGNATION

**NEW!**

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## North Dakota Acute Cardiac Ready Hospital Designation Criteria

**PRE-HOSPITAL CARE**

- ☐ Collaboration with local EMS to allow for pre-hospital activation of STEMI process
- ☐ Documentation supporting hospitals reaching back to EMS to provide patient outcomes, what went well, opportunities for improvement on cardiac arrest calls (feedback forms, integration of quarterly meetings, etc.)
- ☐ EMS to provide current contact information to hospital facility

**EMERGENCY ASSESSMENT OF STEMI PATIENTS**

- ☐ ED triage protocol that includes a stat ECG (<10 minutes after arrival) for patients with Acute Coronary Syndrome (ACS) based signs and symptoms, including atypical presentations
- ☐ ED treatment protocol(s) for diagnosis and treatment of the STEMI patient
- ☐ STEMI activation plan
- ☐ STEMI Team with required experience or competency/skills validation in STEMI care
- ☐ STEMI Team ACLS certified
- ☐ STEMI Team response to bedside <20 min.
- ☐ Acute Cardiac Team members have one-hour training and education annually specific to STEMI recognition, identification, treatment, and transfer (not including BLS or ACLS recertification)

**TREATMENT**

- ☐ Documentation of reperfusion strategy(ies) (Fibrinolytics vs Primary PCI)
- ☐ Protocol that outlines each step in STEMI treatment and transfer process that follows current clinical practice guidelines (Examples include goal metrics for Door to ECG within 10 minutes of arrival, Door to transport activation and Door-in to Door-out within 45 minutes, Arrival to Thrombolytics within 30 minutes)
- ☐ Documentation by provider on why the patient did not receive fibrinolytic therapy
- ☐ Provide STEMI order sets which include current clinical practice guidelines
- ☐ Ensure consent for fibrinolytic therapy (oral/emergent)

**FIBRINOLYTIC THERAPY**

- ☐ Provide order sets/protocols for fibrinolytic therapy administration
- ☐ Documentation of fibrinolytic checklist use
- ☐ Documentation of the process in place when the STEMI patient is not eligible for fibrinolytic therapy
- ☐ Documentation of annual Tenecteplase (TNK) administration refresher for STEMI Team
- ☐ IV TNK available 24/7 (Recommend: 2 doses TNK available)

**TRANSFER PROCESS**

- ☐ Transport plans or agreement for STEMI patient to be transferred to a PCI capable center
- ☐ Documentation where expected length of stay in ED for STEMI patients transferred for PCI $\geq$ 45 minutes (Door-in to Door-out)

**PERSONNEL**

- ☐ STEMI Coordinator name and leadership roles specific to STEMI Systems of Care
- ☐ Name of Medical Director/Physician Champion and leadership roles specific to STEMI Systems of Care
- ☐ Designated smoke free campus

**PROCESS IMPROVEMENT**

- ☐ STEMI activation log
- ☐ Process improvement documentation, keeping track of quality metrics and addressing outliers, why the metric is an outlier, and what has been done to improve outliers
- ☐ Report metric data at interdisciplinary meeting (including EMS personnel), can be built into an already existing quarterly meeting or can be a meeting on its own.
- ☐ Use of cardiac registry with capabilities for state reporting
- ☐ Performance improvement program must include, but not limited to, tracking the following metrics:
  - o Door to ECG within 10 minutes
  - o STEMI positive ECG to EMS transport activation within 10 minutes
  - o Door to fibrinolytics (in fibrinolytic eligible patients) $\leq$30 minutes
  - o Door-in door-out time (length of stay) $\leq$ 45 minutes
  - o Aspirin given prior to transfer
  - o Loading dose of Plavix or Brilinta prior to transfer
  - o Loading dose of weight-based Heparin
  - o If fibrinolytics given, initiation of Heparin drip
- ☐ Review of hospital and pre-hospital STEMI care

**RECOMMENDATIONS:**

- ☐ Documentation supporting annual public awareness campaign provided to community
- ☐ Outreach to local dispatch regarding pre-arrival CPR instruction
- ☐ Participation in Cardiac Arrest Registry to Enhance Survival (CARES)

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# ACUTE CARDIAC READY HOSPITAL DESIGNATION

- Meets requirement of Century Code 23-47: Acute Cardiovascular Emergency Medical System
  - Creates hospital standards for designation, evaluation, and quality improvement

- Statewide cardiac registry selected: Get with the Guidelines-Coronary Artery Disease (GWTG-CAD)

- Modeled after the Acute Stroke Ready Hospital designation process

- Q&A Webinar upcoming for Critical Access Hospitals

# CARDIAC READY COMMUNITY PROGRAM

Analyze Your Community's Situation → Build a Leadership Team

Information Meeting → Implement and Track Changes

Request Designation!
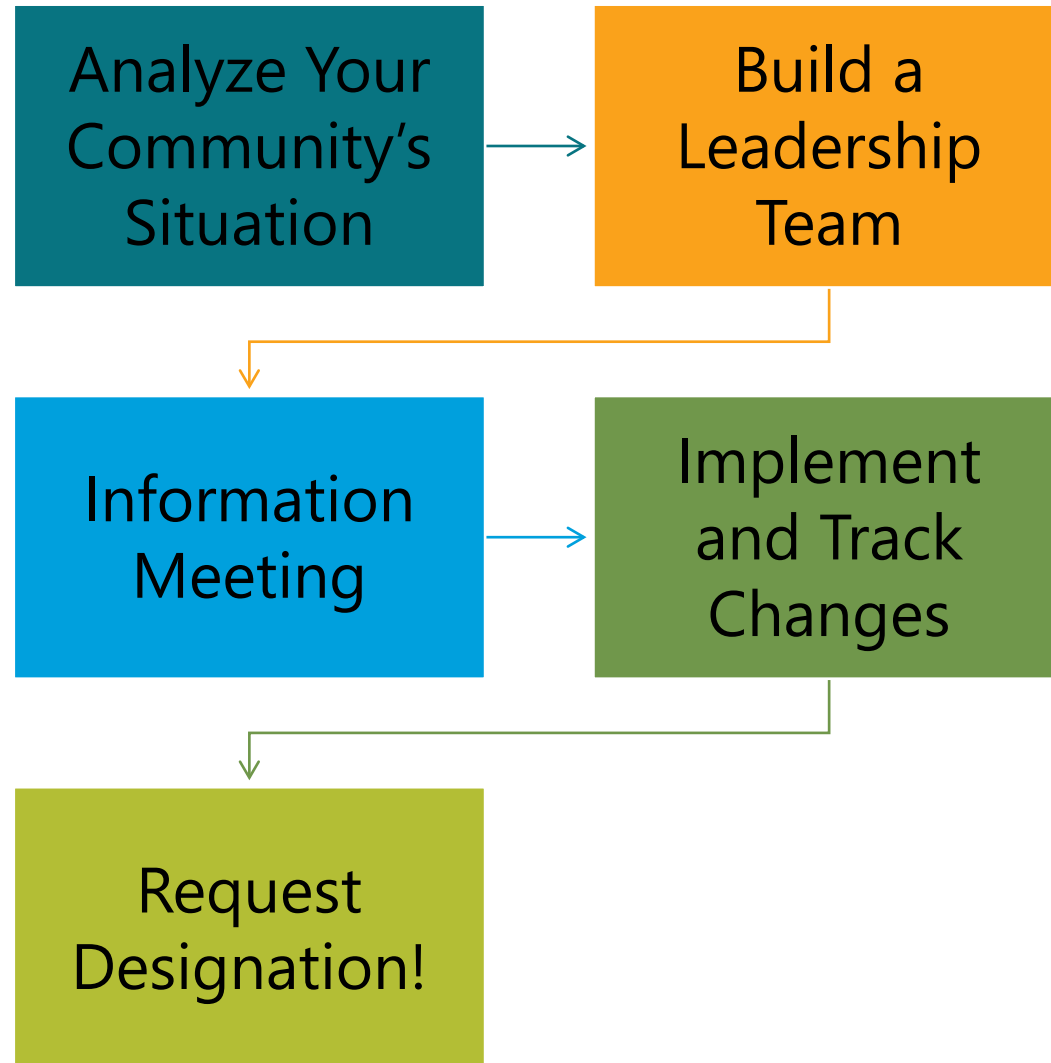
## Guidelines

- Community Leadership
- Ongoing Community Awareness
- Community Blood Pressure Program
- CPR & AED Training
- Public Access AED Locations
- EMS Dispatching Program
- EMS Agencies
- Hospital Services
- Program Evaluation

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# CARDIAC READY COMMUNITY UPDATE

✓

?

No scoring system that required communities to obtain points by meeting multiple criteria

Answer open-ended questions in each category to describe community's effort to increase cardiovascular readiness

More straightforward and attainable by a community of any size.

Locate the new CRC Guidelines: https://www.health.nd.gov/north-dakota-cardiac-ready-community-and-campus-designation

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# CARES

- Free statewide

- EMS agency data from ESO will bridge directly into CARES

- Hospitals will complete two small sections

- Required participation by the new Cardiac Ready Community guidelines

- Recommended participation for Acute Cardiac Ready Hospital Designation

- Roll-out anticipated 2022

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# FOR QUESTIONS, PLEASE CONTACT:

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