



Stroke Treatment Assessment Team Self-Assessment Form

Hospital: _____

Assessment Date: _____

STROKE ALERT PHASE

EMS Patients

EMS Routinely Pre-Notifies? Yes No

How does the ED prepare for an incoming patient when EMS pre-notifies?

Is EMS routinely using the CPSS and FAST ED (when applicable)? Yes No

Does EMS obtain blood for labs on Stroke Alert? Yes No

Does the Radio Report Sheet have stroke specific information?

- TLKW (Time last known well)
- FSBS (Finger stick blood sugar)
- FAST ED Score (see attached Maine EMS Stroke Protocols)
- Response to 3 Lytic Questions (see attached Maine EMS Protocols)
- Other – please describe

Walk-in Patients

Are registration staff given stroke recognition education, training, and resources? Yes No

What is the workflow for patients presenting to registration with stroke symptoms? Yes No

Is BEFAST used by the triage staff? Yes No

If a patient is BEFAST positive, what is the response by the department?

Is there physician or APP staffing in triage? Yes No If Yes, when? _____

Is there information to gather or tasks to be completed by triage that would enhance this phase of a Code Stroke?

What is the mechanism by which a Code Stroke/Stroke Alert is broadcast?

Overhead Pager Other _____

Who gets notified when a Code Stroke is initiated?

- | | | |
|---|---|---|
| <input type="checkbox"/> ED Provider | <input type="checkbox"/> CT technologists | <input type="checkbox"/> Critical Care |
| <input type="checkbox"/> Charge RN | <input type="checkbox"/> Pharmacy | <input type="checkbox"/> House Supervisor |
| <input type="checkbox"/> Registration | <input type="checkbox"/> Hospitalist | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Phlebotomist/Lab staff | <input type="checkbox"/> Radiologist | |

Are there barriers to initiating and communicating a Code Stroke? If so, please describe below:

ED CODE STROKE HOSPITAL ARRIVAL PHASE

EMS Pre-notification or Walk-in Triage

Is there a dedicated team to meet the patient at the door? Yes No

Team composition:

- | | |
|------------------------------------|---------------------------------------|
| <input type="checkbox"/> Provider | <input type="checkbox"/> Registration |
| <input type="checkbox"/> RN | <input type="checkbox"/> Phlebotomist |
| <input type="checkbox"/> Charge RN | <input type="checkbox"/> Other _____ |

Does the response team have easy access to a Stroke Packet? Yes No

Is there a computer with your EHR installed, available where patient is met? Yes No

Does Code Stroke activation trigger an ED Acute Stroke order set use? Yes No

For patient's arriving via EMS with pre-notification, is patient taken directly to CT (i.e. patient does not stop in a room for assessment prior to going to CT)? Yes No

Are labs drawn *prior* to initiating the head CT? Yes No

Are ECGs obtained *after* performance of the head CT? Yes No

Are patients weighed prior to thrombolytic use? Yes No

If so, are they weighed prior to head CT? Yes No

If so, how do you obtain a patient weight? bed scale floor scale lift scale other

Does your hospital perform CTAs of the head and neck immediately following the non-contrast head CTs for all suspected acute strokes? Yes No

If not, how does your hospital select patients for undergoing CTA? _____

Does the provider accompany the patient to imaging? Yes No Sometimes

Do the provider and the RN assigned have a communication device? Yes No

Portable phone Cell phone Vocera/Other

What barriers are present or improvements needed in the initial response to an ED Code Stroke?

INPATIENT CODE STROKE

Do you have a written protocol in place for what to do when a patient who is admitted to the hospital develops symptoms of a stroke? Yes No

Do all hospital staff members receive education on recognizing symptoms concerning for stroke and what to do if they suspect a patient in the hospital is having a stroke? Yes No

What is the mechanism by which a Inpatient Code Stroke/Stroke Alert is broadcast?

Overhead Pager Other _____

Who gets notified when an Inpatient Code Stroke is initiated?

ED Provider Imaging Critical Care
 Supervising RN Pharmacy House Supervisor
 Lab Hospitalist Other _____

Do you have an Order Set for Inpatient Code Stroke activations? Yes No

Are there barriers to initiating and communicating an Inpatient Code Stroke? If so, please describe below:

TELESTROKE SYSTEMS

Does your hospital use telestroke? Yes No (if no, proceed to **Activation Phase**)

If Yes, who provides this service: _____

Is the phone number to request a telestroke consult posted in useful and visible locations?

At the door In imaging On the portable phone On Triage sheet Other _____

Who is responsible to make the call for a telestroke consult?

Provider RN Unit Secretary Other _____

Is staff trained on how to assist a remote neurologist in performing a neurological examination?

Yes No

ACTIVATION PHASE

Is there a clear, concise, objective process in place to help guide activation decisions?

Yes No Comment _____

Does the activation decision process include:

- LKW <4.5 hrs. lytics
- LKW<24 hrs. Endovascular Consideration
- Presence of focal neurological deficit
- Judgement of deficit to be disabling
- Current anticoagulation use
- History of bleeding disorder
- Recent trauma or surgery

Other _____

IMAGING PHASE

What is the travel time to imaging from the ED? _____ minutes

Is CT scanning staffed 24/7 with CT Technologists? Yes No

Is a CT scanner cleared and made available when a Code Stroke is initiated? Yes No

Is there easy access to the Stroke Packet/Stroke protocols in imaging? Yes No

Are all supplies necessary for IV placement and medication administration present in CT?
 Yes No

Does a code stroke automatically trigger a non-contrast CT and a CTA order?

Order set Provider direct entry

Is there a standard process to assess for contrast allergy? Yes No

Is there an Order Set to pre-treat patients with a history of contrast allergy to expedite imaging?
 Yes No

What is the timeline for STAT interpretation of imaging?

Days _____ Nights _____

Is there an available workstation for the provider to use in imaging? Yes No

LYTIC/POST LYTIC PHASE OF CARE

Do you use a Thrombolysis Treatment for Stroke Order Set (for ordering stroke thrombolysis)?
 Yes No

Do you use a Post-thrombolysis Stroke Order Set (for admitting pts to the hospital after stroke thrombolysis)? Yes No

If you use Epic, do the providers utilize the Stroke Navigator? Yes No Never heard of it
 N/A; Why or why not _____

If you use Epic, does nursing utilize the Stroke Narrator? Yes No Never heard of it
N/A; Why or why not: _____

If you use a telestroke service, is the telestroke cart placed in the patient's room at the time of telestroke activation? Yes No N/A

When a Code Stroke is activated, is thrombolytic procured automatically? Yes No

Where are the lytics stored: In Pyxis Stroke kit Pharmacy delivers Other

What lytic do you use? tPA TNK both

Is the primary RN supported by another RN during a Code Stroke? Yes No

Who administers the lytic? Provider Nurse Pharmacist

Are vital signs and neuro checks done q15 min during and post-lytic? Yes No

Do you use order sets for complications of thrombolysis (hemorrhage and orolingual edema)?
 Yes No N/A

Do you perform a swallow screen on all your stroke patients prior to giving anything by mouth?
 Yes No If so, how is this documented? _____

Does your hospital admit non-lytic stroke patients? Yes No

Comments: _____

Does your hospital admit post-lytic stroke patients?

Yes No

Comments: _____

DOOR IN/DOOR OUT PROCESS

When do you notify EMS of the potential need for transfer for a patient with a known or suspected large vessel occlusive stroke?

- Before CT/CTA based on deficits
- As soon as LVO is identified on CTA
- After discussing the case with a neurologists or neurointerventionalist and the patient is accepted for transfer

When transportation is delayed, what barriers do you face AND how common are they?

- Delay due to ED staff not familiar or facile with the acute stroke transfer process
- Waiting for EMS to be dispatched
- Lack of ambulance availability
- Lack of EMS providers with advanced certification to transfer post-lytic patients
- Having to send an ED RN to accompany patient to the receiving facility

- Having to send a respiratory therapist to accompany patient to the receiving facility
- Delay due to lytic infusing
- Weather-related delays

Other _____

For interfacility transfers, do you use any of the following?

- Transfer activation plan or protocol (One Call model)
- Transfer mode selection guideline (ground/air/critical care transport)
- Transfer checklist
- Transfer order set for EMS clinicians
- Transfer packet

Do you have an on-site helipad? Yes No

DATA, FEEDBACK AND QUALITY IMPROVEMENT PHASE

Do you have designated Stroke Champions? Yes No

If yes, who (check all that apply)? Physician APP Nurse Other

If yes, where? ED Inpatient Both ED and IP

Do you collect data on ED Code Stroke patients? Yes No

Do you collect data on Inpatient Code Stroke patients? Yes No

Do you have a process for reviewing, analyzing and acting on data collected? Yes No

Do you have a mechanism of feedback for providers who are part of the code stroke process?
Yes No

Do you have extra training/education for the members of the Code Stroke team? Yes No

Do you ever run Mock Code Strokes to test the system? Yes No

Do you use Simulation to train care givers on how to respond to a Code Stroke? Yes No

How can you improve your system of acute stroke care? _____

STAFFING					
Staff Type	#on site day	#on site night	#on call day	# on call night	Comments
EM Physician					
ED APP					
ED RN					
ED Tech					
Hospitalist					
FP/GP/IM					
Critical Care Med					
Neurology					
Telestroke Service					
Radiology					
Respiratory Therapy					
Lab Tech					
CT Tech					
Stroke program coordinator					
Personnel for stroke data collection					

RESOURCES			
Facilities	√	# (if applicable)	Comments
Critical Care ED Beds (i.e. monitor & ventilator-ready)			
ICU Beds			
Imaging			
CT			
CTA angiography			
MRI/MRA			
Transthoracic Echocardiography			
Transesophageal Echocardiography			
Cerebral angiography			
Medications & blood products			
Alteplase			
Tenecteplase (for stroke)			
Tranexamic acid			

Cryoprecipitate			
Platelets			
Clotting factor products (e.g. 4F-PCC, 3F-PCC, Factor VII)			
Vitamin K			
Idarucizumab			
Andexanet alfa			
Desmopressin			
Mannitol			