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HospitalMD®
EMERGENCY | HOSPITALIST | HYBRID

insight™

CLINICAL EDITION FOR COMMUNITY HOSPITALS

STROKE CARE IN THE SMALL COMMUNITY SETTING

National Stroke Awareness Month

Every 40 seconds, someone in the US has a stroke. Stroke is the fifth leading cause of death in the U.S. and is one of the leading causes of serious disability for adults. Stroke and stroke-like symptoms are common presenting complaints to the ED. HospitalMD partner sites are responsible for recognizing stroke symptoms, performing appropriate evaluations and testing related to stroke, consulting with appropriate neurology experts, and treating or transferring the patient as necessary. Rural facilities can be designated as a Stroke Ready Hospital. A Designated Stroke Ready Hospital can stabilize stroke patients, administer t-PA if indicated and transfer stroke patients to a higher level of care. The guidelines that these facilities are required to follow in order to achieve or maintain certification are excellent standards for all of our partner sites. The goal is to recognize ALL stroke-like symptoms as potential strokes, rapidly evaluate the patient, and upon recognition of symptoms, start the stroke protocol immediately.

From the Editor

Welcome to this installment of Clinical in•sight™! This publication is aimed to help YOU, our community of clinicians, keep up with and learn information relevant to your position at HospitalMD. I would love to hear your feedback, comments, suggestions and accolades. Please email me with any thoughts at: BNewberry@HospitalMD.com.

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ALL patients with stroke-like symptoms should be treated as a Stroke Alert until proven otherwise.

What presenting symptoms should trigger a stroke alert?

- Unilateral numbness/weakness/paralysis
- Facial droop
- Slurred speech
- Sudden onset confusion
- Visual disturbances
- Sudden, severe headache
- Ataxia

A stoke alert should be triggered for patients who have TWO OR MORE of the following symptoms:

- Dizziness
- Elevated BP
- History of atrial fibrillation
- Anticoagulant medication
- More confused than normal (dementia patients)
- Unresponsiveness (unknown cause)
- Hypo/hyperglycemia with neurological deficits
- Hypoxia associated with neurological deficits
- New onset seizure

Additional tips for stroke patient care include:

- Orders for Stroke Alert Patients should be placed VERY early in the patient care process.
- The patient can proceed directly to CT prior to being seen by the provider in order to facilitate a smooth process - this process can be initiated by the provider or the nurse.
- Be sure to order a PT/INR for all Stroke Alert Patients.
- Use the stroke order sets provided at your facility if they are available to ensure important steps are not missed.
- Ensure that a t-PA Contraindications Assessment has been performed prior to ordering t-PA. There are many sources for this. MDCalc (downloadable app for your phone) has one that is easy to use.

Stroke-like symptoms can range from subtle to obvious. Due to the disability and mortality associated with stroke, ALL patients with potential stroke symptoms should be designated as a Stroke Alert until proven otherwise. All patients with stroke-like symptoms are tracked on quality measures regardless as to whether the final diagnosis was stroke or not and regardless as to whether the patient is a candidate for t-PA or other interventions.

STROKE CARE

STROKE ALERT!

- Numbness • Weakness • Paralysis
- Facial Droop
- Sudden Severe Headache
- Sudden Onset Confusion
- Visual Disturbances
- Slurred Speech
- Ataxia

2 OR MORE OF THESE:

- Dizziness
- Elevated Blood Pressure
- History of Atrial Fibrillation
- Anti-Coagulant Medication
- New Onset Seizure
- More Confused Than Normal (Dementia Patients)
- Unresponsive (Unknown
- Hypo/Hyperglycemia with Neurological Deficits
- Hypoxia with Associated Neurological Deficits

IMPORTANT TIMES FOR STROKE PATIENTS

Door to Provider Time	10 minutes
PROVIDER performance of NIHSS Scale	15 minutes
Door to CT	25 minutes
CT Read	45 minutes
Laboratory Results (must include PT/INR)	45 minutes
Door to Need for Neuro Consult	20 minutes (from time this need is identified)
Door to Drip (t-PA administration)	60 minutes
Door to Transfer/Admit/ Discharge (drip to ship)	120 minutes
Last known normal to t-PA administration	4.5 hours

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STROKE EDUCATION

All providers in Stroke Ready hospitals must have **4 hours** of stroke related CE annually. This specifically applies to the **HMD providers in Kentucky** but is a good idea for all HMD providers. How can you get your stroke CE?

- **Log into HealthStream and complete the APEX Stroke education. This gives you 3 hours of FREE stroke CE.**
- **Go to the National Stroke Association website and sign up for stroke related CE education.**
- **Obtain the comprehensive Stroke Care Series from EB medicine for $179. This gives you 8 hours of stroke specific CE.**
- **Complete stroke related education on UpToDate or Medscape.**
- **Complete any reputable CE online, in a course, or in a conference related to stroke care.**

KENTUCKY PROVIDERS are encouraged to attend one of the Stroke Education Sessions by Amanda Murphy at Haggin MCEMS on 130 Commercial Ave. **TOPICS: What is an ASRH? • Brain Attack • Essentials in Stroke Care • Administration and Preparation of rt-PA • Pharmacy • Stroke Alert**

5/13 –8:00am to 10:00am • 10:30am to 12:30pm
5/14–10:00am to 12:00pm • 2:00pm to 4:00pm
5/16– 4:30pm to 6:30pm
5/17–2:00pm to 4:00pm

PROCEDURAL SEDATION DOCUMENTATION REMINDERS

What is procedural sedation?

- A drug induced depression on consciousness.
- This is a time-based code which means that the ED chart MUST indicate the intra-service time of the sedation.
- You must have at least 16 minutes of intra-service sedation in order for the procedural sedation coding to be utilized.
- Intra-service time:
  - Begins with the administration of the sedative.
  - Requires continuous face-to-face attendance.
  - Ends at the conclusion of the personal contact by the provider providing the sedation.
- Note that Short-term deep sedation involves a complete loss of consciousness and is not included in procedural sedation.

Clinical Requirements:

- The patient must be continuously monitored and reassessed.
- An independent, trained observer must be present to assist with the monitoring of the patient while the provider is both performing the procedure and providing the sedation.
- The facilities ED Conscious Sedation Policy and Procedures must be followed.

Documentation Requirements:

- Name of the procedure.
- Assessment of the patient (which cannot be included in the intra-service time).
- Who performed the procedure.
- Who was present during the procedure.
- Who monitored the procedure.
- Medications used.
- Who administered medications.
- Total intra-service time.
- Ongoing assessments and vital sign monitoring.
- Reference to the procedural sedation flowsheet if your facility uses one. Simply state "see procedural sedation flowsheet".

The #1 reason that procedural sedation charts are not able to be coded properly is the lack of the documentation of the intra-service time. Document the intra-service time EVEN if it is less than 16 minutes. This helps to facilitate the chart being coded in a timely fashion.

6 DOCUMENTATION *Reminders*

HPI
Strive to always include **FOUR HPI** elements in your charts.

ROS
Document the necessary elements in the ROS and then write or check "**ALL OTHER SYSTEMS REVIEWED AND ARE NEGATIVE**". This statement must be present, and the wording MUST BE PRECISE in order to be considered acceptable by the billing company.

Exam
You must have **EIGHT** exam elements present for a higher level chart.

ECG/Radiology interpretation
If you have ordered either of these, the statement "interpreted by me" must be present in the chart. **An ECG must have 3 elements and an interpretation documented and a radiology result must have an interpretation documented**.

Critical Care Time
If your patient qualifies for critical care, BE SURE to document this on the chart.

Procedures
Be sure to include all pertinent details regarding procedures so that any more complex procedures (ie intermediate vs simple suture repair) can be billed at the rate that matches the true complexity of the procedure.

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Join our Providers Facebook Group!

Are you a part of our Facebook group for all **HospitalMD** providers? This is a fun way for all providers to be able to interact, get to know each other, share clinical information and learn from each other. We want this to be a fun, relaxed place where we can share whatever is on our minds. You are free to upload case information and images, please just be cognizant of HIPAA and remove patient names from images or lab work and change any case information to prevent any identifying information.

Here's how to join:

- Sign into Facebook
- Go to: https://www.facebook.com/groups/971504039692503/
- Click on "Join"

Once you do that, a request will come to HospitalMD for approval. Contact Brittany Newberry (bnewberry@hospitalmd.com) if you have any questions or problems. We look forward to seeing you there!

Events and Clinical Resources

ANNUAL HEALTHSTREAM EDUCATION DEADLINE HAS PASSED!

Have you completed your HealthStream annual education? This education was due on April 30th. If you have not completed this, please get this done ASAP. It is very important that we have documentation of annual training on compliance topics such as EMTALA, restraint use and corporate compliance.

GET ACEP NOW

ACEP Now is a great publication that works to keep all of us working in Emergency Medicine up to date on clinical and political topics. Go to this link to look at the latest issue and subscribe!

ERLANGER TRAUMA SYMPOSIUM

Each year Erlanger puts on an excellent Trauma Symposium with one day of lecture and one day of hands-on cadaver lab. These experiences are not easy to find! The conference is always reasonably priced and Chattanooga is a great town to visit! See **THIS** announcement about this year's trauma conference in June. The conference offers CME as well.

UPCOMING CONFERENCES

ACEP Calendar of Emergency Medicine Conferences

Calendar of Hospital Medicine Conferences

AAENP Conference Events

ONLINE EDUCATION

Emergency Medicine Boot Camp

Hospital Medicine Boot Camp

PROCEDURE TRAINING

Global Training Institute

Emergency Procedures Course

CERTIFICATION REVIEWS

Fitzgerald ENP Certification Review

Rosh ENP Certification Review

JOURNALS AND PROFESSIONAL ORGANIZATIONS

FREE! Emergency Medicine News

FREE! ACEP Now

Emergency Medicine Practice

Advanced Emergency Nursing Journal

Annals of Emergency Medicine

Journal of Hospital Medicine

Society of Hospital Medicine

American College of Emergency Physicians

American Academy of Nurse Practitioners

American Academy of Emergency Nurse Practitioners

American Academy of Physician Assistants

PODCASTS

EM: Rap

EMCRIT

FOAMCast

REBELEM

EMplify

Hospital and Internal Medicine Podcast

The Hospitalist Podcast

If you have a great resource you would like added to this list, let us know!

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