Evidence Based Model for the Management of Acute Stroke Patients
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Problem:
Lack of a standardized treatment process in the management of acute stroke patients.

Evidence:
Target Stroke is a national quality improvement campaign of the American Heart Association, which outlines best practice strategies in order to eliminate treatment delays.

Strategy:
Our multidisciplinary Stroke Code Team included the Neurology Stroke Critical Care Intensivists, Advanced Practice Nurse, Stroke Coordinator, Research Nurse, hospital leadership and Intensive Care Staff. LEAN methodology was adopted as a process improvement model. The team’s deliverables were program-specific, evidence based algorithms to include early stroke detection, rapid diagnosis, intervention and treatment options. Emergency Medicine providers perform a vital role in the management of acute stroke care and included in the plan.

Practice Change:
Order sets for early detection, rapid response and treatment in the Emergency Center (EC), and Community Emergency Centers (CEC) were implemented. Education of EC, CEC and EMS providers which included an overview of anatomy and physiology, stroke classifications, National Institute Health Stroke Scale instruction, stroke algorithm, Stroke Code Team contact information, and pocket reference materials.

Evaluation/Results:
Algorithm indicators have demonstrated EC/CEC compliance with a >90% appropriate thrombolytic administration. Further results indicate a ≥85% compliance with the Target Stroke guidelines. There has been a 15% increase in the EMS stroke transports in the last 6 months.

Our community impact is evident by a significant increase in requests for stroke training. Over 800 EMS providers in the region have been educated.

Recommendations:
Adopt evidence based practice standards when working towards strategies to improve practice guidelines. Provide regular customized dashboard reports to team members for discussion and feedback. Include a monthly patient outcomes report to EMS partners. Review and update practice guidelines yearly.

Lessons Learned:
A network of support and collaboration across the multidisciplinary team including the community EMS has been a benefit to our comprehensive stroke program. Establishing strong relationships with internal and external team members improves communication and promotes adherence with Target Stroke guidelines.
Bibliography:
Sudbury, Massachusetts: Jones and Bartlett. p. 65-113.