DSC subcommittee meeting notes

August 19, 2020

1. Opening

2. Standards updates-

    a. TJC ASR- Lisa Bellamy and Betty McGee- no updates

    b. DNV ASR- Rachel Jenkins- Britan has stated there have been several updates to DNV. Amy will reach out to Rachel for a summary.

    c. HFAP ASR- Amy Graham; We will be having a hospital join us that is HFAP in the next month. I was able to sit in on an HFAP call with one of my Ohio hospitals; most is similar to JC but they have a few more measures with EMS and staff education;

    d. TJC PSC- Amy Porter

    e. DNV PSC- Rachel Jenkins

    f. Thrombectomy TJC- Polly Hunt; no major changes

    g. DNV PSC+- Lynn

    h. TJC CSC- Amy Graham- the new specifications manual is now active on July 1st version 2020B for all TJC certification levels.

    i. DNV CSC- Lynn

3. Survey Notes

    a. Baptist Health Paducah had their survey recently was from Lexington; Since there were only a limited amount of people allowed to be present, they set up camera so many hospital administrators and staff could look in on the meeting, especially for the opening and closing. The surveyor did go to the ED, CT because of new perfusion software and the med-surg floor but not ICU due to Covid patients- did not engage in chart reviews with staff, only with the stroke coordinator. If she found any discrepancies, she would call the staff on the floor to clarify. Surveyor dug deep into patient education and family involvement. Documenting stroke packet, identifying individualized patient goals.

    Physician medical director was engaged with the meeting most of the day. Looked at physician documentation and their progress notes. Checked if the patient had neuro decline if CPG were followed.

For the limited amount of people that were allowed to be present, who was included? Quality, ED supervisor, charge RN, educator, DON, VP of Quality, House supervisor.

For your information around Covid, was there anything specific they asked or was specific around patients, DIDO? She asked how they were addressing it and Chapman explained the processes. Surveyor did bring up DIDO and Covid LVO.

Was there anything else that she asked that was out of the ordinary that you were not expecting? She did ask if DC summary if they were recording an NIHSS from the physician if the patient was going to a rehab facility or SNF for a baseline of the patient's ability with the therapy notes also. No questions aske about mRS at DC. Surveyor was OK with NIHSS on progress notes during hospitalization.

Surveyor asked about support groups during Covid. Surveyor asked them to pick it up in Zoom and continue meetings.

Did they ask about support group barriers to access or suggestions for this? She recommended doing calls to support group members individually to check on them, especially the more frequent participants.

Did surveyor ask anything around inpatient stroke and Covid processes or management? Wanted to know the process for Covid + inpatient strokes

High focus on PI and data and the interventions in place to achieve their goals.

DIDO and interventions; In Paducah there are transfer delays and what is there plans for that with weather and other delays.

Several hospitals have been told they will not be asked about records from March-June unless you would like to highlight a success during that time.

Follow phone calls with pts after DC? Alteplase patients are called 1 day, 3 weeks and 6 weeks after DC for follow up per Chapman. He also stated doing family education over the phone during Covid or could not communicate was acceptable if it is documented.

Did she discuss how you followed up with stroke patients? Charlotte stated that she is finding since no family or only 1 family member was present, that when they do follow up phone calls that the family does not know what happened during hospitalization as far as stroke education and patient have short-term memory loss, were in rehab or had been home.

Depression screenings on stroke patients was asked about during BH Paducah survey (not required for PSC) but surveyor told them to start looking at the PHQ9 screening tool for strokes.

Surveyor did look at triage screening for Covid on ED admission.

Neurocheck documentation during Covid and how often.

For older patient or visually impaired population, make sure you are using a larger font for them to read in stroke packet.

Stroke rounds- surveyor did not ask; Hospital did virtual stroke rounds.

Some surveys are still being delayed because of area positivity rates. If your area is high with Covid, it may be postponed. JC will send you a list to see if there is too high of a Covid population.

Chapman has developed a tool post code stroke follow up to monitor QI. Surveyor stated all of SEQIP should adopt it and trial it….and patent it! 😊

4. Consulting

a. Program documents (order sets, protocols, Education tools)

i. St. Elizabeth is looking for post-thrombolytic protocol for the ED. They have one for inpatient. Does anyone have a specific protocol for ED or does everyone just use the inpatient?

Hospitals use a sheet for looking for hemorrhagic transformation and anaphylaxis is included with VS and neurochecks. Not a check sheet, it is more of what to look for and what to do if you see it.

Kings Daughter- orders automatically start in ED to be admitted to ICU. Some can be ED or ICU or specific for both.

If there are inpatient holds in the ED, that's why they start inpatient orders in ED.

Georgetown- advised to have ED decision order sets; Stroke alert order sets but once the ED physician makes the decision for thrombolytics, no thrombolytics or hemorrhagic stroke, they have order sets for each case with parameters for VS, Neurochecks and interventions.

ii. St Joseph Lexington is working on protocol for post-thrombolytic bleeding, does anyone have TXA or aminocaproic acid or are you limiting it to 1 drug on your protocols?

BH Louisville has both drugs on protocol

5. GWTG awards requirements- see attachment

6. Next meetings:

a. SEQIP Face to Face Virtual meeting- October 8th

Amy is working with a physician for the Stroke/Covid keynote speaker is being worked on; he might be deployed so I might have to work on a backup.

Is there still an interest in a Rapid versus Viz AI comparison/discussion with hospitals and users of the tool; not to be done by companies. If you have a radiologist or neurologist that would like to be on the discussion panel, please let Amy know. Some of our SEQIP hospitals have used both!

b. KY HDSPTF meeting- Oct 7th Cancelled