Date: 1/29/2021

Time: 1000

Duration: 30min

Monthly: TBD

Meeting	Agenda	Notes
SEQIP Inpatient Code Stroke Subcommittee	-Establishment of Subcommittee Purpose and Goals -Gap Analysis -Prioritization of PI Initiatives -Determination of Best Recurring Meeting Dates	Please submit Topics for Discussion/questions to Beth.Evers@UofLHealth.org Or Abby Loechler Abby.loechler@heart.org *Your questions will always be anonymous.*
Minutes	-Establishment of Subcommittee Purpose and Goals -Gap Analysis -Prioritization of PI Initiatives -Determination of Best Recurring Meeting Dates	Overview: -s/s recognition start point - overcall vs set criteria -process- many in place -execution/PI improvement for times -idea sharing -low volume so solid process a must -tracking of code stroke -current vs retrospective -de escalation by provider Discussion: What are steps of inpatient stroke alert? 1. Recognition of signs/symptoms 2. Policies/procedures a. Rapid Response Code Stroke Conversion vs. Initial Code Stroke What is everyone's process and what is everyone wanting to get out of this meeting?

		Amy (BH Louisville) - Rapid Response called then responding nurses activate Stroke Team once stroke is identified; interested in hearing best practices and what is happening at other facilities Deidra (UofL Hospital) - thinks they have a good process, recently changed (paged overhead); wanting to learn from other institutions, make sure there is nothing else they can do to educate about the process Chauncey (Jewish)- call "code stroke" prior to Rapid Response when identified Brooke (St. Elizabeth) - 3 different RR styles in hospital - traditional RR, Inpatient Code Stroke, Code Chest Pain Lynn (Norton) - team calls RR and then once team arrives and stroke is identified - it is converted to "code stroke"; call physician first to discuss brief history prior to heading to radiology Is everyone tracking? Chauncey - separates out inpatient/ED Lynn - Rapid Response team pulls usage of order set Criteria for calling inpatient code stroke? Lynn - same criteria as ED arrival Deidra - any neurological change Opportunities? Lynn - Hospitalists coming in and taking over Chauncey - once CT is negative, everything thinks it ends there; changed from team meeting in patient room to everyone meeting in scanner? Danielle - who is calling code strokes? Certain units? Symptomology? Timeframes?

Attendees	Brooke Weinel Abby Loechler Danielle Topliffe Tina Walsh Sasha Lopez Deidra Gottbrath Amy Porter Lynn Hundley Cassy Couey Mary Powell Lisa Bellamy Lisa Taylor Chauncey Evers	

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