

UNC REX Stroke Program PI Work

Dysphagia Screening

Risk Factor Education

Erin Lewis, MSN, RN, CNRN



About UNC REX- A Community Hospital

Location: Wake County, NC

Facilities:

- 2 Acute care hospitals- Raleigh and Holly Springs
- 5 Wellness centers
- 2 Skilled nursing facilities
- 2 Comprehensive health campuses
- Suburban limited scope sites

Number of beds: 665 total

- 439 general acute care beds
- 62 ICU/critical care beds
- 21 NICU/intermediate care nursery beds
- 227 skilled nursing



About UNC REX- A Community Hospital

REX Raleigh Stroke Program

DNV Certified Comprehensive Stroke Center

Average 750-800 stroke patients/year (Primary dx)

Stroke Program Medical Director

Dr. Omar Kass Hout

Director of Interventional Radiology and Neurovascular

Ceria Sullivan, MBA, BSN, CNML

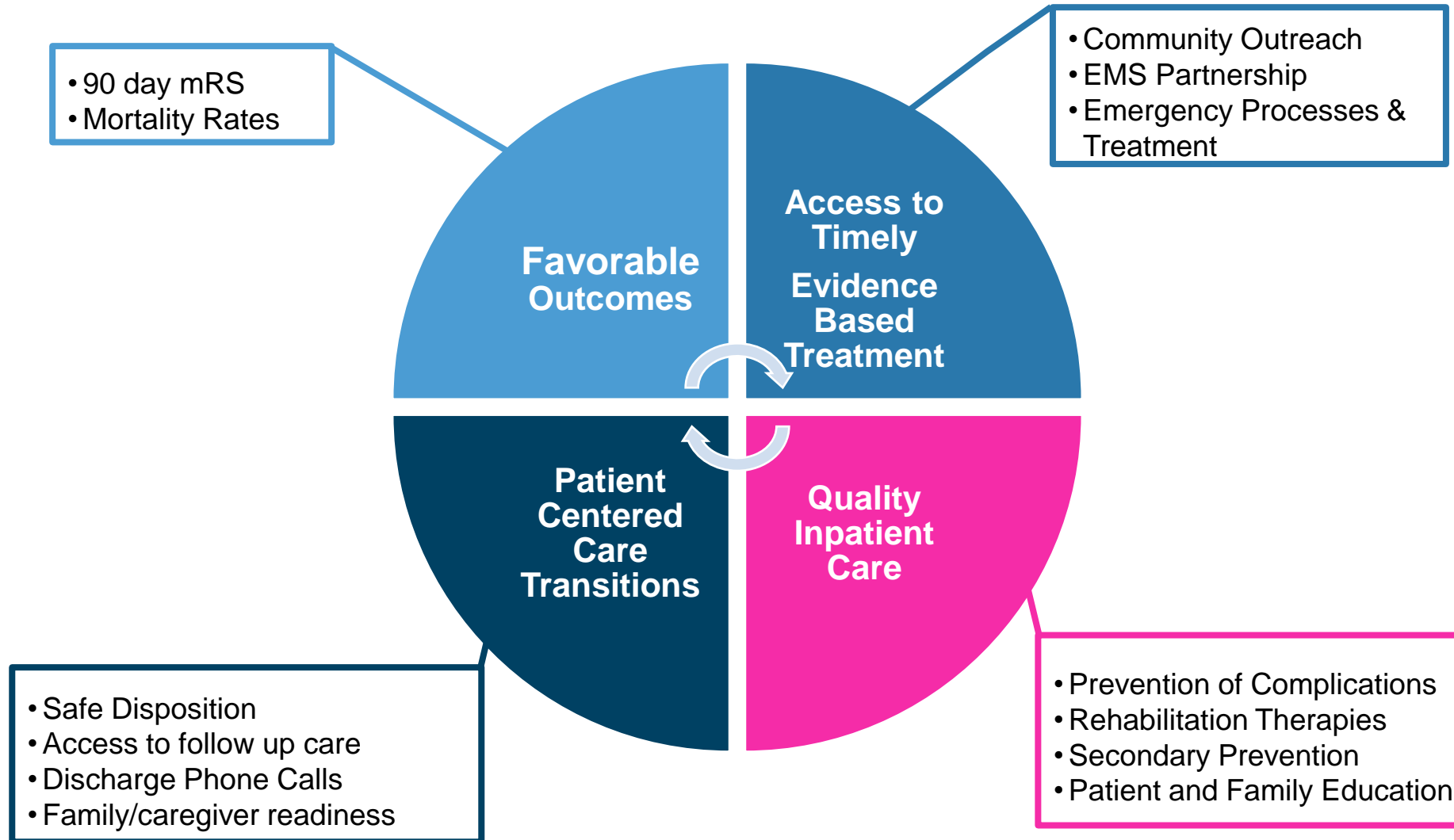
Stroke Coordinators

Erin Lewis, MSN, RN, CNRN

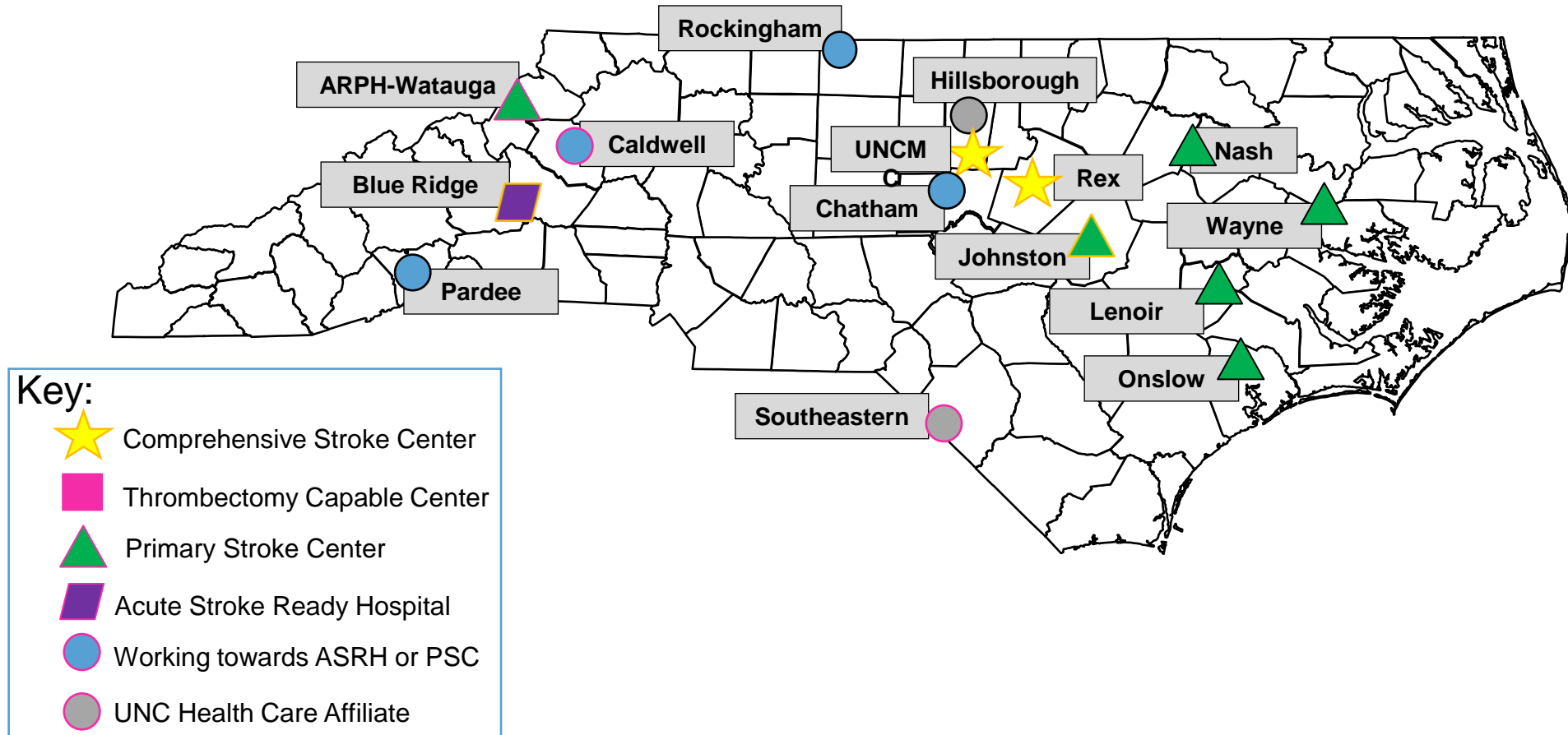
Juli Pankow, BSN, RN



Stroke Program Continuum of Care

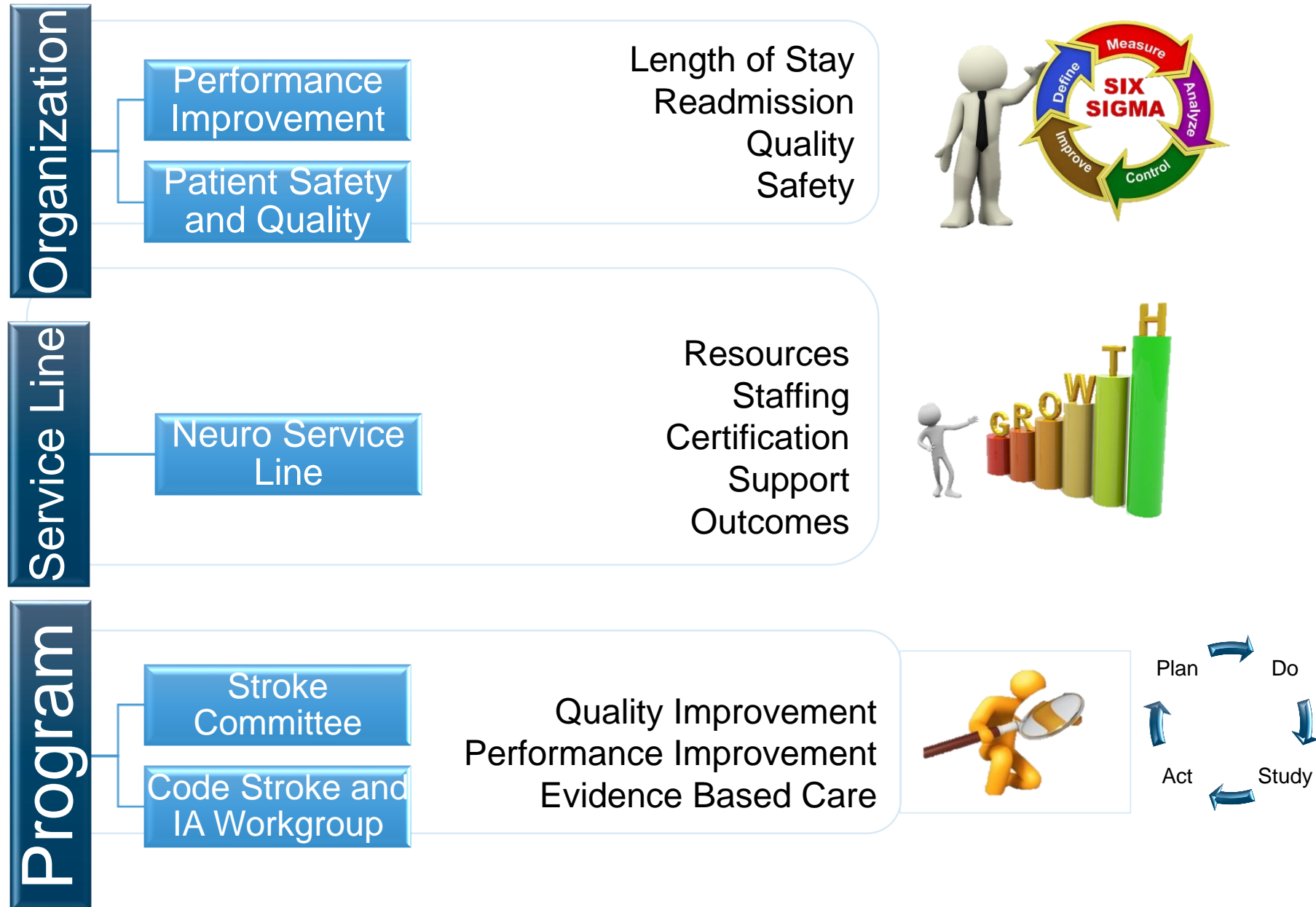


The UNC Stroke Health Care System



Dysphagia Screening PI

Stroke Program Quality and Performance Structure

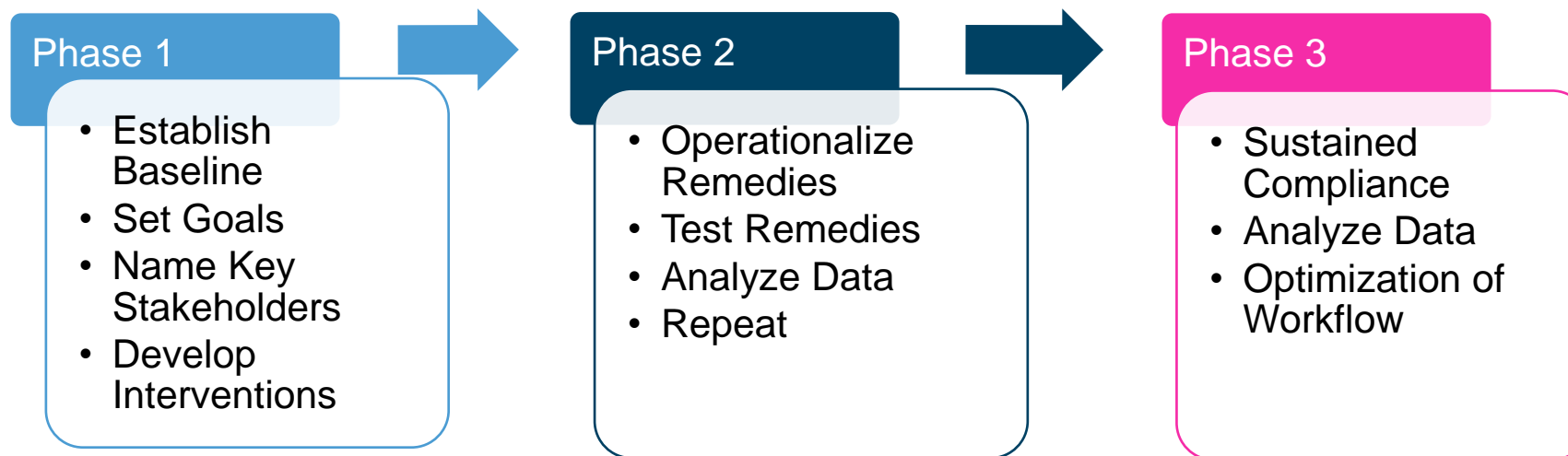


Dysphagia Project Background

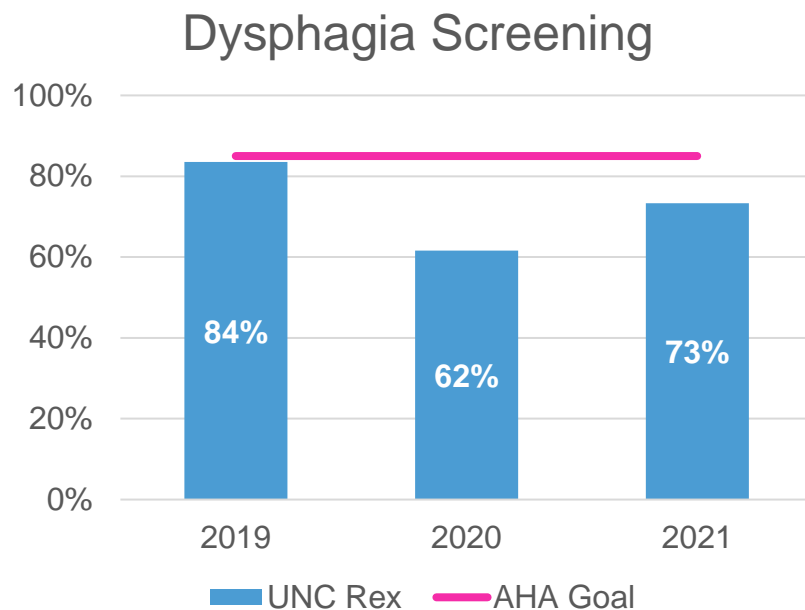
- Dysphagia screening is recommended for acute stroke patients by the American Heart/American Stroke Association (Powers, et al., 2019); “early screening can be effective to identify patients at higher risk for aspiration, which is associated with greater risk of pneumonia”.
- Validated Tool at UNC Health is a hybrid of several tools
 - Barnes-Jewish Dysphagia Tool (Edmiaston, et al., 2010)
 - Mann Assessment of Swallowing ability (HTS, 2018; Mann, et al., 2001)
 - Toronto Bedside Swallowing (Martino, et al., 2009)
 - Yale Dysphagia Screening (Leder & Suiter, 2014)
- Tool includes pre-evaluation screening questions followed by a water test evaluation if the initial pre-screen is passed
 - Must pass the pre-evaluation AND the water test evaluation to be given PO

Dysphagia Screening Improvement Project

Problem Statement: The dysphagia screening process is not correctly completed at an acceptable rate and this can potentially adversely impact patient outcomes related to dysphagia.

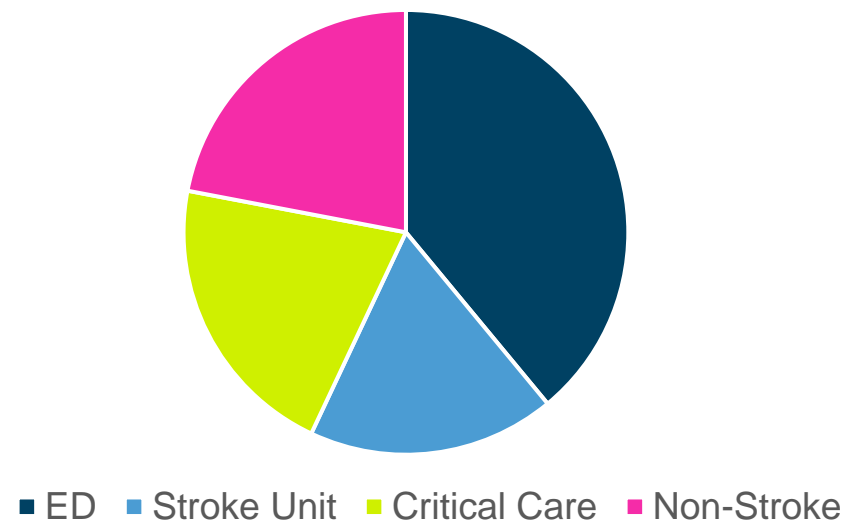


Phase 1- Baseline Data, Goals, Remedies



Distribution of Non-Compliance

*165 Cases Reviewed Jan-Sept. 2020



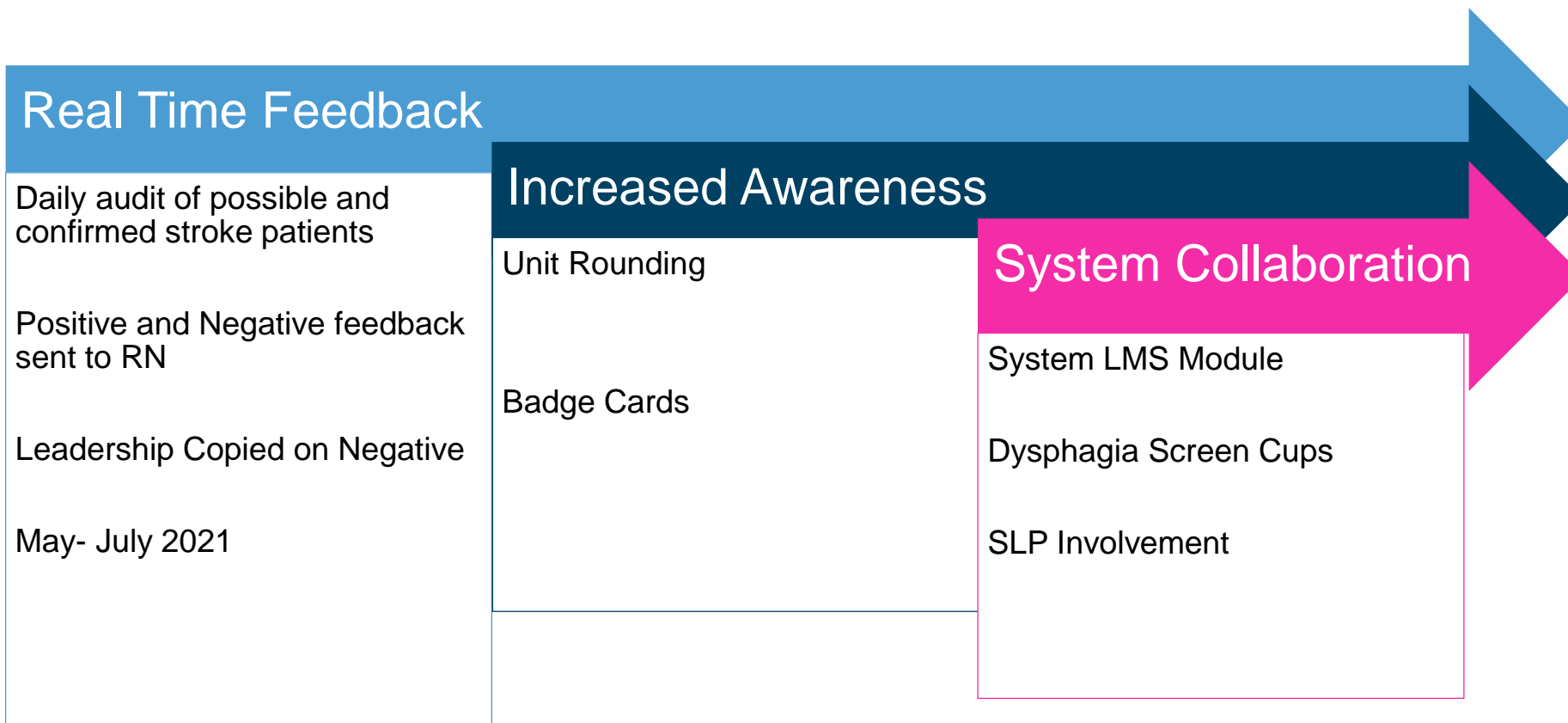
Objectives

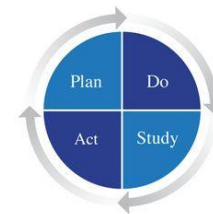
1. The purpose of this project is to improve the rate of dysphagia screening at UNC Rex (75%).
2. A secondary goal is to publish - inform the stroke care community of the efficacy of a quality improvement project to improve the rate of dysphagia screening in an acute care hospital.

Plan:

1. Provide Intensive real time feedback on swallow screen practices in conjunction with additional phased interventions to support sustained compliance.

Phase 2- Operationalize Remedies





Real time Feedback- It's A LOT (81 charts)

GREAT JOB!



58%

This recent patient had a correct dysphagia screen prior to any PO intake.
MRN _____ Date of Arrival: 6/2/2021 Patient Location: ED

Please [click here](#) for a brief response survey. We appreciate your participation and feedback.

For more information about the UNCEPIC two-part Dysphagia Screening and documentation, [click here](#).

Thank you for taking care of our stroke patients and for all of the work that you do to keep them safe!

REMINDER



42%

This patient recently received PO intake without the correct dysphagia screen.
MRN _____ Date of arrival: 6/1/2021 Patient Location: ____
[Description of failure mode] Water Test Not documented.

Please [click here](#) for a brief response survey. We appreciate your participation and feedback.

For more information about the UNCEPIC two-part Dysphagia Screening and documentation, [click here](#).

Thank you for taking care of our stroke patients and for all of the work that you do to keep them safe.

Low Utilization- 14 completed surveys

UNC Rex Dysphagia Screen Feedback

Thank you for keeping our patients safe by performing the Dysphagia Screening and Water Test when needed. Thank you for helping us meet our quality metrics by properly documenting the nursing assessment (Pre-Evaluation) and water test (Evaluation).

1. Name:

2. UNC Email address:

3. True or false: The nurse must wait for an order or confirmed stroke diagnosis to do the dysphagia screen?

- True. The dysphagia screen is only for stroke patients with stroke orders.
- False. The dysphagia screen is completed prior to any PO intake for any suspected stroke or TIA patient.

4. In the UNC EPIC two-part Dysphagia screening, the "Pre-evaluation" is the nursing assessment phase. Patients who fail the "pre-evaluation":

- Are given the 3 oz water test to complete the "evaluation".
- Are kept NPO until seen by SLP (speech language pathologist).

5. In the UNC EPIC two-part Dysphagia Screening, if the patient passes the "Pre-evaluation", the RN would:

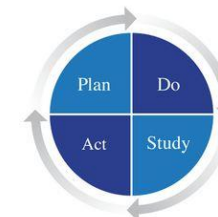
- Give the PO intake as ordered.
- Perform the 3 oz water test, observe for signs of dysphagia, and document to complete the "Evaluation".

6. If the patient fails the pre-evaluation or the water-test (evaluation), the RN should:

- Give oral medications as ordered.
- Keep the patient NPO and contact the provider to consider alternate medications or route of administration.

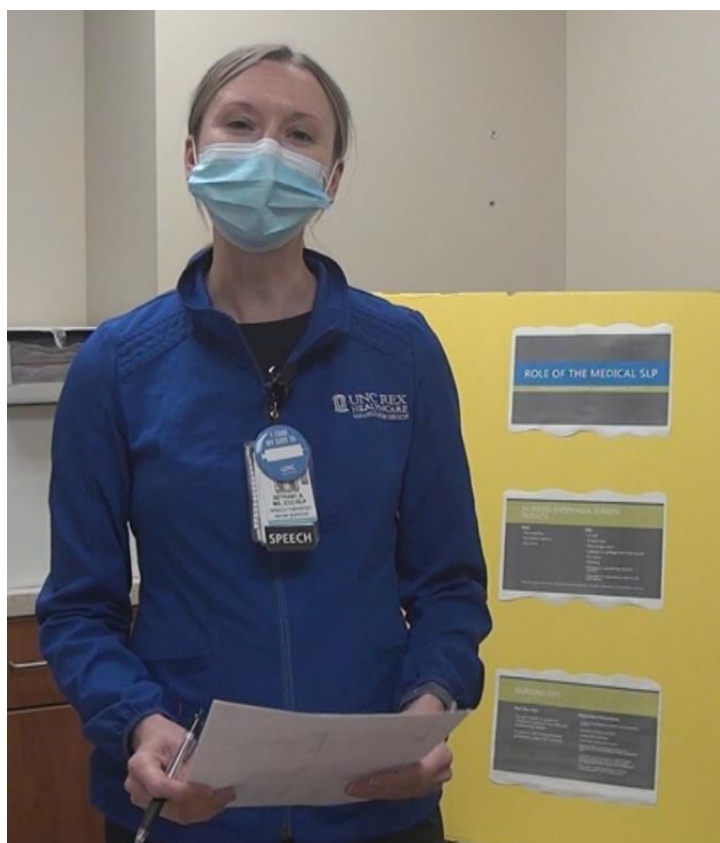
7. I understand the steps to performing the UNC EPIC two-part Dysphagia Screening (Pre-evaluation) and 3 oz water test (Evaluation).

- Yes.
- No, I need more information.



Increased Awareness- Front and Center

April 2021 – SLP Unit Rounding and Video



•Dysphagia video was recorded and sent to all ICU leadership in the “Weekly Education Huddle Updates 4/27/21”

April 2021 – Dysphagia Screen Badge Tags

HDF6510

How to Perform the Dysphagia Screen
Step 1: Perform Chart Review
 If patient presents with any of the following stop the screen, make the patient NPO, and order a SLP consult

- PEG or NGT
- Impaired level of arousal maintain alertness independent 5 minutes)
- History of dysphagia (thick puree foods, PEG tube)
- Poor secretion management or using suction to remove mouth)
- Vocal quality changes (weak quality, whispered vocal hoarseness, breathy quality)
- Slurred Speech
- Facial asymmetry (okay paralysis is present)
- Absent or weak cough
- Tracheostomy

Step 2: 3 oz. Water Test Administration
 If swallow difficulties are present make patient NPO and order SLP consult

- Sit the patient upright at 90 degrees or as high as tolerated
- Give the patient a cup with 3 oz. (90 ml) of water
- Instruct patient to drink from the cup until it is finished
- Stop immediately if coughing is present
- Observe the patient for one full minute for any signs of coughing, throat clearing, respiratory change or secretion management problems
- If no signs of swallow difficulties are present then place diet order per MD.

May 2021 – Stroke Awareness Posters

Stroke Facts - Dysphagia Screening

Stroke is the leading neurological cause of dysphagia (difficulty swallowing), with

- 42% to 67% of stroke patients present with dysphagia within the first 3 days.
- 50% of these patients aspirate, and
- 33% who aspirate develop pneumonia
- Swallowing abnormality is associated with a higher mortality rate, largely due to

Dysphagia screening is a pass procedure to identify who needs an assessment by speech therapy

Patients who fail a dysphagia or water test should be kept until they pass a more complete assessment by speech therapy

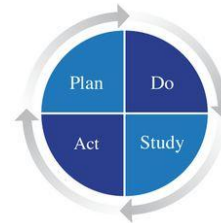
<https://www.ahajournals.org/doi/10.1161/str.0b013e3182877153>
<https://www.verywellhealth.com/dysphagia-in-multiple-sclerosis-244>

Nursing Bedside Dysphagia Screening EPIC

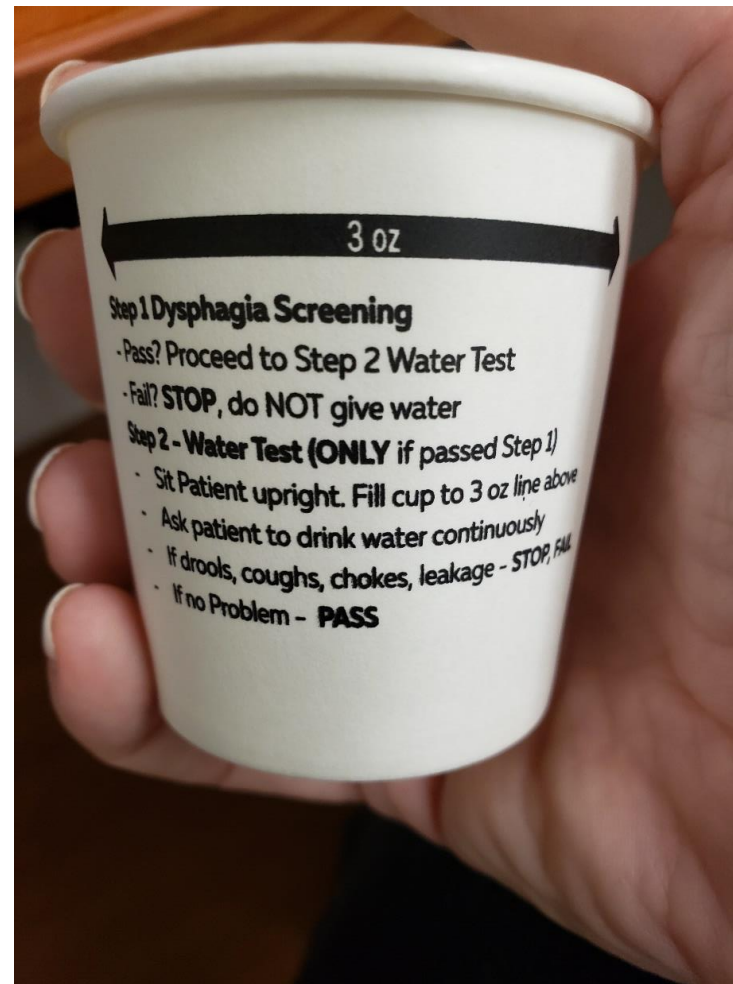
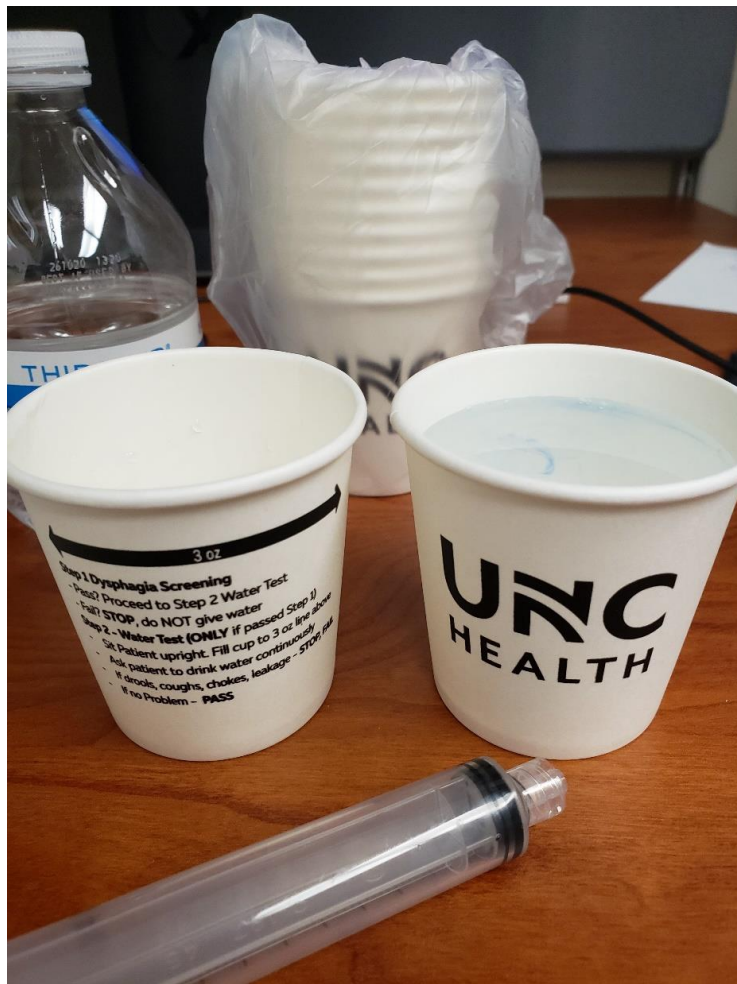
PRE-EVALUATION	PASS	FAIL
Present Feeding Status	No history of feeding difficulty	PEG or NG Tube
Consciousness	Awake and Alert	Unresponsive to tactile / repeat stimulation
History of Aspiration/Dysphagia	No	Yes
Control of Secretions	No difficulty	Drools, Coughs or Requires suction
Voice Quality	Clear	Wet, Gurgly, no voice
Speech	Clear	Slurred -PLEASE NOTE SLURRED SPEECH FAILS
Spontaneous Cough	Effective cough	Absent or decreased
Tracheostomy	Not Present	Present
Facial Symmetry	Normal OR Minor (mild facial droop)	Partial or complete paralysis one or both sides

Both Pre-eval and Water Test must be done to "Pass"
 Pass Perform 30 ml water test
 Any of the Above Fail STOP! NO water test

"EVALUATION"	WATER TEST PASS	WATER TEST FAIL
Assessment Findings	No Difficulties Noted	Choking, coughing, wet sounding voice, pocketing or holding, throat clearing, leakage or spillage
Pass or Fail Screening Results	WATER TEST PASS Give oral med or diet as ordered	WATER TEST FAIL STRICT NPO until seen by Speech Notify Provider



System Collaboration- Dysphagia Cups





System Collaboration- Online Learning Module

STROKE CONSORTIUM

Dysphagia Screening Education Exit

Menu

- ▼ Dysphagia Education
 - Dysphagia Education**
 - Introduction
 - Objectives/Outcomes
 - What is Dysphagia?
 - Did You Know?
 - Screening Overview
 - Types of Swallow Testing
 - Nurse's Role
 - Dysphagia Screen in EPIC
 - Screening in Inpatient and ED
 - 2 Part tool in EPIC
 - EPIC - Pre Evaluation
 - Failed Pre-Evaluation Screen
 - Facial Droop
 - Passed Pre-Evaluation Screen
 - Evaluation Steps
 - Fail/Pass Evaluation Screens

Dysphagia Screening Education

UNC HEALTH[®]

NEXT >

Summary of PI Activities in 2021

Background- In 2020 UNC REX Dysphagia Screening Compliance dropped below **65%**

2021 Dysphagia Screening Project

Objectives: The purpose of this project is to improve the rate of dysphagia screening at UNC Rex to 75%.

Plan: Provide Intensive real time feedback on swallow screen practices in conjunction with additional phased interventions to support sustained compliance.

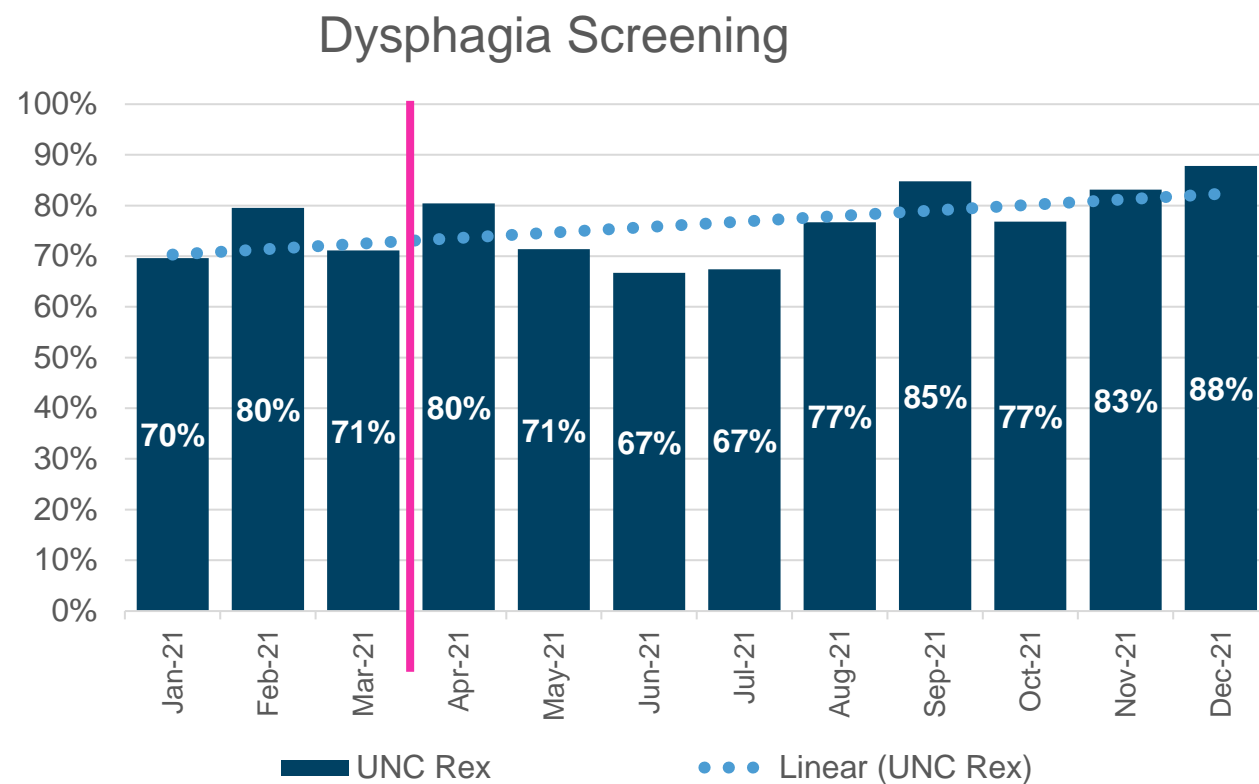
Outcomes: 2021 Dysphagia Screen- **76%**

Successes:

- Dysphagia Screening Cups
- Daily audit and email feedback to staff
- Online Learning Module

Lessons Learned:

- Daily audits unsustainable
- Survey Tool not used



NEW GOAL 2022- 85%



Phase 2- Sustained Compliance And Workflow Optimization

Gap Identified: Data from GWTG is provided in retrospect and can make it difficult for leaders to address barriers with staff in a timely manner but intensive real time feedback is not sustainable

Past- REACTIVE

- Stroke Quality Metric Failures reviewed in Stroke Committee
- Feedback on opportunities not unit specific
- Feedback delayed 2-3 months
- Lack of Stroke Program Communication



Current- PROACTIVE

- Provide feedback in timely fashion (1-2 months post discharge)
- Provide unit specific feedback prior to stroke committee meeting
- Review best practices in Stroke Committee meeting
- Quarterly Stroke Circular



Dysphagia and Quality Metric Compliance Feedback

Feedback Recipients- Unit Managers, Nursing Directors, Regional Hospitalist Medical Director

Unit	D/C Date	Admission Order Set	ADMIT SERVICE	VTE Prophylaxis/DVT Prophylaxis	Dysphagia Screen	GSTK-01 NIHSS	Early Antithrombotics	LDL Documented	Smoking Cessation	Stroke Education	Antithrombotics	AFib/AFlutter	Anticoag for Discharge	Statin Prescribed at Discharge	Rehabilitation Considered	Intensive Statin	Comments
	1/26/2022	GENERAL IP	HOSPITALIST		X	X											ADMIT AMS VS TIA. NIHSS > 12 HOURS. NOW SWALLOW SCREEN PRIOR TO PO MEDS
	1/2/2022	STROKE	HOSPITALIST		X												NO WATER TEST PRIOR TO PO MEDS
	2/13/2022	GENERAL IP	HOSPITALIST		X												NO SWALLOW SCREEN DONE
	2/16/2022	GENERAL IP	HOSPITALIST		X	X											THOUGHT TO BE SEIZURE PT. NO SCREEN BEFORE MEDS. NIHSS > 12 HRS AFTER ARRIVAL
	2/4/2022	STROKE	HOSPITALIST		X												NO SWALLOW SCREEN PERFORMED
	2/23/2022	GENERAL IP	HOSPITALIST		X												NO SWALLOW SCREEN DONE
	2/1/2022	GENERAL IP	HOSPITALIST		X												ADMIT FOR FALL. MRI SHOWED STROKE. NO SCREEN PRIOR TO MEDS
	2/1/2022	GENERAL IP	HOSPITALIST		X												THOUGHT TO BE UTI/CONFUSION. NO SCREEN PRIOR TO MEDS
	2/21/2022	STROKE	HOSPITALIST		X												NO SCREEN PRIOR TO MEDS



Phase 2- Sustained Compliance and Workflow Optimization

Stroke Circular



February 2023

Hospital Care of Stroke Patients

In stroke patients, rapid diagnosis is essential for treatment. To determine the most appropriate care for a stroke, an emergency team needs to evaluate the type of stroke a person is having and the areas of brain affected. Our emergency department staff and critical response teams move the Code Stroke algorithms along to expedite patient diagnostic testing to facilitate treatment times. "Time is Brain" really does matter when determining the immediate next course of action.

Dysphagia



Dysphagia Screen Compliance

Two step process which includes an Evaluation and a Water Test Pass. Both need to be completed prior to any PO medication administration.

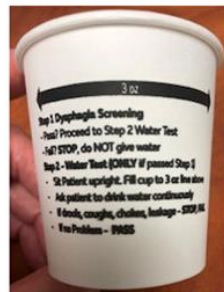
Ways we fail

- Giving PO instead of per tube if patient has feeding tube
- Screening not performed prior to giving po medications
- Screen incomplete: both Evaluation and Water Pass test must be completed before giving medication by mouth
- PO Medications given after a Fail

Ways we succeed

- Holly Springs had ZERO missed dysphagia screens in the last quarter!

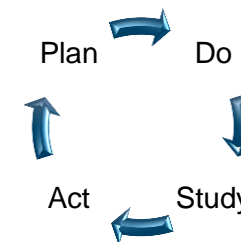
- Dysphagia cups work! You can call distribution at x1883 at UNC Rex. Ask for Dysphagia 3 oz cups- Lawson # 055008
3 OZ DYSPHAGIA SCREEN 25/SL



Keys to Sustained Compliance

- Increased collaboration with hospitalist admitting team
- Increased engagement with individual units and nursing staff
- Heightened awareness of stroke quality and achievement metrics
- Individualized and targeted education for each unit
- Quarterly communication and education focused on areas of opportunity

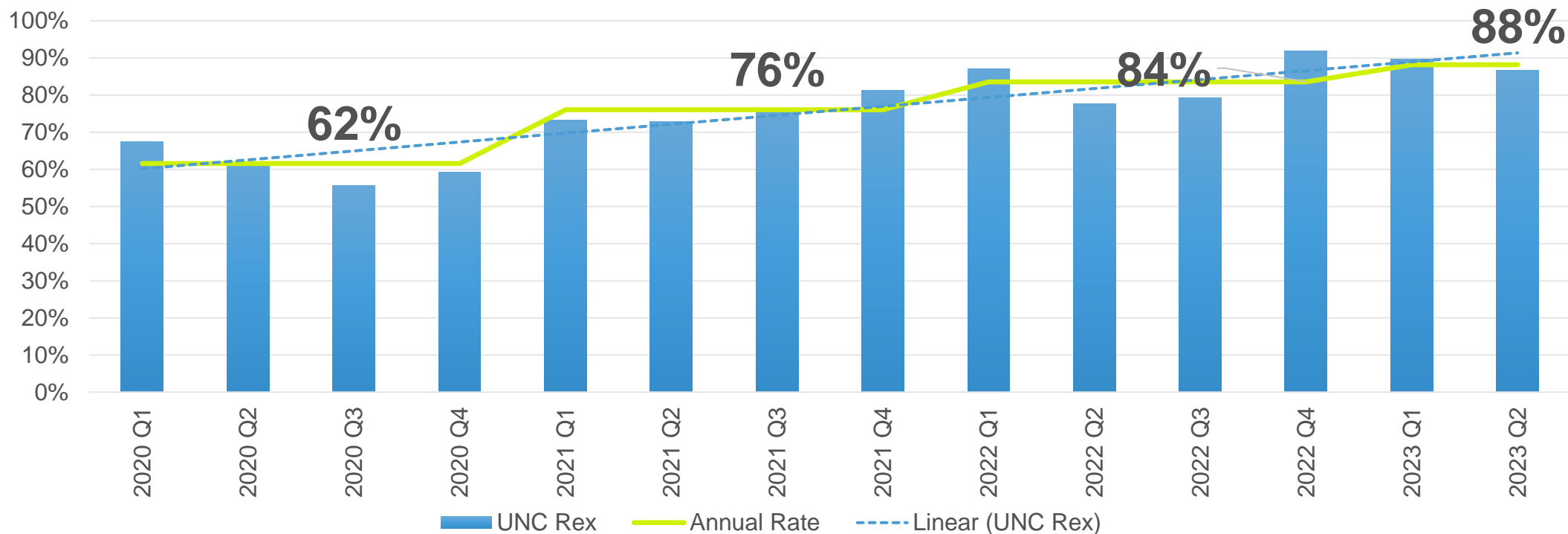
Dysphagia Screening at UNC REX



- Pre-implementation Phase**
- Gather Data
 - Define the Problem
 - Brainstorm Solutions
 - Engage Key Stakeholders
 - Develop Timeline

- Phase 1**
- Increase awareness
 - Innovative Solutions
- Wins:**
System Collaboration
Dysphagia Cups

- Phase 2**
- Sustained Compliance
 - Increased Communication
- Successes:**
1. Transparency
2. Accountability



Risk Factor Documentation

Standards Related to Individualized Risk Factor Teaching

TJC

DSSE.2 The program addresses the patient's self-management Plan.

EP 5 The program addresses the education needs of the patient regarding disease progression and health promotion

DNV

PC.10 Plan of Care

CR.1 Nursing staff shall develop a standardized plan of care for the admitted stroke patient which will include identified individual needs of the patient based on their condition and the family's needs. Documentation of interdisciplinary findings shall be included in the plan of care, as appropriate.

PC14 Patient/Family/community Education

CR.1 The stroke center will ensure that it provides for the involvement of patients and/or family members in:

CR.1a making decisions about the plan of care goals during hospitalization

CR.1b discussing and planning for lifestyle changes to manage disease/condition

CR.1c discussing and planning for post hospital care and needs, including possible placement

Barriers to Individualization of Risk Factors

EMR MODULES

MAY NOT BE
USER FRIENDLY

HARD TO
INDIVIDUALIZE

DISCHARGE PAPERWORK

CREATES A LOT
OF PAPER

OFTEN GETS
OVERLOOKED

ORGANIZATIONAL HANDOUTS

NO PAPER TRAIL
IN EMR

HARD TO
CAPTURE WHEN
GIVEN TO
PATIENT

Methods of Dissemination at UNC REX

EMR MODULES

- Stroke (Ischemic) (Adult)
- ▼ Stroke (Ischemic) Overview**ALL REQUIRED
- Description
- Risk Factors
- Signs/Symptoms
- What causes ischemic stroke?
- Educational Material
- ▼ Treatment Plan**REQUIRED - Individualize!
- Diet: NPO Until Swallowing Screen/Evaluation**
- Diet: Aspiration Precautions**
- Activity: Position to Decrease ICP/Prevent Aspiration
- Activity: Early Mobility
- Activity: Improving Functional Independence**
- Treatment: Mechanical Ventilation**
- Treatment: IV Fluids**
- Treatment: Cooling Measures
- Treatment: VTE Prophylaxis
- Treatment: Bowel and Bladder Programs
- Treatment: **Psychosocial Impact to Patient and Support System (Po...
- Treatment: **Patient Emotional Status (Post-Stroke Depression, Emo...
- Procedure: Intravenous Thrombolytic Therapy

DISCHARGE PAPERWORK

Learning About Risk Factors for Stroke

What puts you at risk for stroke?

Your chances of having a stroke depend on your risk factors. Some risks can be lowered with treatment and a healthy lifestyle. Others can't.

This list includes some of the risk factors for having a stroke. You and your doctor can discuss your risk and how to lower it.

Risk factors you can control with treatment

- **Atrial fibrillation.** This type of irregular heartbeat increases the risk of blood clots that could cause a stroke.
- **Atherosclerosis.** Also called hardening of the arteries, this happens when fatty deposits build up inside arteries. It can cause conditions such as carotid artery disease or coronary artery disease.
- **Diabetes.** Diabetes results in high blood sugar. Over time, high blood sugar can lead to hardening of the arteries.
- **High blood pressure.** Over time, this damages the walls of the arteries which can lead to hardening of the arteries.
- **High cholesterol.** This can lead to the buildup of fatty deposits in artery walls.
- **Other health problems.** There are many problems that raise the risk of blood clots that could cause a stroke. These include sickle cell disease and blood clotting problems.

Risk factors you can control with a heart-healthy lifestyle

- **Smoking.** Smoking, or even inhaling secondhand smoke, increases your risk of heart attack and stroke.
- **Being overweight.** This makes it more likely that you'll develop high blood pressure, heart problems, and diabetes. These conditions make a stroke more likely.
- **Drinking too much alcohol.** This means more than 2 drinks a day for men and 1 drink a day for women.
- **Not getting enough physical activity.** If you aren't active, you have a higher risk of health conditions that make a stroke more likely.
- **Not eating a heart-healthy diet.** Heart-healthy eating includes vegetables, fruits, nuts, beans, lean meat, fish, and whole grains. You limit things like sodium, alcohol, and sugar.

Risk factors you can't control

- **Having had a previous stroke or TIA (transient ischemic attack).**
- **Having a family history of stroke.** Your chances of having a stroke are higher if other people in your family have had one.
- **Being older.** The risk of stroke goes up as you age.
- **Being African American, Alaskan Native, Native American, or South Asian American.**
- **Being female.** Women have a higher risk of stroke than men.
- **Having certain problems during pregnancy.** These include gestational diabetes and preeclampsia.
- **Being past menopause.**

ORGANIZATIONAL HANDOUTS



Neuroscience & Spine Center

Guide to Stroke

An overview of stroke for patients and caregivers



Goals of Individualized Risk Factor Education



Is there a one-size fits all solution to both priorities?

EMR Modules- Epic CMP Content -

Education

Assessment **Education**

Clear Selections **Active** All

- Care Management Education
- VTE, DVT and PE (Adult)
- Fall Risk (Adult)
- Standard Education
- Stroke, Ischemic (Includes TIA) Education (Adult)**
 - Overview **ALL REQUIRED
 - Modifiable Risk Factors **REQUIRED - Individualize!**
 - Atrial Fibrillation**
 - Diabetes**
 - Excessive Alcohol Intake
 - High Blood Cholesterol**
 - Hypertension**
 - Illicit Drug Use
 - Obesity
 - Physical Inactivity
 - Tobacco Use

Stroke, Ischemic (Includes TIA) Education (Adult)

Modifiable Risk Factors **REQUIRED - Individualize!

Atrial Fibrillation ^

AF (atrial fibrillation) is an irregular, rapid heart rate that may cause symptoms, such as heart palpitations, fatigue and shortness of breath.
The incidence of AF increases with age.
It is the most common and treatable cardiac cause of stroke.

<input checked="" type="checkbox"/> Patient	Acceptance, Explanation, Indicates Understanding	Morlier, Alexandria T, RN at 9/25/2023 01:57	More (9)
<input checked="" type="checkbox"/> Family	Acceptance, Explanation, Indicates Understanding	Roach, Breonna, RN at 9/22/2023 23:49	More (1)

Diabetes ^

Diabetes causes a variety of microvascular and macrovascular changes, often ending in major clinical complications, such as stroke.
Diabetes is a modifiable risk factor for ischemic stroke.

<input checked="" type="checkbox"/> Patient	Acceptance, Explanation, Indicates Understanding	Morlier, Alexandria T, RN at 9/25/2023 01:57	More (14)
<input checked="" type="checkbox"/> Family	Acceptance, Explanation, Indicates Understanding	Roach, Breonna, RN at 9/22/2023 23:49	More (2)
<input checked="" type="checkbox"/> Significant Other	Acceptance, Explanation, Indicates Understanding	Wells, Jasmine N, RN at 9/20/2023 04:25	

Pros:

Education topic automatically populated once care plan is added

Easy to navigate to during a certification visit

Cons:

All topics are auto-populated

It all falls to the FIRST Nurse

Assessment Education

Clear Selections Active All

- Standard Education
- Skin Injury Risk Increased Education (Adult,Obste...
- Diabetes Survival Skills
- VTE (Venous Thromboembolism) Education (Adul...
- Stroke, Ischemic (Includes TIA) Education (Adult)
- Overview **ALL REQUIRED
- Modifiable Risk Factors **REQUIRED - Individualize!
 - Atrial Fibrillation
 - Diabetes
 - Excessive Alcohol Intake
 - High Blood Cholesterol
 - Hypertension
 - Illicit Drug Use
 - Obesity
 - Physical Inactivity
 - Tobacco Use
- Self-Management *REQUIRED - Individualize!
- When to Seek Medical Attention **ALL REQUIRED
- Self-Care Deficit Education (Adult)
- Fall Injury Risk Education (Adult)
- Comorbidity Education (Adult)
- Infection Education (Adult)
- Central Venous Catheter
- Care Management Education
- NON-VIOLENT RESTRAINT EDUCATION
- First-Dose Education

Select some education

INCORRECT



Assessment Education

Clear Selections Active All

- Care Management Education
- VTE, DVT and PE (Adult)
- Fall Risk (Adult)
- Standard Education
- Stroke, Ischemic (Includes TIA) Education (Adult)
- Modifiable Risk Factors **REQUIRED - Individualize!
 - Atrial Fibrillation
 - Diabetes
 - Excessive Alcohol Intake
 - High Blood Cholesterol
 - Hypertension
 - Illicit Drug Use
 - Obesity
 - Physical Inactivity
 - Tobacco Use
- Self-Management *REQUIRED - Individualize!
- When to Seek Medical Attention **ALL REQUIRED
- Fall Injury Risk Education (Adult)
- Comorbidity Education (Adult)
- Diabetes, Enhanced
- Mobility Impairment Education (Adult)
- Self-Care Deficit Education (Adult)

Stroke, Ischemic (Includes TIA) Education (Adult)

Modifiable Risk Factors **REQUIRED - Individualize!

Atrial Fibrillation

AF (atrial fibrillation) is an irregular, rapid heart rate that may cause symptoms, such as heart palpitations. The incidence of AF increases with age. It is the most common and treatable cardiac cause of stroke.

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<input checked="" type="checkbox"/> Family	Acceptance, Explanation, Indicates Understanding	Roach, Breonna, RN at 9/22/2023

Diabetes

Diabetes causes a variety of microvascular and macrovascular changes, often ending in major clinical complications. Diabetes is a modifiable risk factor for ischemic stroke.

<input checked="" type="checkbox"/> Patient	Acceptance, Explanation, Indicates Understanding	Morlier, Alexandria T, RN at 9/25/2023
<input checked="" type="checkbox"/> Family	Acceptance, Explanation, Indicates Understanding	Roach, Breonna, RN at 9/22/2023
<input checked="" type="checkbox"/> Significant Other	Acceptance, Explanation, Indicates Understanding	Wells, Jasmine N, RN at 9/20/2023

Excessive Alcohol Intake

There is evidence relating high alcohol intake with a higher risk of ischemic stroke. Increased risk for ischemic stroke is associated with frequent alcohol intake. Low to moderate alcohol intake has been associated with a lower risk of ischemic stroke.

<input checked="" type="checkbox"/> Patient	Acceptance, Explanation, Indicates Understanding	Morlier, Alexandria T, RN at 9/25/2023
<input checked="" type="checkbox"/> Family	Acceptance, Explanation, Indicates Understanding	Roach, Breonna, RN at 9/22/2023

High Blood Cholesterol



CORRECT



Supporting Staff

Just In Time Education

2021 TJC Stroke Survey Required Follow-Up

- As a follow up to our recent Joint Commission stroke survey, we are working on an action plan around daily documentation of individualized stroke education in the medical record.
- All RN's working in NSICU, 5 West, and 3 East are required to complete by **October 15th, 2021**
- Follow the steps below to complete the required education:

Step #1

- [Click here](#) or scan the QR code below to review a video on documented daily individualized education



Step #2

- Review these key points:
 - Stroke education should be completed daily
 - Documentation should reflect what you actually taught
 - Use the n/a button on admission to set your team up for success with documentation.
- [Click here](#) or scan the QR code below to indicate you have reviewed this education



Thank
You

Questions- email erin.lewis@unhealth.unc.edu


New Nurse On-boarding

1. Review the education items & mark what's **not applicable**. Indicated by
2. **Resolve** any education reviewed that the patient doesn't need further education on. For example: the patient may know the signs/symptoms of stroke & therefore you do not need to continue educating on them every day. Indicated by
3. Lastly, document any education done with the patient that is **ongoing**. Indicated by

- Stroke (Ischemic) (Adult)
 - Stroke (Ischemic) Overview**ALL REQUIRED
 - Description
 - Risk Factors
 - Signs/Symptoms
 - What causes ischemic stroke?
 - Educational Material
 - Treatment Plan**REQUIRED - Individualize!
 - Diet: NPO Until Swallowing Screen/Evaluation**
 - Diet: Aspiration Precautions**
 - Activity: Position to Decrease ICP/Prevent Aspiration
 - Activity: Early Mobility
 - Activity: Improving Functional Independence**
 - Treatment: Mechanical Ventilation**
 - Treatment: IV Fluids**
 - Treatment: Cooling Measures
 - Treatment: VTE Prophylaxis
 - Treatment: Bowel and Bladder Programs
 - Treatment: **Psychosocial Impact to Patient and Support System (Po...
 - Treatment: **Patient Emotional Status (Post-Stroke Depression, Emo...
 - Procedure: Intravenous Thrombolytic Therapy

Organizational Education Book

- Stroke (Ischemic) (Adult)
 - ▼ Stroke (Ischemic) Overview**ALL REQUIRED
 - Description
 - Risk Factors
 - Signs/Symptoms
 - What causes ischemic stroke?
 - Educational Material
 - ▼ Treatment Plan**REQUIRED - Individualize!
 - Diet: NPO Until Swallowing Screen/Evaluation**
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 - Treatment: **Patient Emotional Status (Post-Stroke Depression, Emo..
 - Procedure: Intravenous Thrombolytic Therapy



Neuroscience & Spine Center

Guide to S...

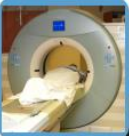


An overview of stroke for pati...

What Can I Do to Prevent a Future Strol

Your care team will focus on your modifiable risk factors and work with plan to reduce your chance of another stroke. This may include manage conditions, medications and making lifestyle changes.

High Blood Pressure High blood pressure damages blood vessels in the t
Diabetes High blood sugar is a risk factor for stroke. Managing blood su include a combination of medications, healthy diet and regular physical a
High Cholesterol Cholesterol can block arteries in the brain and cause a :
 Managing high blood pressure, diabetes or cholesterol involves a combin: medications, healthy eating, and regular physical activity.
Medications to reduce risk of stroke are shown on page 13.
Healthy Eating Some tips on changing your eating habits include:
 • Ask a doctor, nurse or licensed nutritionist or registered dietician for h
 • Avoid foods like fatty meats and butter and cream and saturated fats.
 • Eat more fruit, vegetables, whole-grains, beans, pasta, fish, and lean m
 • Read nutrition labels on packaged meals. Many are very high in salt.
Regular Physical Activity As little as 30 minutes of regular physical activi day can help to lower blood pressure, blood cholesterol and blood sugar. with your doctor before beginning an exercise program.
Tobacco, Alcohol & Substances
 Tobacco use damages blood vessels. IV drug use is associated with a high stroke risk. Cocaine use is also linked to stroke. More than two alcoholic drinks per day for a man and more than one per day for a woman can raise blood pressure. Management of tobacco, alcohol or substance abuse may involve community programs, lifestyle changes, and counseling.

The ways I can prevent a stroke in the future are:

What Medications Will I Need?

You may be asked to start some new medications to prevent another stroke. The kinds of medications that you will be started on usually depends on the type of stroke you had, your stroke risk factors, and any allergies or reasons why you can't take certain medications.

Antiplatelets These can help keep blood clots from forming.

My antiplatelet will be _____ or (NONE)

Anticoagulants These may also be called 'blood thinners'. Anticoagulant medications make it harder for the clots to form in your body.

My anticoagulant will be _____ or (NONE)

Statins are used to lower your blood cholesterol. High cholesterol can increase the risk of blockages in your arteries.

My statin will be _____ or (NONE)

Blood Pressure Lowering Medications also called 'antihypertensive' medications. High blood pressure can cause damage to your arteries and organs over time. High blood pressure is the most common cause of stroke.

My blood pressure medication(s) will be: _____ or (NONE)

Help to quit smoking Nicotine replacement therapy contains a small amount of nicotine and may ease symptoms of withdrawal. There are also medications that can help with cravings that do not contain nicotine.

My smoking cessation medication will be: _____ or (NONE)

Past Experiences

Flowsheet Rows to Capture Individualization

Document INDIVIDUALIZED risk factor teaching using the Stroke Patient/Family Checklist

	10/9/19
	1800
Stroke Patient / Family Checklist	
Stroke Education Book	Reviewed with patient;Re...
Signs and Symptoms	addressed with patient;ad...
How to activate EMS/911 in event of emergency	addressed with patient;ad...
Medications Reviewed	antihypertensives;lipid lo...
Lifestyle Changes Reviewed	high blood pressure man...
Importance of Followup	addressed with patient;ad...

AVS Attachments to Capture Individualization

Clinical References

Relevant Documents Additional Search

stroke Filter by Language: ENGLISH Search

- Stroke (ENGLISH)
- Statins Are Important After a Heart Attack: Video (ENGLISH)
- Stroke (ENGLISH)**
- Stroke Recovery: Finding What Inspires You: Video (ENGLISH)
- Stroke Recovery: Using Support to Stay Positive: Video (ENGLISH)
- Stroke Rehabilitation: General Info (ENGLISH)
- Stroke: Emotions: General Info (ENGLISH)
- Stroke: Endovascular Thrombectomy: General Info (ENGLISH)
- Stroke: Fast facts: Video (ENGLISH)
- Stroke: Know the Signs and BE FAST: Video (ENGLISH)
- Stroke: Long-Term Care: General Info (ENGLISH)
- Stroke: Primary Prevention: General Info (ENGLISH)**
- Stroke: Risk Factors: General Info (ENGLISH)
- Stroke: Secondary Prevention: General Info (ENGLISH)
- Stroke: Symptoms: General Info (ENGLISH)
- Stroke: Understanding the Symptoms: Video (ENGLISH)

Attached References:

[View all attachments](#) [Send to Patient](#)

PICC (Peripherally Inserted Central Catheter) (ENGLISH)	View	Edit	X
Hyperlipidemia: General Info (ENGLISH)	View	Edit	X
Tobacco Use: Quitting (ENGLISH)	View	Edit	X
Atrial Fibrillation (ENGLISH)	View	Edit	X
Stroke (ENGLISH)	View	Edit	X
Stroke: Primary Prevention: General Info (ENGLISH)	View	Edit	X

Summary- Individualizing Risk Factors

- Certified Stroke Centers must have a clear documentation trail that shows the risk factor education was individualized for each patient
- EMRs allow various ways to capture individualized risk factor education but are not always user friendly
 - Epic- Care Plan auto-triggers all education topic and relies on the first RN to mark some risk factors not applicable before charting with the top box
 - Epic- Clinical references can be attached the AVS but can create lots of paper
- Organizational handbooks can provide great information but don't provide evidence of individualization

Bottom Line

There is no right or wrong answer or quick fix.

Choose what works for you and then use education, audits, and orientation to make it stick and become part of your culture on stroke units.





Thank you!

Erin.lewis@unchealth.unc.edu