

LIMITED HOURS FACILITY: IDENTIFYING STROKE PATIENTS AND TRACKING STROKE QUALITY

Jason J. Sico, MD

Outline



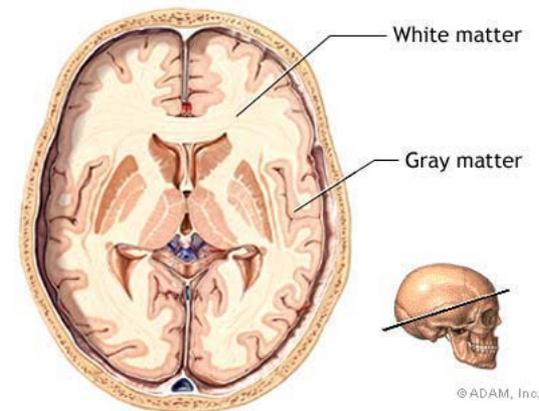
- Identifying Stroke Patients
- Tracking IPEC Quality Indicator Data

Identifying Stroke Patients

- Inservicing, inservicing, inservicing
 - ▣ Nursing Staff: ICU, Step-down, Floor, ER
 - ▣ Medicine House Staff and Attendings
 - ▣ Neurology House Staff and Attendings
 - ▣ Mock 'Code Grays'

- Assessing Core Competencies
 - ▣ Working with hospital education

- Hospital Wide Education
 - ▣ Clinical and non-clinical staff
 - ▣ Veterans and their families

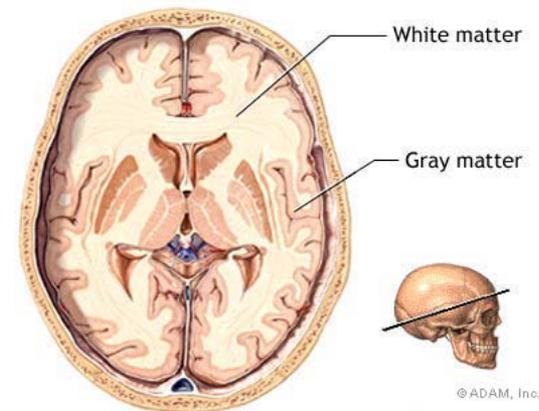


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Identifying Stroke Patients

Is This Patient Having a Stroke?

Larry B. Goldstein, MD

David L. Sime1, MD, MHS

PATIENT SCENARIO

The wife of a 58-year-old right-handed man calls emergency medical services because her husband abruptly developed difficulty speaking and moving his right arm (FIGURE).

WHY IS THE CLINICAL EXAMINATION OF PATIENTS WITH SUSPECTED STROKE IMPORTANT?

Since the original review of stroke published as part of the Rational Clinical Examination Series more than a decade ago, much has changed.¹ What has not changed is the staggering cost of the personal, societal, and economic consequences of strokes. The estimated direct and indirect cost of stroke in 2005 is estimated to be \$56.8 billion in the United States alone.² More than 700 000 people in the United States have a stroke each year, of which nearly one third represent recurrent events.³ About 163 000 annual stroke deaths make it the third leading cause of death in the United States. Between 15% and 30% of stroke survivors become permanently disabled, while 20% remain in institutional care 3 months after their stroke. Not too long ago, the clinical examination functioned primarily to catalog a patient's neurological impairments that in turn correlated with the stroke's vascular territory and likely cause. The inferences about the anatomy and etiology guided secondary preventive strategies

CME available online at
www.jama.com

Context Patients suspected of having a stroke or transient ischemic attack require accurate assessment for appropriate acute treatment and use of secondary preventive interventions.

Objective To update a 1994 systematic review of the accuracy and reliability of symptoms and findings on neurological examination for the evaluation of patients with suspected stroke or transient ischemic attack.

Data Sources We identified potential articles dated between 1994 and 2005 by multiple search strategies of the MEDLINE database and review of article and textbook bibliographies along with private collections.

Study Selection Selected articles provided primary data or appropriate summary statistics of the accuracy and/or reliability of the history or physical examination for diagnosis or short-term prognosis of patients with neurological signs prompting a consideration of stroke. Articles addressing accuracy also needed to provide a final diagnosis following neuroimaging and all relevant laboratory tests.

Data Extraction The authors reviewed and abstracted data for estimating sensitivities, specificities, positive and negative likelihood ratios (LRs). Reliability assessment was based on reported kappa (κ) statistics or intraclass correlation coefficients as appropriate.

Data Synthesis The prior probability of a stroke among patients with neurologically relevant symptoms is 10%. Based on studies using modern neuroimaging, the presence of acute facial paresis, arm drift, or abnormal speech increases the likelihood of stroke (LR of ≥ 1 finding = 5.5; 95% CI, 3.3-9.1), while the absence of all 3 decreases the odds (LR of 0 findings = 0.39; 95% CI, 0.25-0.61). The accurate determination of stroke subtype requires neuroimaging to distinguish ischemic from hemorrhagic stroke. Early mortality increases among those with any combination of impaired consciousness, hemiplegia, and conjugate gaze palsy (LR of ≥ 1 finding = 1.8; 95% CI, 1.2-2.8 and LR of 0 findings = 0.36; 95% CI, 0.13-1.0). Symptoms associated with high agreement for the diagnosis of stroke or transient ischemic attack vs no vascular event are a sudden change in speech, visual loss, diplopia, numbness or tingling, paralysis or weakness, and non-orthostatic dizziness ($\kappa = 0.60$; 95% CI, 0.52-0.68). The reliabilities of individual neurological findings vary from slight to almost perfect, but can be improved with standardized scoring systems such as the National Institutes of Health Stroke Scale. Based on examination findings, stroke vascular distribution can be determined with moderate to good reliability ($\kappa = 0.54$; 95% CI, 0.39-0.68).

Conclusions The history and clinical findings provide the basis for evaluating patients with possible stroke and choosing appropriate treatments. Focusing on 3 findings (acute facial paresis, arm drift, or abnormal speech) might improve diagnostic accuracy and reliability.

JAMA. 2005;293:2391-2402

www.jama.com

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3651, Duke University Medical Center, Durham, NC 27710 (goldst004@mc.duke.edu).

The Rational Clinical Examination Section Editors: David L. Sime1, MD, MHS, Durham Veterans Affairs Medical Center and Duke University Medical Center, Durham, NC; Drummond Rennie, MD, Deputy Editor, JAMA.

Identifying Stroke Patients

Prehospital stroke assessment scales

Cincinnati Prehospital Stroke Scale⁴



Facial Droop (have patient smile)

Normal: Both sides of face move equally

Abnormal: One side of face does not move as well



Arm Drift (have patient hold arms out for 10 seconds)

Normal: Both arms move equally or not at all

Abnormal: One arm drifts compared to the other, or does not move at all



Speech (have patient speak a simple sentence)

Normal: Patient uses correct words with no slurring

Abnormal: Slurred or inappropriate words, or mute

Adapted from Kothari RU, et al. *Ann Emerg Med.* 1999;33:373-378.
Prehospital assessment scale may not capture all patients.

Los Angeles Prehospital Stroke Screen⁵

Screening Criteria

- « Age >45 years
- « History of seizures or epilepsy absent
- « Symptom duration <24 hours
- « At baseline, patient is not wheelchair bound or bedridden
- « Blood glucose between 60 and 400 mg/dL
- « Obvious asymmetry (right vs left) in any of the following 3 exam categories:
 - Facial smile/grimace (equal, droop)
 - Grip (equal, weak grip, no grip)
 - Arm strength (equal, drifts down, falls rapidly)

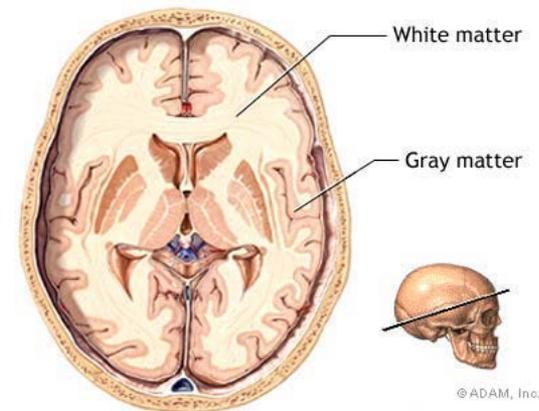
Adapted from Kidwell CS, et al. *Stroke.* 2000;31:71-76.
Prehospital assessment screen may not capture all patients.

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Identifying Stroke Patients

N I H STROKE SCALE

Patient Identification: _____

Pt. Date of Birth ____/____/____

Hospital _____ (____-____)

Date of Exam ____/____/____

Interval: Baseline 2 hours post treatment 24 hours post onset of symptoms \pm 20 minutes 7-10 days
 3 months Other _____ (____)

Time: ____:____ [am] [pm]

Person Administering Scale _____

Administer stroke scale items in the order listed. Record performance in each category after each subscale exam. Do not go back and change scores. Follow directions provided for each exam technique. Scores should reflect what the patient does, not what the clinician thinks the patient can do. The clinician should record answers while administering the exam and work quickly. Except where indicated, the patient should not be coached (i.e., repeated requests to patient to make a special effort).

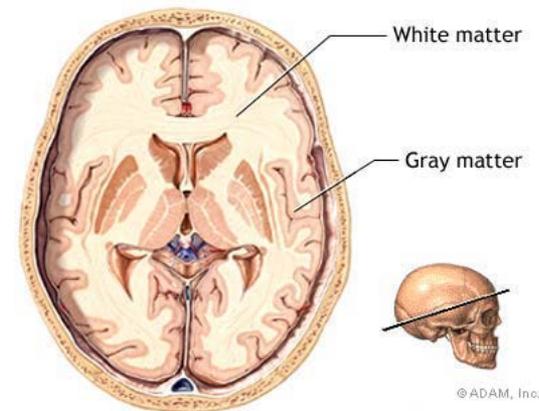
Instructions	Scale Definition	Score
<p>1a. Level of Consciousness: The investigator must choose a response if a full evaluation is prevented by such obstacles as an endotracheal tube, language barrier, orotracheal trauma/bandages. A 3 is scored only if the patient makes no movement (other than reflexive posturing) in response to noxious stimulation.</p>	<p>0 = Alert; keenly responsive. 1 = Not alert; but arousable by minor stimulation to obey, answer, or respond. 2 = Not alert; requires repeated stimulation to attend, or is obtunded and requires strong or painful stimulation to make movements (not stereotyped). 3 = Responds only with reflex motor or autonomic effects or totally unresponsive, flaccid, and areflexic.</p>	_____
<p>1b. LOC Questions: The patient is asked the month and his/her age. The answer must be correct - there is no partial credit for being close. Apathic and stuporous patients who do not comprehend the questions will score 2. Patients unable to speak because of endotracheal intubation, orotracheal trauma, severe dysarthria from any cause, language barrier, or any other problem not secondary to aphasia are given a 1. It is important that only the initial answer be graded and that the examiner not "help" the patient with verbal or non-verbal cues.</p>	<p>0 = Answers both questions correctly. 1 = Answers one question correctly. 2 = Answers neither question correctly.</p>	_____
<p>1c. LOC Commands: The patient is asked to open and close the eyes and then to grip and release the non-paraleic hand. Substitute another one step command if the hands cannot be used. Credit is given if an unequivocal attempt is made but not completed due to weakness. If the patient does not respond to command, the task should be demonstrated to him or her (pantomime), and the result scored (i.e., follows none, one or two commands). Patients with trauma, amputation, or other physical impediments should be given suitable one-step commands. Only the first attempt is scored.</p>	<p>0 = Performs both tasks correctly. 1 = Performs one task correctly. 2 = Performs neither task correctly.</p>	_____
<p>2. Best Gaze: Only horizontal eye movements will be tested. Voluntary or reflexive (oculocephalic) eye movements will be scored, but caloric testing is not done. If the patient has a conjugate deviation of the eyes that can be overcome by voluntary or reflexive activity, the score will be 1. If a patient has an isolated peripheral nerve palsy (CN III, IV or VI), score a 1. Gaze is testable in all aphasic patients. Patients with ocular trauma, bandages, pre-existing blindness, or other disorder of visual acuity or fields should be tested with reflexive movements, and a choice made by the investigator. Establishing eye contact and then moving about the patient from side to side will occasionally clarify the presence of a partial gaze palsy.</p>	<p>0 = Normal. 1 = Partial gaze palsy; gaze is abnormal in one or both eyes, but forced deviation or total gaze paresis is not present. 2 = Forced deviation, or total gaze paresis not overcome by the oculocephalic maneuver.</p>	_____

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Identifying Stroke Patients

STROKE is an emergency
Every minute counts

ACT F.A.S.T!

FACE

Uneven smile
Facial droop

ARM

Arm numbness
Arm weakness

SPEECH

Slurred speech
Difficulty speaking
or understanding

TIME

Call 9-1-1 immediately.

Have the ambulance go to the
nearest stroke center.



Outline

- Identifying Stroke Patients
- Tracking IPEC Quality Indicator Data
 - ▣ Eryka Kotansky (POC)

Tracking IPEC Quality Indicator Data

Reminder Dialog Template: Stroke Admission

ASSESSMENT

Assessment/Impression:

PLAN

Plan/Recommendations:

STROKE PERFORMANCE MEASURES

Thrombolysis:

Was Thrombolysis given?

Yes

No

Dysphagia Screening: (Results of three-ounce swallow test)

Aspirated? (If "Yes" order NPO order and order Speech Pathology Consult.)

Yes

No

Additional Clinical Reminder: Antithrombotic Therapy must be given by the hospital on day two or document why it was not given.

Order Physical Therapy for early ambulation, fall risk assessment, rehabilitation assessment.

STROKE PERFORMANCE MEASURES:

STROKE PERFORMANCE MEASURES

The Following Performed Within 24 Hours:

Performed Within 24 Hours:

Thrombolysis given?

 YES NO

NIHSS documented?

 YES NO

Dysphagia screening performed?

 YES NO

Pressure ulcer assessment documented with a Braden Scale?

 YES NO

The Following Performed by the End of Day Two:

Performed by End of Day 2:

Antithrombotic given?

 YES NO

Was the patient assessed by Physical Therapy to determine if the patient was ambulatory?

 YES

Visit Info

Finish

Cancel

The Following Performed by the End of Day Two:

Performed by End of Day 2:

Antithrombotic given?

YES

NO

Was the patient assessed by Physical Therapy to determine if the patient was ambulatory?

YES

NO

Did the patient receive venous thromboembolism (pharmacologic or mechanical) prophylaxis for non-ambulatory patients?

YES

NO

Was the patient's fall risk assessed using the Morse Fall Scale?

YES

NO

Was the Functional Independence Measure (FIM) completed to assess the patient's need for rehabilitation?

YES

NO

The Following Performed at Discharge:

Performed at Discharge:

Was the patient prescribed an antithrombotic (including antiplatelet or anticoagulant) agent?

YES

NO

Was the patient with atrial fibrillation discharged on an anticoagulant agent?

YES

Visit Info

Finish

Cancel

NO

The Following Performed at Discharge:

Performed at Discharge:

Was the patient prescribed an antithrombotic (including antiplatelet or anticoagulant) agent?

YES

NO

Was the patient with atrial fibrillation discharged on an anticoagulant agent?

YES

NO

Was the patient with a LDL greater than or equal to 100mg/dl, or LDL not measured, or on cholesterol lowering medications prior to admission, discharged on a cholesterol lowering medication?

YES

NO

Was smoking cessation offered to the patient and caregivers DURING the hospital stay?

YES

NO

Was the patient and/or caregiver(s) given educational materials during the hospital stay addressing all of the following: 1. Personal risk factors for stroke. 2. Warning signs and symptoms of stroke. 3. Activation of an emergency medical system. 4. Need for follow-up after discharge. 5. Medications prescribed at discharge.

YES

NO

NON-STROKE CONDITIONS:



- Thank you for your time!

- Jason.Sico@va.gov

STROKE MEETING (SQUINT)

Malcolm Parker, MD
Chief of Emergency Medicine

SSF Data Review

□ ED Patient Volume

- ▣ We could see one acute ischemic stroke every other year who is eligible for thrombolytics.

Teaching and Documentation

- Modules for NIHSS, AIS recognition, inclusion & exclusion criteria for Rt-PA use for:
 - AIS
 - Dysphagia screening guidelines
 - Intent to screen at the door for hypoxia and hypoglycemia

Stroke Center

- We are two miles from the regional stroke center.
 - ▣ Sending all apparent AIS patients to the local stroke center.
 - ▣ Decided not to attempt to perform head CT at Fargo VA.

Trolling for Patients

□ Reviewed

- ▣ Last three months of records using ICD9 codes 433.101 through 436.
- ▣ V Code: V12.54. No additional patient records yielded.

□ Cross Referenced

- ▣ 6 patients found by looking at transfer notes, NIHSS notes, and dysphagia screening.
 - Neuro consults and weakness/dizziness codes non specific.

Other Screening methods-No additional patients.

Small data sample.

Trolling for Patients Cont'd

□ Patient Charts

□ 6 patients had diagnosis of acute and sub acute AIS.

■ Found inconsistency of documentation

■ NIHSS done: 2/6

■ Dysphagia screening: 1/6, by formal dysphagia screen

■ Inclusion/exclusion

■ AIS recognition assists

Reportable Metrics

- Rt-PA to eligible patients
 - ▣ 5/6 patients were outside the window of opportunity.
- NIHSS
- Dysphagia Screening
- Time to CT
- Identified Adverse Events
- Data will be presented to PI Coordinator

□ Instrument Review

- Adequate Hx & PE
- NIHSS Timely
- POC Glucose
- O2 Stat on Arrival
- NPO-Until decision re: dysphagia evaluation
- Time LKNI Documented
- Rt-PA Candidate

- 
- Instrument Review Cont'd
 - Inclusion criteria
 - Exclusion criteria
 - Time to Dysphagia screening
 - Time to Rt-PA
 - Time to other Treatment
 - Time to CT Read

IPEC STROKE QUALITY INDICATOR DATA: IDENTIFYING THE STROKE PATIENT IN A PRIMARY STROKE CENTER

Diane Davis, MS, BSN

MEDVAMC CPAC DATA MANAGER

8/7/12

Stroke Patient Identification



- Admissions
- Inpatient Acute Onset
- Monitoring and Recording IPEC Stroke Quality Indicators

ADMISSIONS

- Functional Status Outcome Data (FSOD)
 - ▣ List of admissions with “stroke related” diagnoses
- National Utilization Management Integration (NUMI)
 - ▣ VHA UM web-based program that ensures quality and operational efficiency across the care continuum
- Neurology Resident’s Inpatient/Consult List
 - ▣ ER
 - ▣ Outpatient Clinic
 - ▣ Direct Admits
 - ▣ OSH transfers to MEDVAMC
 - ▣ Other VAMC transfers to MEDVAMC

Functional Status Outcome Data list

GUI Mail Access



- My Computer
- Whoami.exe
- My Network Places
- Office 2007 Training
- Recycle Bin
- Bed Manageme...
- Internet Explorer
- Clinical Pharmacology
- BMS
- Lock_Station
- GA Help Desk Ticket
- Magnify
- GPRS_CHART
- Map Drives
- LMS
- Mosby's Nursing Skills
- Microsoft Office Outl...
- Resource Library



VISTA™
GuiMail

v2.1

Roudebush VA Medical Center
Department of Veterans Affairs
Veterans Health Administration



Home Insert Design Animations Slide Show Review View Add-Ins Get Started

Cut Copy Paste Format Painter Clipboard

New Slide Reset Delete Slides

Layout Font

Paragraph

Text Direction Align Text Convert to SmartArt

Slides Outline

VISTA GuiMail User: DAVIS,DIANE B Domain: HOUSTON.MED.VA.GOV

Message Search Tools Compose Help

New Mail Create Reply Forward Delete Print

IN WASTE test

WASTE Basket

T	Date	Subject	Sender
	08/04/...	HOSPITAL ADMITS in last 24 HRS with DX req...	POSTMASTER
	08/05/...	HOSPITAL ADMITS in last 24 HRS with DX req...	POSTMASTER
	08/06/...	HOSPITAL ADMITS in last 24 HRS with DX req...	POSTMASTER
	08/07/...	HOSPITAL ADMITS in last 24 HRS with DX req...	POSTMASTER

Home Insert Design Animations Slide Show Review View Add-Ins Get Started

Cut Copy Paste Format Painter Clipboard

Layout Reset Delete Slides

Font

Paragraph

Text Direction Align Text Convert to SmartArt

Slides Outline

1

2

VISTA GuiMail User: DAVIS,DIANE B Domain: HOUSTON.MED.VA.GOV

Message Search Tools Compose Help

New Mail Create Reply Forward Delete Print

IN WASTE test

WASTE Basket

T	Date	Subject	Sender
	08/04/...	HOSPITAL ADMITS in last 24 HRS with DX req...	POSTMASTER
	08/05/...	HOSPITAL ADMITS in last 24 HRS with DX req...	POSTMASTER
	08/06/...	HOSPITAL ADMITS in last 24 HRS with DX req...	POSTMASTER
	08/07/...	HOSPITAL ADMITS in last 24 HRS with DX req...	POSTMASTER

Mail Message From: POSTMASTER Dated: 08/04/2012 00:01
 Subject: HOSPITAL ADMITS in last 24 HRS with DX requiring FIMS

464620323 [REDACTED] AUG 03, 2012@00:35:37 2A NEURO
 Diagnosis: TIA
 Resident: [REDACTED]

462923306 [REDACTED] AUG 03, 2012@21:01:22 5E
 Diagnosis: LEFT GREAT TOE GANGRENE
 Resident:



NUMI AT MEDVAMC

NEUROLOGY SERVICE

NEUROLOGY INTERMEDIATE CARE

Select VISN, then Site

Submit

Use of this application means that you agree with the following terms and conditions:

General Terms: McKesson Health Solutions LLC ("McKesson") is the Owner/Licensors of the InterQual® Clinical Decision Support Criteria and Software (Clinical Content/Work). McKesson has prepared this Work for

2A LTM
 2A NEURO
 2A NEURO OBS

 CARDIOLOGY
 CU 96
 DERMATOLOGY

 Transfer

Service

All

Find

Reset

Select a Dismiss Type

Dismiss Stays

Assign Re

Results 1 to 11 of 11

Total Pages: 1

Page Size: 30

Reset Page size

X	Patient Name	SSN	Specialty	Ward	Attending	Admitting Diagnosis	Admit Date	Days Since Adm	Date of Last Review	Met?	Next Review Due	D/C Date	Assi
<input type="checkbox"/>		4238	NEUROLOGY	2A NEURO		ACUTE BLIN...	07/17/12 23:23:33	16	08/02/12 00:00:00	Yes	08/03/12 00:00:00		DAVIS,
<input type="checkbox"/>		2160	NEUROLOGY	2A NEURO		CVA	07/27/12 21:48:46	6	08/02/12 00:00:00	Yes	08/03/12 00:00:00		DAVIS,
<input type="checkbox"/>		7781	NEUROLOGY	2A NEURO		STROKE	07/20/12 14:53:20	13	08/02/12 00:00:00	Yes	08/03/12 00:00:00		DAVIS,
<input type="checkbox"/>		8332	NEUROLOGY	3D STEP		CVA	07/31/12 23:34:50	2	08/02/12 00:00:00	Yes	08/03/12 00:00:00		DAVIS,
<input type="checkbox"/>		2730	NEUROLOGY	3DIM		ALS	03/15/12 14:49:01	140	08/02/12 00:00:00	Yes	08/03/12 00:00:00		DAVIS,
<input type="checkbox"/>		7927	NEUROLOGY	2A NEURO		STROKE	07/22/12 16:25:21	11	08/01/12 00:00:00	Yes	08/02/12 00:00:00		DAVIS,
<input type="checkbox"/>		0360	NEUROLOGY	3D STEP		SUBACUTE S...	07/31/12 20:44:09	2	08/02/12 00:00:00	Yes	08/03/12 00:00:00		DAVIS,
<input type="checkbox"/>		1877	NEUROLOGY	3D STEP		AMS	07/30/12 18:11:40	3	08/02/12 00:00:00	Yes	08/03/12 00:00:00		DAVIS,
<input type="checkbox"/>		1701	NEUROLOGY	2A NEURO		STROKE	07/14/12 10:56:11	19	08/02/12 00:00:00	Yes	08/03/12 00:00:00		DAVIS,
<input type="checkbox"/>		5423	NEUROLOGY	2A NEURO		neuropathy	08/01/12 08:04:39	1	08/02/12 00:00:00	Yes	08/03/12 00:00:00		DAVIS,
<input type="checkbox"/>		1825	NEUROLOGY	2A NEURO		myasthenia...	07/30/12 10:48:36	3	08/02/12 00:00:00	Yes	08/03/12 00:00:00		DAVIS,

showing 11 rows

Stay: 1872710

Patient Worksheet

Stay Movements

Movement ID	Movement Type	Transaction Type	Treating Specialty	Attending	Time Stamp	Ward	Review
1872710	DIRECT	ADMISSION	NEUROLOGY		07/31/2012 23:34:50	3D STEP	Review
1873002	PROVIDER/SPECIALTY CHANGE	SPECIALTY TRANSFER	NEUROLOGY		08/02/2012 09:34:05	3D STEP	Review

Show Reviews

Facility Number: **580**
 Full Name:
 SSN:
 Sex: **M**
 Age: **85**
 Insurance:
 Service Connection: **No**
 Admission Type: **DIRECT**
 Admission Source:
 Admission Day/Time: **07/31/2012 23:34:50**
 Admit Dx: **CVA**
 Service: **NEUROLOGY SERVICE**
 Treating Specialty: **NEUROLOGY**
 Attending:
 Current Ward Location: **3D STEP**
 Length of Stay: **2**
 Discharge Date:

NEUROLOGY RESIDENT'S

DAILY INPATIENT LIST

DAILY CONSULT LIST

INPATIENT LIST

- Admitted to Neurology Care Line from:
 - ER
 - Outpatient Clinic
 - Direct Admits
 - Transfers from OSH
 - Transfers from other VAMCs
- Followed by Neurology Case Manager
 - **Another GREAT Resource!**
- Includes Neurology Intermediate Care
- Discussed in Interdisciplinary Team Meeting Weekly

New Onset Inpatient Identification

STROKE PAGER

THERADOC ALERT

CONSULT & INPATIENT CHIEF

RESIDENTS

THE RADOC SYSTEM

tPa Alerts

STROKE PATIENT LIST

- Mail <<
- Favorite Folders >>
- Inbox
- Unread Mail
- Sent Items
- Mail Folders >>
- All Mail Items >
- Mailbox - Davis, Diane B
 - Conversation History
 - Deleted Items (11)
 - Drafts
 - Inbox
 - Infected
 - Junk E-mail
 - Outbox
 - quarantine
 - RSS Feeds
 - Sent Items
 - System Cleanup
 - TMS
 - Search Folders
 - Personal Folders

Inbox Search Inbox EZ Alert: TPA Alert

EZ Alert: TPA Alert ID: 4909869.6 - Message (HTML)

Message

Reply Reply to All Forward Call

Respond

Delete Move to Folder Create Rule Other Actions

Actions

Block Sender Not Junk

Junk E-mail

Safe Lists Categorize Follow Up Mark as Unread

Options

Find Related Select Find

From: TheraDoc.ESP@theradoc.com
 To: Davis, Diane B
 Cc:
 Subject: EZ Alert: TPA Alert ID: 4909869.6

Patient: 809227	Title: EZ Alert: TPA Alert
Room: 3LMI	Alert: 4909869 rev: 7 0

EZ Alert: TPA Alert Admit Diagnosis: Private

Demographics & renal function

Age: Private	Sex: Private
SCr: 1.4 0	Height: Private
CrCl: 48 mL/min(Cockcroft-Gault; weight used=73 kg)	Weight: Private

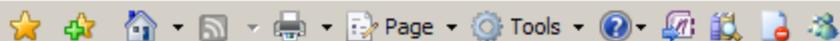
This patient matches the EZ Alert criteria: 'EZ Alert: TPA Alert'

Med Criteria: ALTEPLASE 2 MG INTRAVENOUS ONCE (07/29/2012 15:07:00-07/30/2012 15:07:00)

Med Criteria: ALTEPLASE 2 MG INTRAVENOUS ONCE (07/28/2012 20:07:00-07/28/2012 22:07:21)

Med Criteria: ALTEPLASE 2 MG INTRAVENOUS ONCE (07/28/2012 12:07:00-07/28/2012 12:07:31)

[Launch TheraDoc web application](#)



User Name:

Password:

Login

Version 4.3.0
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SYSTEM MESSAGES

Michael E. DeBakey VA Med
This is a PRODUCTION server

TheraDoc support:

If you need assistance access
Technical Support:

Phone: **561-284-7200**
Email: vha-service-desk@...
Visit the Self Service Web Page
<http://support.dssinc.com>

DIANE B DAVIS
08/07/2012
VHAHOU

Jump To: [Patient Search](#) [Roster](#)

ALERT VIEWER

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- EZ Alerts Assistant
- Hematology
- Alert Review
- ICP Rounds Assistant
- ID Medication Summary
- NUMI
- Alert Subscription
- PID Lookup
- Alert Viewer
- Rounds Assistant
- STROKE REVIEW
- System Usage
- View Library
- Antibiogram
- Bed Trace
- Demographics / Encounters

Alert ID: Rev:

Location: Attending: Account #: 27730624

Alert Time
07/30/2012 03:42 PM

Alert
EZ Alert: TPA Alert ⓘ Admit Diagnosis: CHF, PNA
[Demographics & r](#)

This patient matches the EZ Alert criteria: 'EZ Alert: TPA Alert'

Med Criteria:

Drug	Dose	Start	End
ALTEPLASE	2 MG INTRAVENOUS ONCE	07/29/2012 15:07:00	07/30/2012 15:07:00

Med Criteria:

Drug	Dose	Start	End
ALTEPLASE	2 MG INTRAVENOUS ONCE	07/28/2012 20:07:00	07/28/2012 22:07:21

Med Criteria:

Drug	Dose	Start	End
ALTEPLASE	2 MG INTRAVENOUS ONCE	07/28/2012 12:07:00	07/28/2012 12:07:31

Documentation of IPEC Criteria

Stroke Performance Measurement
Tool

NUMI Criteria

Admin

Reports

Tools

Help

Site: Houston, TX

[Patient Selection](#)
[History](#)
[CERMe](#)
[Primary Review](#)

Review for:

Age: 85

Admission Dx: CVA

 Patient Name/ID ()
 Review # New Review Product Subset

Subset

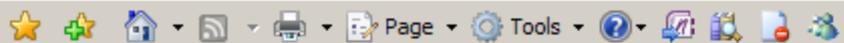
InterQual® Products

[LOC:Acute Adult](#)[BH:Geriatric Psychiatry](#)[BH:Adult Psychiatry](#)[BH:Chemical Dependency & Dual Diagnosis](#)

Categories

[All Categories](#)[Condition Specific](#)[Observation](#)[Critical Care](#)[Intermediate Care](#)[Acute Care](#)Keyword(s) Medical Code(s) [Find Subsets](#)[Clear Search](#)

Notes	Subset Description	Pro
	Acute Coronary Syndrome (ACS)	LOC:
	Asthma	LOC:
	Epilepsy	LOC:
	Heart Failure	LOC:
	Pneumonia	LOC:
	Stroke/TIA	LOC:



Patient Name/ID [REDACTED]

Review # New Review Product LOC:Acute Adult Subset Stroke/TIA

LOC:Acute Adult
Stroke/TIA
InterQual® 2011

Criteria

Select Review Type -- Continued Stay

Intensity of Service

Episode Day 2

Episode Day 3

Episode Day 4

Episode Day 5

Episode Day 6

Episode Day 7

Review Summary  

Export

Clinical Evidence Summaries

InterQual Clinical Reference

Next Step 

(Excludes PO medications unless noted)

Intensity of Service, Episode Day, One:

- Episode Day 2, One:
- Episode Day 3, One:
- Episode Day 4, One:
- Episode Day 5, One:
- Episode Day 6, One:
- Episode Day 7, One:

Patient Name/ID [REDACTED]

Review # New Review Product LOC:Acute Adult Subset Stroke/TIA

LOC:Acute Adult
Stroke/TIA
InterQual® 2011

Criteria

Select Review Type -- Continued Stay

Intensity of Service

Episode Day 2

Episode Day 3

Episode Day 4

Episode Day 5

Episode Day 6

Episode Day 7

Review Summary  

Export

Clinical Evidence Summaries

InterQual Clinical Reference

Next Step 

(Excludes PO medications unless noted)

Intensity of Service, Episode Day, One:

Episode Day 2, One:

OBSERVATION, One:

ACUTE, One:

Neurologic deficit resolved, Both:

Neurologic assessment q4h 

Antiplatelet, aspirin, or anticoagulant (includes PO)

Stroke, Both:

Finding, ≥ One:

Hemorrhagic stroke

Non-hemorrhagic stroke, One:

Aspirin or antiplatelet (includes PO)

Afib and anticoagulant

Post thrombolytic therapy ≤ 24h

Treatment, All:

Neurologic assessment q4h 

DVT prophylaxis or patient ambulatory 

Rehabilitation therapy evaluation planned or complete 

Activity progression 

CRITICAL, Both: