

# Quality Improvement Informational Rubric - Stroke

Purpose: The purpose of these Quality Improvement Informational Rubric's is NOT to QA PCR's. We will be looking at certain variables across all agencies in the region to identify best practices. After these practices are identified, they may be implemented into other agencies that may benefit from using a different approach.

Process: Your QA captain/coordinator will select several PCR's that all pertain to a certain type of call for you to review. If you have any questions relating to the PCR you are reviewing or are having a hard time answering a question, please consult your QA captain/coordinator. If you experience any issues with REDCap please email Heather Lenhardt @ heather\_lenhardt@urmc.rochester.edu Thank you for your help!




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**This Quality Assurance Tool and the information contained within is strictly confidential and entirely the product of quality improvement activities. It is protected from discovery by NYS Education Law 6527 and NYSDOH Public Health Law Sections 2805-M and 3006"**

Agency

- Perinton  
 Henrietta  
 Gates  
 SEQ

Chart # / PRID

\_\_\_\_\_

Patients age

\_\_\_\_\_

Last seen normal time

\_\_\_\_\_ (enter 01-01-1000 00:00 IF NOT DOCUMENTED)

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**\*\*\*\*In the care of stroke patients, the most critical piece of information we can give the hospital is the time the patient was last seen normal.\*\*\*\***

Time EMS was dispatched

\_\_\_\_\_

Time at patient

\_\_\_\_\_

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**\*\*\*\*The goal for the potential stroke patient is to be on scene < 10 minutes. On scene time should not be delayed for ECG or an IV.\*\*\*\***

Time at transporting \_\_\_\_\_

Was a prehospital stroke notification done?  Yes  No

Was the time of the prehospital stroke notify documented?  Yes  No

Time of prehospital stroke notify \_\_\_\_\_

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**\*\*\*\*Prehospital stroke notifications should be done on all patients with a last seen normal time < 8 hours.\*\*\*\***

Was a BG taken on this patient while the crew was on scene or after they departed for the hospital?  On Scene  In Route  Not Done

What was the patients BG? \_\_\_\_\_  
 ((Enter 'HIGH' for high BG or 'LOW' for low BG))

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**\*\*\*\*A BG should be performed on all potential stroke patients.\*\*\*\***

Did the provider document performing a Cincinnati Stroke Scale?  Yes  No

Did the Cincinnati Stroke Scale have one or more positive findings?  Yes  No

Did they document another neuro exam?  Yes  No

Presenting deficits:  Speech  
 Cannot Smile  
 Pronator Drift  
 Weakness  
 Dizziness  
 Non-conclusive due to previous stroke  
 Other  
 Facial Droop  
 ((Check all that apply))

Specify other: \_\_\_\_\_

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**\*\*\*\*The Cincinnati Stroke Scale is the preferred method for assessing someone you suspect of having a stroke. A prehospital stroke alert should be called on anyone having even one positive finding in the scale.\*\*\*\***

Comments: \_\_\_\_\_