

Post Anesthesia Care Unit: The Journey towards becoming a Comprehensive Stroke Unit to promote Post Mechanical Thrombectomy clinical care.



BACKGROUND

Implementation of evidence based clinical practice guidelines, for the management of patients post mechanical thrombectomy (MT) procedure, is a requirement for Joint Commission Comprehensive Stroke Center certification.

In 2015 the Comprehensive Stroke Center designated Post Anesthesia Care Unit (PACU) as a Stroke Unit for recovery of Post MT patients.

Historically PACU clinicians did not have the competence to care for patients post MT. MT is a high risk low volume procedure that requires high quality clinical care.

There is considerable evidence which supports the importance of nurse champions in driving new innovations.

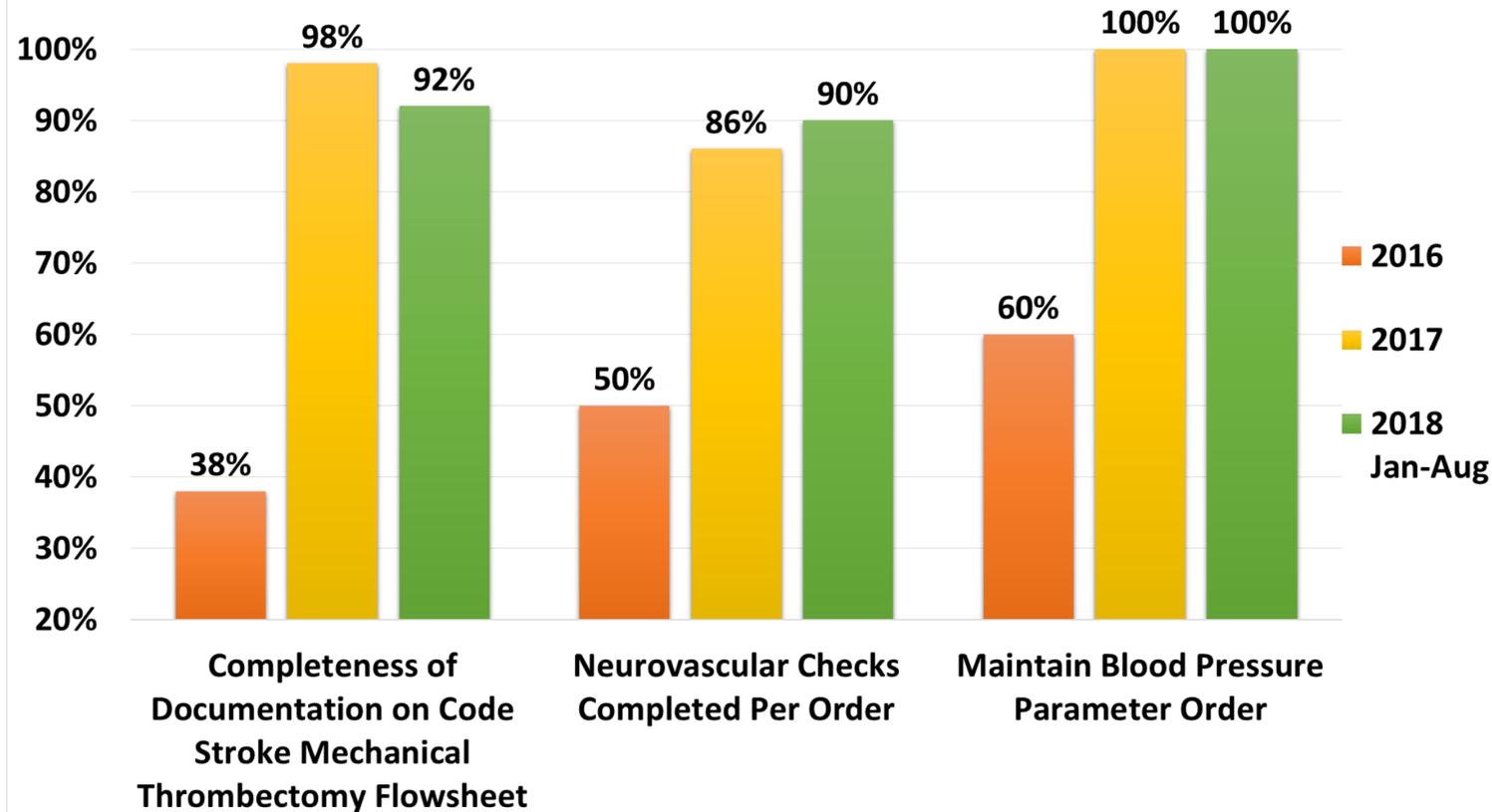
Frequent monitoring of neurological and neurovascular status of post MT patient, as well as timely notifications of the provider of any acute neuro change are crucial for excellent clinical outcomes.

OBJECTIVE

The purpose of the project was to foster the PACU clinicians' skill sets necessary for delivery of high quality clinical care evident through measurable selected metrics

To describe the model used by PACU nurses to achieve neuro expertise to care for patients post MT and the metrics used to evaluate the clinical practice.

RESULTS



DESIGN/METHODS

The PACU Stroke Committee, comprised of clinical nurse champions, nursing leadership, and stroke center coordinators, was formed with the specific aim to educate, build relationships, navigate, and advocate for excellent patient care post MT. This team meets for one hour every other month. PACU RN Champions are:
Steven Gershner BSN, RN, CPAN
Mae Divinagracia, BSN, RN, CCRN
William Mayer, RN

Three clinical metrics were developed to monitor clinical practice provided for all post MT:

- completeness of documentation on code stroke MT flowsheet
- neurovascular checks completed per orders
- maintain blood pressure ordered parameter.

Monthly retrospective chart audits are performed on all post MT patient records to evaluate compliance with the metrics beginning in 2016 (baseline- pre – intervention) to August 2018.

DESIGN /METHODS

Strategies implemented include:

- NIHSS certification for all staff nurses
- Annual mandatory 8 stroke contact hours
- integration of electronic EHR to facilitate handoff communication
- Workflow configured electronic documentation
- real time peer chart review aka “buddy system”
- Unit stroke board in the staff lounge
- Information displayed in the Stroke Board encompassed PACU Stroke Committee meeting minutes, stroke educational offerings with contact hour and stroke PI compliance report cards.
- Report cards are reviewed and action plans formulated for improvement by the committee.

FINDINGS

Comparative analysis of the baseline data from 2016 to post intervention data 2017 to August 2018 showed remarkable improvement for all three metrics after implementation of strategies

CONCLUSION

The presence and support of front-line nurse champions is an important force behind changing clinical practice and the successful delivery of consistent excellent high quality stroke care. Next steps of the project will be to report outcome data using 90- day Modified Rankin Scale score.

ACKNOWLEDGEMENT

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