ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL

Changing the Inpatient "Brain Attack" to "Code Stroke" More than a new name

New Brunswick, NJ

Purpose

- Align with state recommendations for a common language among EMS and hospital providers
- Reduce false activations of the stroke team
- Guide the bedside nurse

Background/Causes

A large number of false inpatient stroke team activations caused over-utilization of hospital resources

- Lack of rapid response team
- Communication challenges
- Lack of clear criteria for mobilizing the stroke team
- Lack of assessment to identify focal neurologic deficit

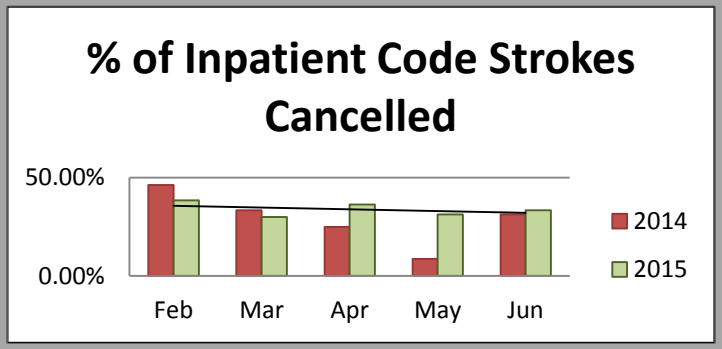
Design/Methods

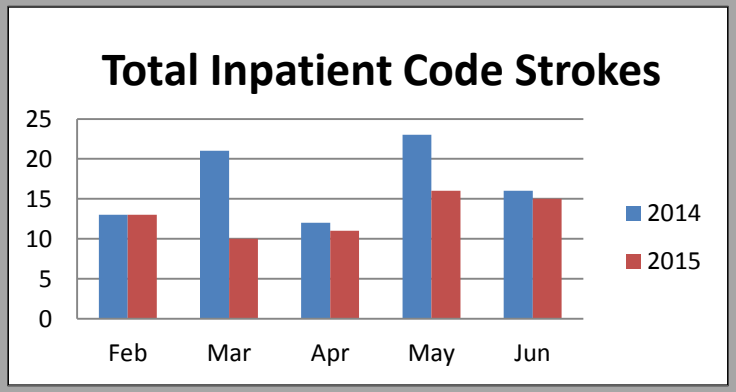
1) Comparison of total number of inpatient code stroke activations in 2014, as compared to total number of inpatient code stroke activations following implementation of the new algorithm during the same time period

2) Comparison of the rate of inpatient code stroke activations cancelled due to inappropriate symptoms in 2014 as compared to the rate of cancellations after the new inpatient code stroke algorithm implementation

Objectives

- Improve RN identification of focal neurologic deficits on inpatient units
- Evaluate accuracy of inpatient code stroke activations after implementation of new Code Stroke algorithm
- Evaluate effect of new code stroke algorithm on false activations





Results

1) Initial decrease in percent of Inpatient Code Strokes cancelled followed by a slight upward trend

2) Overall decrease of 23.5% in total Inpatient Code Stroke activations

Conclusions/Implications for Practice

The new Inpatient Code Stroke Activation algorithm was initially successful at decreasing the overall rate of Inpatient Code Stroke activations cancelled due to inappropriate activation criteria and improved identification of stroke symptoms. While a small sample size, this may indicate that further education and reinforcement is needed to sustain this trend. Interestingly, there was an overall decrease in the total number of Inpatient Code Stroke activations. This may suggest that fewer Inpatient Code Strokes were activated due to lack of appropriate activation criteria and knowledge of stroke symptoms. This did lead to a decrease in resource consumption by the Code Stroke team. Further investigation is required to determine if there was an increase in other resource utilization.

Authors:
Kimberly D. Hollender, MSN, APN, CCRN, ACNP-BC;
Devon Lump, MSN, ACNP-BC;
Ray Bennett, BSN RN, SCRN, CEN, CFRN, CTRN, NREMT-P;
Deborah Lord, BSN, RN, SCRN