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Oregon Region Standard Stroke Neurological Assessment Utilizing AACN Synergy Model
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Background / Purpose
- One certified comprehensive stroke center (CSC) and three certified primary stroke centers (PCS’s) implemented SNAP40 in various stages within a 9 month time period.
- Multiple education methods were used including:
  - 1:1 staff education (Figure 1, 2, and 3)
  - Inadequate tip sheets that include Epic (electronic health record) tips (Figure 2)
  - Computer sticker reminders
  - Department safety huddle presentations (Figure 1 and 2)
  - Staff meetings, stroke specific classes
  - Continuous quality improvement feedback aimed at improving nurse competency
  - Ongoing electronic health record (Epic) enhancements to harmonize environment of documentation with RN workflow (Figure 2)
- Developed standard education using HealthStream® for Providence System
- SNAP pen light with the 4 steps outlined (Figure 3)
- Communication tools during rollout using SBAR (Situation, Background, Assessment, Recommendation)

Methods
- Stroke program coordinator nurses and clinical experts from the Oregon region collaborated, conducted literature reviews, and developed a recommendation for a new standard quick stroke neuro assessment check.
- The new quick stroke neuro assessment check or Stroke Neuro Assessment by Providence (SNAP) requires 4 major steps:
  - Step #1 Level of consciousness defined as NIHSS 1a, 1b, 1c, or GCS
  - Step #2 Pupil reactivity to light
  - Step #3 Movement of extremities defined as NIHSS 5a, 5b, 6a, 6b
  - Step #4 Trending patients original stroke symptoms
- Throughout development of standard workflow for quick stroke neuro assessment checks or SNAP we applied the AACN Synergy Model combining stroke patient characteristics, health care environment, and nurse competencies.
- As a professional model of care, we incorporated the AACN Synergy Model to standardize RN education tools for implementation throughout the ED, critical care, and stroke units.
- SNAP is appropriate for acute ischemic strokes (post alteplase and/or thrombectomy), head bleeds (ICH & SAH), post neuro procedure monitoring, and as directed by stroke neuro check/assessment orders.
- The synergy between RN training and competency with the stroke population (including NIHSS) and matching the healthcare environment optimized adoption of a new standard workflow.
- Ongoing electronic health record optimization to harmonize environment of documentation reinforced RN workflow with stroke population.

Results
- The definition of a quick stroke neuro assessment check continues to be controversial.
- Successful multicenter stroke program development and implementation of SNAP through AACN Synergy Model, meets regulatory and practice requirements as a standard quick stroke neuro assessment check.
- Applying AACN Synergy Model creates standard work for stroke nursing care.

Conclusions
- Providence Saint Vincent Medical Center (CSC), Providence Portland Medical Center (PSC), Providence Willamette Falls Medical Center (PSC), Providence Medford Medical Center (PSC)

Contributors
- Providence Brain and Spine Institute Portland, OR

References