The purpose of this work was to improve door to teleadministration classes, Annie Penn hospital achieved Joint Commission’s Acute Stroke Ready Hospital certification in 2016 and was recertified in 2018.

**Methods**
- An interdisciplinary Stroke Continuous Process Improvement (CPI) committee was formed.
- A gap analysis was executed using the ASRH guidelines to address current stroke care processes.
- Chart audits were performed to capture current state.
- Strategies to meet the requirements to be recognized as an ASRH certification were implemented, such as education to staff related to recognizing stroke symptoms and calling a Code Stroke.
- Education was provided via tPA administration classes, bulletin boards displaying clinical practice guidelines (CPG), data, and stroke algorithms.
- Mock Code Stroke simulations were performed involving ED staff, Radiology, pharmacy, house supervisor, EMS personnel, and impatient staff.
- Implementation of standard work and continuously discussing and reviewing performance improvements measures on a monthly basis.

**Outcomes**
- Annie Penn hospital achieved Joint Commission’s Acute Stroke Ready Hospital certification in 2016 and was recertified in 2018.
- Door to:
  - Calling a Code Stroke decreased from 17.4 to 14.5 minutes
  - CT time decreased from 39.2 to 36.7 minutes
  - tPA decreased from 89.8 to 69.9 minutes
  - INR resulted decreased from 50.7 to 41.6 minutes
  - Tele-neurology consult to video time decreased from 15 min to 13 minutes

**Implications to Practice**
- Early recognition of stroke symptoms, diagnosing stroke, and administration of tPA, if applicable, is of the utmost importance to improve patient outcomes.
- This certification allows rural hospitals to get recognition by the Joint Commission and places an expectation on all rural hospitals to uphold best practices.
- Setting a goal for decreasing stroke times, significantly improved the care for stroke patients in our rural community.

**Background**
- Rural Emergency Departments are the first point of medical care for many stroke patients to receive care to stop brain cell death.
- There are large rural areas around our hospital to the north, east, and west that offer limited or no availability of care for emergent stroke care needs.
- People living in rural areas are at higher risk for poor outcomes and disability resulting from a stroke due to the distance and timely access to emergent medical care.
- This rural hospital is located 23 miles south of a primary stroke center (PSC) within our healthcare organization and has 110 licensed beds and a 23-bed emergency department.
- The Annie Penn emergency department (ED) provides care for over 36,000 patients a year and saw 179 stroke patients in fiscal year 2017.

**Objectives**
- The purpose of this work was to improve door to tPA, door to INR, door to CT times, door to calling a code stroke, and to decrease the time from the tele-neurology consult to video with patient. By improving these times we hoped to become North Carolina’s first Joint Commission Acute Stroke Ready Hospital certification.
- Becoming certified as an Acute Stroke Ready Hospital (ASRH) ensures the delivery of stroke care is standardized and exceptional at our rural hospital.

**Conclusions/Discussion**
Capturing data, educating staff, and performing continuous improvement helped decrease stroke measures.

**References**


Jennifer Kendrick, BSN, RN, SCRN, Sandra Kueider, BSN, MS, RN, NE-BC, Susan Owens, BSN, RN, CEN, Mona Easter, RN, MBS, NE-BC, Jessica Buckner, MSN, RN, AGCNS-BC, Denise Rhew, PhD, RN, CNS, CEN

Annie Penn Hospital
618 S. Main St, Reidsville, NC 27320
denise.rhew@conehealth.com