Davie Fire Rescue
EMS Division
CQI Guide

Stroke Alert Quick Reference

This guide should assist the QM reviewer identify common errors with this report type and focus on items particular to this report. The full report guide should be referred to for all information needed to complete a CQI review.

Clinical Impression

The signs & Symptoms section should indicate the alert criteria.

- Primary Impression, Secondary Impression and Chief Complaint are selected accurately painting the picture of the stroke symptoms and deficits.
- Duration of symptoms are a logical and accurate description of the stroke symptoms

Vital Signs

Minimum of two sets. Unstable patients should have vitals frequently assessed and documented. Empty vitals imported from the monitor should be erased. BG should be checked early and documented on the vitals.

Flow Chart

All treatments and an ALS Assessment should be documented in the flow chart.

- All interventions are documented in a logical sequence and in accordance with protocol
- Stroke Alert should be listed and based upon the pre-alert.
- 12-lead EKG should be performed

Initial Assessment

There should be documented abnormalities that match the chief complaint/primary impression. An injury to the face should have the category HEENT, abnormality for Head/Face documented. If “No Abnormalities” is selected, this would be a documentation error and an appended narrative should be requested.

- “Not Assessed” is appropriate for stroke patients depending on any additional complaints.

Ongoing Assessment

The ongoing assessment should either be more complete than the initial or update the initial findings. Review this section to make sure nothing is selected “No Abnormalities” that contradicts the initial assessment findings. As an example, a fractured extremity should not be marked on an ongoing assessment as No Abnormalities.

Narrative

- Narrative documents RACE score, cortical signs, last known well time, anticoagulants, rule out mimics, and all deficits.

Incident Times

- Times are all completed accurately.
- Was there any delay in En Route, total response time, or making patient contact?
- On scene time should be less than 10 minutes

RACE Plus

RACE Plus form should be attached on the final pages of the report with the score information completed.

Files Tab

- All EKGs should be uploaded and attached to the report.

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Stroke Alert Patient Care Report Guide

Patient Information

- Last Name, First Name (If John or Jane Doe, did member attempt to retrieve real name?)
- Gender, DOB, SSN, Address and phone number completed
- Resident Status (does this match the home address)? If a Davie address, resident status should be "resident within EMS service area."

Clinical Impression

The signs & Symptoms section should indicate the alert criteria.

- Primary Impression, Secondary Impression and Chief Complaint are selected accurately painting the picture of the stroke symptoms and deficits.
- Duration of symptoms are a logical and accurate description of the stroke symptoms

Medication/Allergies/History

- Categories are completed thoroughly and without spelling errors. Doses are preferred for all medications when possible.

Vital Signs

Minimum of two sets. Unstable patients should have vitals frequently assessed and documented. Empty vitals imported from the monitor should be erased. BG should be checked early and documented on the vitals.

Flow Chart

All treatments and an ALS Assessment should be documented in the flow chart. If any treatment is mentioned in the narrative, it should also be documented in the flow chart (4-lead, 12-lead, Oxygen, etc.)

- All interventions are documented in a logical sequence and in accordance with protocol
- Stroke Alert should be listed and based upon the pre-alert.
- 12-lead EKG should be performed

Initial Assessment

There should be documented abnormalities that match the chief complaint/primary impression. An injury to the face should have the category HEENT, abnormality for Head/Face documented. If "No Abnormalities" is selected, this would be a documentation error and an appended narrative should be requested.

- "Not Assessed" is appropriate for stroke patients depending on any additional complaints.

Ongoing Assessment

The ongoing assessment should either be more complete than the initial or update the initial findings. Review this section to make sure nothing is selected "No Abnormalities" that contradicts the initial assessment findings. As an example, a fractured extremity should not be marked on an ongoing assessment as No Abnormalities.

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Narrative

SOAP is the preferred narrative style, but some report writers use chronological style. Please review the narrative and confirm:

- All treatments documented are in the flow chart
- All complaints in this section are accurately documented in the clinical impression section of the report
- Narrative is free of spelling and grammatical errors
- Narrative accurately describes the call based upon the above documented sections
- Narrative documents RACE score, cortical signs, last known well time, anticoagulants, rule out mimics, and all deficits.

Specialty Patient – Outbreak Screening

If this form is enabled during your review, is it completed accurately? None should not be documented in each section. This form should only be used if a complaint is discovered that matches the outbreak. i.e. COVID-19 if symptoms of SOB, Fever, Cough, Sore Throat, or Diarrhea – the form should be completed. If none of those symptoms exist, "Unable to Obtain and Not Indicated" should be selected.

Incident Details

- Address matches call location, not patient address
- Level of Service is selected appropriately

Destination Details

- Correct facility is selected (compare to narrative or known knowledge of transport)
    - Memorial Regional South has been selected instead of Memorial Regional Hospital.
    - Chart numbers should be entered for all HDE hospitals.

Incident Times

- Times are all completed accurately.
- Was there any delay in En Route, total response time, or making patient contact?
- On scene time should be less than 10 minutes

Crew Members

- Are all crew members involved with patient treatment documented?

Insurance Details

- Is this section completed with as much information as possible for all transports?
- Important for billing: Review Dispatch Nature, Response Urgency, Job Related Injury, Employer (if workers comp related).

Mileage

- Do the miles accurately report the transport?

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Delays

- Based upon the documented times, should there be any delays documented?

Additional Agencies

- Were any additional agencies involved with the patient care?

Signatures (Refusals)

- Notified by section should have the report writers' signature
- Patient signature should be obtained
- Witness should be (in order or preference) Family or Close contact or PD or Partner

Patient Transport Details

How was the patient moved to ambulance, patient position during transport, how was patient moved from ambulance and condition at destination are all important items for billing. Please make sure these accurately reflect how the patient was transported.

- Billing Authorization
  - Section 1: Patient Signature should be obtained. PREFERRED
  - Section 2: If not able to sign based upon condition, Authorized Rep. Signature should be obtained (this should not be our personnel's signature) ACCEPTABLE
  - Section 3: EMS Personnel signatures are the least preferred and should be avoided when possible. This should be rarely used. DISCOURAGED

Facility Signatures

- Should be obtained for all transports - this documents the transfer of care.

Provider Signatures

- Appear to accurately match all providers signatures along with their badge number.
- Review the certification level of each member to make sure it is accurate (particularly if a firefighter has recently been cleared as a paramedic)

RACE Plus

RACE Plus form should be attached on the final pages of the report with the score information completed.

Files Tab

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