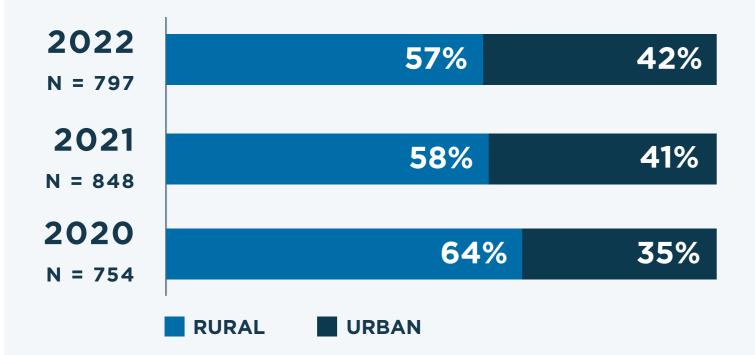
ND RURAL EMS COUNTS



URBAN/RURAL

Encounters were classified as having occurred in an urban or rural setting based on the Centers for Medicare and Medicaid classifications.

YEAR OVER YEAR STROKE RECORDS



METRICS





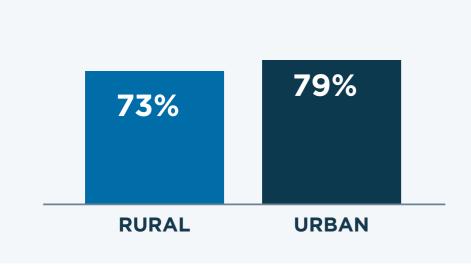


LAST KNOWN WELL OR TIME OF ONSET RECORDED

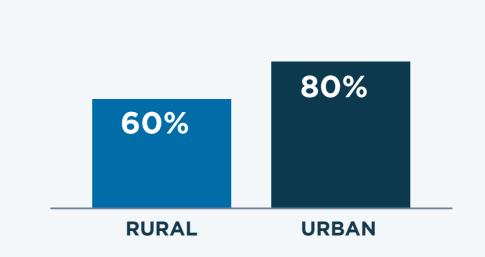


STROKE ASSESSMENT PERFORMED

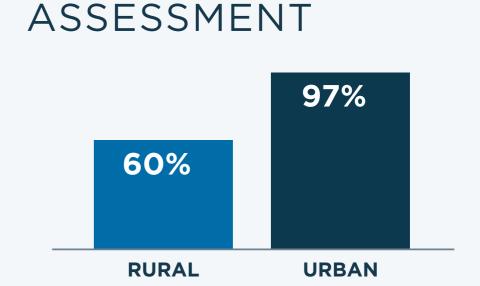
BLOOD **GLUCOSE CHECK**



LAST KNOWN WELL OR TIME OF ONSET



STROKE



BEFAST FOR STROKE ASSESSMENT





BALANCE Loss of Balance Headache Dizziness





EYES Blurred vision





FACE One side of face is drooped



ARMS

Arm or leg weakness





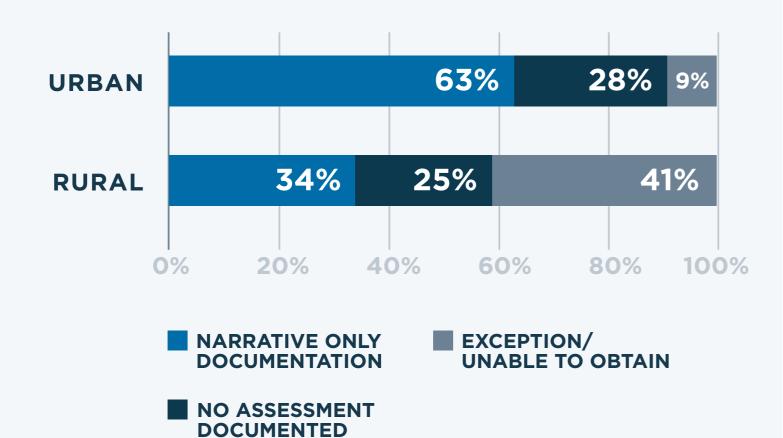
SPEECH Speech difficulty



TIME Time to access EMS and document time of onset

EMS NARRATIVE REVIEW: STROKE ASSESSMENT

For records without a stroke assessment documented in the drop-down data fields, researchers reviewed a random sample of EMS free text narratives to look for drivers.



In 2/3 of encounters in rural settings without a documented stroke assessment, an assessment was recorded in the narrative free-text only, suggesting an important area for documentation improvement.

STROKE ASSESSMENT IN ESO EHR

Documenting a complete stroke assessment in your EHR using the appropriate drop down menus is essential for data sharing with the hospital clinicians and performance improvement initiatives.

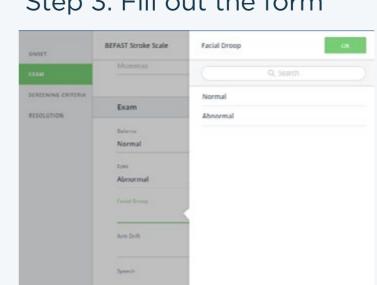
Step 1: Select Forms button



Step 2: Select BEFAST stroke scale button



Step 3: Fill out the form



INSIGHTS



BLOOD GLUCOSE CHECK

Assessing blood glucose can help rule out hypoglycemia, which can present with signs and symptoms similar to stroke.



LAST KNOWN WELL/ONSET.

Obtaining this information in the prehospital setting is key for the receiving facility as it can effect eligibility for treatments.





Learn more about ND Rural EMS Counts.





CONTEXT AND OVERVIEW OF THE INDEX











