

*Question: "I wonder if you have any information on how Stroke Units place their patients? We currently mix them with other patients on our unit (a med/surg tele unit). There is interest on our Stroke Task Force to have dedicated beds on the unit for stroke patients. I was curious how most units facilitate this process. Thank you in advance for any information you may be able to share."*

We have a neuro step-down dedicated to strokes, some surgical neuro cases and other type cases.

Linda Mansoor RN, MSA, Director of Adult Critical Care Services, Covenant HealthCare

We have an Acute Neuro Unit with 18 beds which is for post op and acute strokes.

Kathleen E. Hubner, MSN, RN, CNRN, Neuroscience Clinical Nurse Specialist

We have an ortho/neuro unit that has telemetry capabilities. There are not specific rooms on this unit for the stroke patients, but most of the time the stroke/TIA patients are admitted to this unit. However, if there are any cardiac issues that may require them to be on a drip, they go to the cardiac unit. If a patient strokes while in the hospital, we do not move them to the stroke unit, but just keep them where they are. We also have a Neuro Intensive Care Unit where the critical stroke patients or t-PA patients are admitted. Stacey Toney, BSN, RN, Stroke Nurse Coordinator

We have 4 tele units, soon to be 5, where stroke patients are admitted. We mix them up with other med surg patients- for Ann Arbor we trained all 4 unit staff the same. Livingston has 3 units, all which were trained the same way for stroke care. Saline has 1 unit and is their stroke unit but also admits med surg. Kimberly Gray RN, MSN, CNRN Stroke Program Coordinator SJMHS

It is not a JCAHO requirement to have designated stroke beds. We are a small hospital here at SJ Livingston, and staff on all 3 of our nursing units (med/surg, PCU, CCU) are trained and competent to provide care to stroke patients according to our policies and protocols. Becky Ward

We have a dedicated ortho/neuro unit. 1/2 the unit is dedicated to our total joint program and other ortho and 1/2 to neurology and Neuro surg. Strokes and total joints have the priority but we will place stroke patients on one of our med-surg floors until a bed opens if the unit is full. Joints have the real priority. Also working on increased stroke education guidelines to the 2 med surg areas that take the over flow.

Susan Savastuk MEd, BSN,RN,CDE,CRRN, Nurse Project Manager, Bloomington Hospital

In response to the list serv question re: dedicated stroke beds on the stroke unit - here at Ingham Regional in Lansing we have a stroke unit - 5S which is also a telemetry unit with 24 beds. Our process is as follows - when ED has a stroke or TIA admission it is called to bed control. Bed control has been educated to place these pts on the stroke unit - 5S - first. We do not have a specific bed # assigned to be these beds but any bed on the unit will be assigned. If due to increased census and an immediate bed is not available on our stroke unit the pt may be admitted to our observation unit (so not to bottle neck the ED) with impending transfer to the stroke unit. Overall this process has been working effectively over the past 3-4 years.

Christine S. Bossenbery, R.N. B.S.N, Stroke Nurse Clinical Coordinator, Ingham Regional Med. Center

We have stroke patients on a neuroscience unit. Surgical and medical neuroscience mixed.

Connie F. Parliament RN, MSN, CNRN, Clinical Director Neuroscience Services

At Beaumont Hospital, Royal Oak, MI we have a Neuroscience Unit which admits neurosurgery pts as well as neurology pts including strokes. In this unit there are 12 Neuroscience Progressive beds as well as

med/ surg beds depending on the level of care needed so pts can stay on the same unit throughout their stay (unless they need to be in the ICU).

Barbara Coslow, RN, MS, NP

We make every attempt to place our stroke population onto a dedicated unit. There are very few exceptions to that rule. We do not hold beds or have designated beds on that unit just for stroke patients, they are mixed with the other patient population on that unit. However, we do have a "bump list" created by the charge nurse that identifies a patient that can be moved to another med surg unit when a stroke patient needs to be admitted from the emergency department. Initially we had some "grumbling" for moving patients, but we identified that this nursing staff had the expertise and experience to care for this patient population and now it has just become the expectation.

Jo Goffinet, RN, MS, St. Mary's Hospital

We have a dedicated Stroke Unit with 4 tele and 2 non monitored beds. On a daily basis we overflow to the other tele units as well as non stroke tele patients being floated to our unit if there is a patient waiting too long in the ER. So despite great intent there are daily issues with placement of patients diagnosed with TIA/CVA.

Laura Owens RN BSN MA MBA CCRN, Stroke Coordinator, Mercy Hospital and Medical Center

Dedicated stroke beds- ICU setting (or floor) to me means having the ability to place these patients when beds are tight. I haven't heard of the concept of having stroke patients in one isolated section on a floor.

John Brooks, Manager of Neurosciences

University of Michigan's stroke unit has dedicated beds located on our neurology/neuro-surgery floor with a separate nursing station. The rooms are equipped for continuous cardiac monitoring and hemodynamic monitoring via arterial line and/or CVP and beds are equipped with CCTV which display patients at the central nursing work station. We have seen a decreased length of stay with a dedicated stroke unit, compared to having the stroke patients distributed throughout the neurology unit.

Kate Maddox M.S.,R.N.,C.S.

We have a dedicated unit. It works great. The nurses are specialist in stroke care. The patients are available for the therapies on one unit. The patients receive quality care. Our outcomes are better because we work with a special group of nurses. Thanks

Kathleen Glaza RN CNS

We have a 5 bed dedicated (critical care) stroke unit. Patients can be transferred to step down unit that is a neuro, neurosurg and trauma mixture. ML

Mary Lou Mitchell, RN, MSN