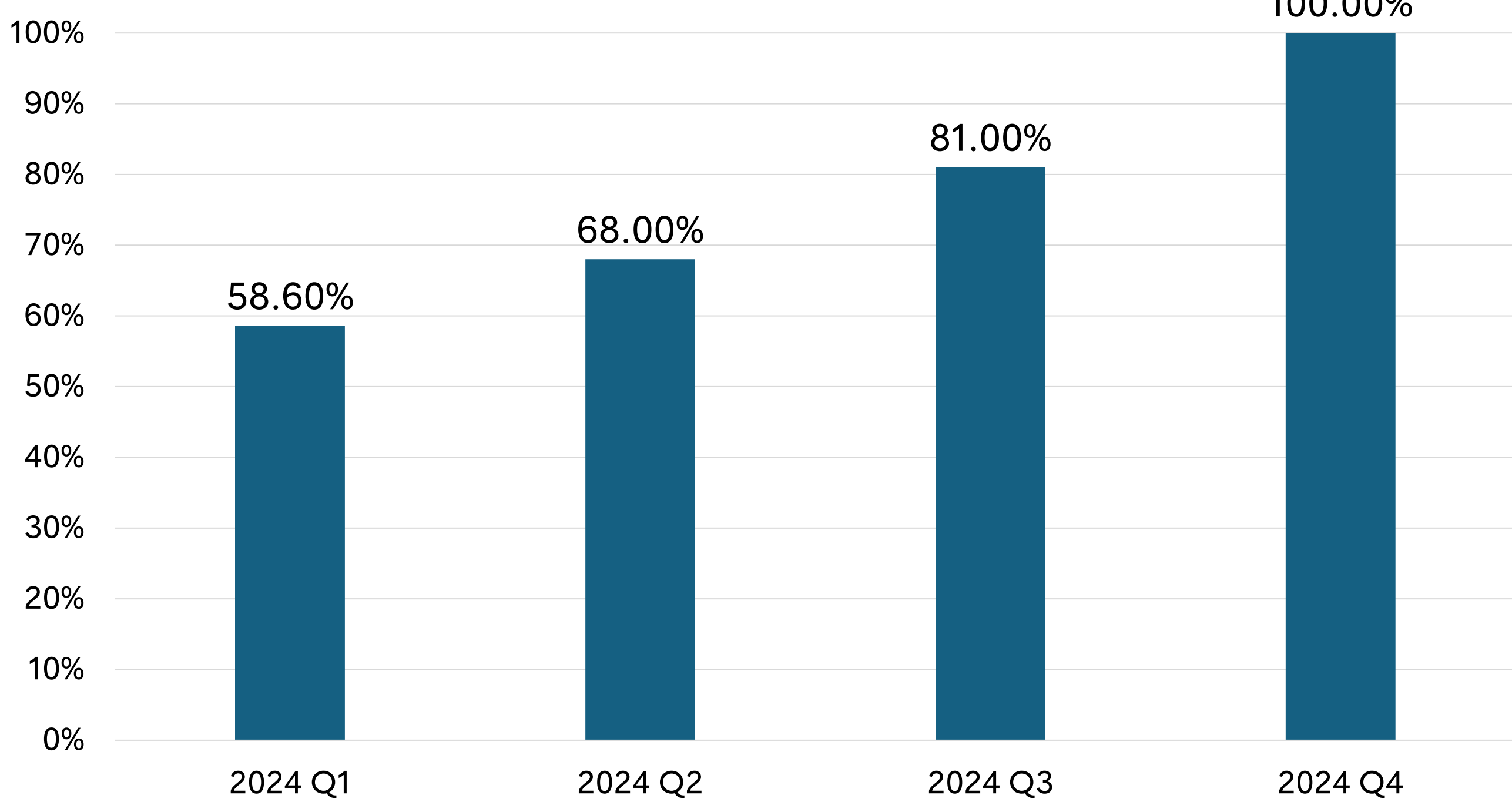


# Enhancing Stroke Care in Rural Emergency Departments: Advancing Dysphagia Screening Protocols

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## Verde Valley Medical Center AHASTR306: Dysphagia Screen

Percent of Stroke patients who undergo screening for dysphagia before being given any food, fluids, or medication by mouth.



### Background

Residents in rural communities have a 30% increased risk of having a stroke.<sup>1</sup> Verde Valley Medical Center (VVMC) is an 87-bed short-term acute care rural hospital located in Central Arizona where the age-adjusted mortality per 100,000 for heart disease and stroke deaths between 2010-2020 was 312.14.<sup>2</sup> They began utilizing the American Heart Association’s Get With The Guidelines® (GWTG) Registry in February of 2024 and have since entered 122 stroke patients into GWTG-Stroke.

Dysphagia, or difficulty swallowing, is a common compliance in stroke patients, posing screening in the emergency department (ED) is crucial for patient safety and outcomes.<sup>3</sup> This quality improvement project aimed to improve compliance with dysphagia screening for stroke patients in the ED using the DMAIC (Define, Measure, Analyze, Improve, Control) methodology.

### Objective

Improve compliance to the GWTG-Stroke Rural Measure AHASTR306: Dysphagia Screen performance from 58.6% in Quarter 1 of 2024.<sup>4</sup>

### Methods

The project team comprised of Quality and ED educators, conducted a series of assessments starting with a comprehensive review of current dysphagia screening practices and performance metrics from the GWTG-Stroke Registry. Educators then developed a survey to share with ED nursing staff to understand barriers to completing a dysphagia screen as well as receive suggestions for improving performance. Utilizing monthly GWTG-Stroke compliance reports the project team was then able to measure the number of cases that a dysphagia screen was performed prior to oral intake.

The project team then worked to analyze the survey results and GWTG-Stroke AHASTR306: Dysphagia Screen compliance data to assist in identifying why a swallow screen is not being performed prior to PO intake on stroke symptoms.

Staff educational trainings were done through the distribution of education materials via email and posted in lounges, as well as in person trainings occurred during nursing huddles and 1:1 discussions on the performance of the Bedside Swallow Screen were employed to support ED nursing staff. Within VVMC’s electronic health record (EHR) for suspected stroke patients who present in the ED an Aspiration Risk Screening and NIH Stroke Scale are now listed together on ED Adult Systems Assessments. VVMC is also working on implementing a Best Practice Alert to request a Bedside Swallow Screen for all suspected or possible stroke patients in the ED.

### Results

Dysphagia Screen compliance rates improved significantly. VVMC went from 58.6% in Q1 of 2024 and by Q4 2024, reached 100% and year to date reach 73.6%.<sup>4</sup> Key strategies included the integration of dysphagia screening prompts into EHR, targeted staff education, and the establishment of stroke champions within the ED to advocate for best practices.

### Conclusions

The DMAIC approach effectively enhanced dysphagia screening compliance in suspected stroke patients. Continuous education, process adjustments, and regular performance monitoring were critical to sustaining improvements. Future efforts will focus on maintaining high compliance rates and exploring additional strategies to streamline the dysphagia screening process..

### References

- 1.[Call to Action: Rural Health: A Presidential Advisory From the American Heart Association and American Stroke Association](#) Originally published 10 Feb 2020 <https://doi.org/10.1161/CIR.0000000000000753> Circulation. 2020;141:e615–e644
2. Definitive Health, 2010–2020 County 35+ Age-Adjusted Rate per 100,000 Heart Disease/Stroke Deaths, July 2022.
3. [Guidelines for the Early Management of Patients With Acute Ischemic Stroke: 2019 Update on the 2018 Guidelines for the Early Management of Acute Ischemic Stroke](#) Originally published 30 Oct 2029 <https://doi.org/10.1161/STR.0000000000000021>
4. Get With The Guidelines – Stroke, Verde Valley Medical Center, Rural Achievement Measures



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