

STAT STROKE



INPATIENT RESPONSE UPDATE

Red Deer Regional Hospital Centre

Stroke is still a Medical Emergency

FACE is it drooping?
A RMS can you raise both?
S PEECH is it slurred or jumbled?
TIME to call 9-1-1 right away.

ACT **F A S T** BECAUSE THE QUICKER YOU ACT,
THE MORE OF THE PERSON YOU SAVE.

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Why Worry?

**Inside a hospital remains one of the worst
places to be if you have a stroke**

How do we (RDRHC) compare?

Emergency patient

- Door to CT
 - Canadian = 30 min *
 - RDRHC 2016 & 2017
 - = 11 min *
- Door to Needle (DTN)
 - Canadian = 75 min
 - RDRHC 2016 & 2017
 - = 30 min *

Inhospital patient

- Discovery to CT
 - Canadian = 61 min *
 - RDRHC 5 yr = 69 min *
- Discovery to needle
 - Canadian = **138 min** *
 - RDRHC 5 yr = **109 min** *
 - (1 hour and 49 minutes)

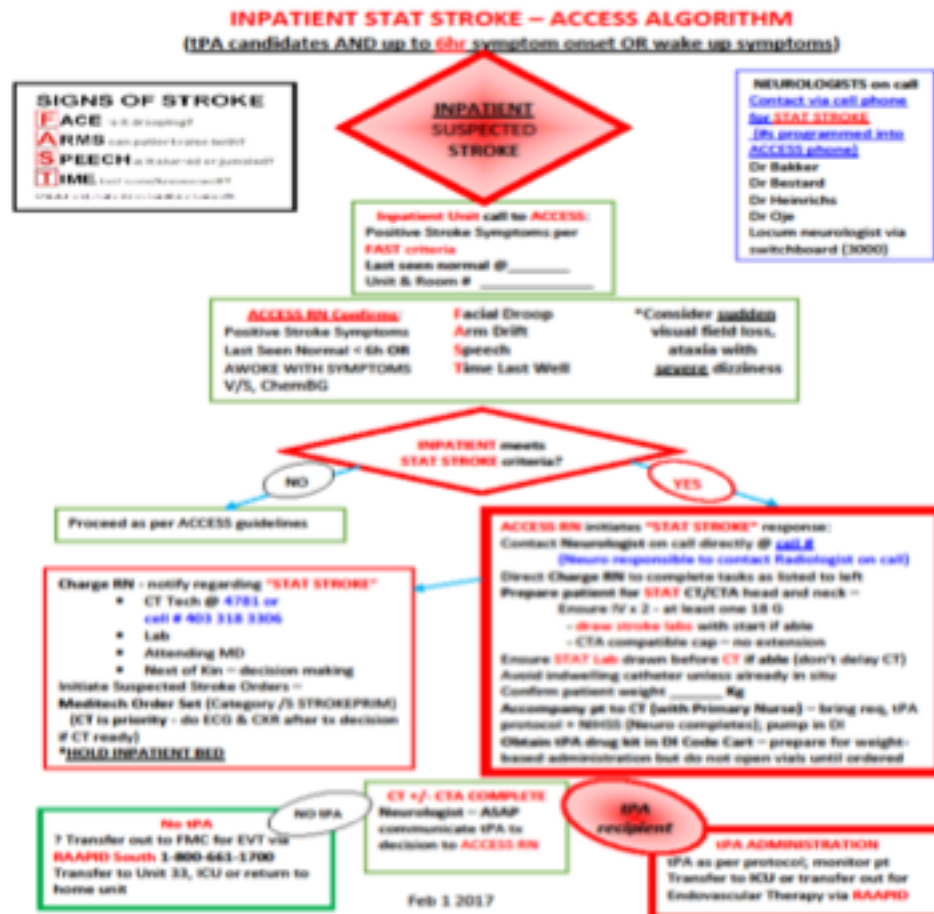
*Median values

5 yr = Jan 2012 – Dec 2016

Some internal challenges...

- Acute Stroke not recognized as PRIORITY
- NO INPATIENTS return to ED
- Complex inpatient population
- Lack of awareness, confidence
- Communication barriers
- Complicated expectations
- Wrong provider

What have we done?

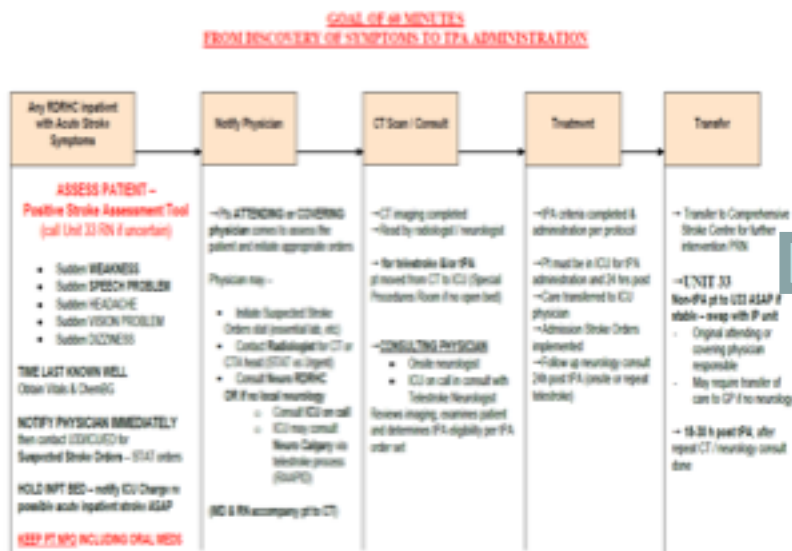


Improvement Strategies

- Adapt ED protocol – bring it to the inpatient
- Simplify internal process
- Utilize existing resources, expertise
- Education and feedback – inform ALL
- High visibility quick references

Simplify

INPATIENT STROKE SYMPTOMS FLOW MAP



If neurology consults, must contact ICU physician on call to transfer pt STAT to ICU for tPA administration

STAT STROKE? ACT FAST

SIGNS OF STROKE

- F**ACE is it drooping?
A RMS can patient raise both?
SPEECH is it slurred or jumbled?
TIME last seen/know well?

(Adapted from The Heart and Stroke Foundation of Canada, 2014)

2 Simple Steps

1. Identify the signs and symptoms of an acute stroke

2. Call **ACCESS* STAT**

@ **403-358-2819** OR **ICU @ 4446**

*Assessment & Critical Care Early Support Service

Education Blitz

- All Health Care Providers, Medical Staff, Administration
 - **Stroke** is a **Medical Emergency – PRIORITY**
 - Goals - recognize and activate expert response
 - Latest evidence and treatment opportunities
 - Data – numbers clearly demonstrate discrepancy
 - Address current challenges
 - Simple Solution – Inpatient **STAT Stroke** process
- ACCESS** (Assessment and Critical Care Early Support Service) response → Rapid neurology assessment
- Education day for **ACCESS** team members

Implementation Feb 1, 2017

- Stroke Coordinator and **ACCESS** Team Lead met with every inpatient and outpatient care area
 - Hand delivery of Quick Reference Posters and Charge Nurse binder reference tool
 - 135 throughout – high visibility reminder

One Year Later

- ACCESS **STATStroke** calls average one per week
- ACCESS **STATStroke** response to patient 3 minutes
- Neurologist to patient median 22 minutes
- Discovery to CT reduced from 69 to 27 minutes
- 58% of calls stroke related
- 1 tPA recipient = 65 vs previous 109 minutes
- 2 inpatients referred for EVT
 - Discovery to departure = 138, 167 minutes
 - opportunity for improvement!

Keys to Success

- EDUCATION and COMMUNICATION – ongoing
- Neurology, DI & **ACCESS** 24/7 commitment
- Keep it Simple
- Utilize existing resources - **ACCESS** (Assessment & Critical Care Early Support Service) team
- **STATStroke** response = **CODE BLUE** response
- No new expense - Internal cost sharing
- Feedback process

Questions???



Alberta Health Services

Red Deer Regional Hospital Centre

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