



SPOT A STROKE.

Save a life

GRANDE PRAIRIE AB

QUEEN ELIZABETH II
HOSPITAL

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DTN

Pre-QuICR * (Jan 2015-Sept 29, 2015)

- Average times: 84 minutes
- Median time: 82 minutes

* 2015 mean = 92, median =84

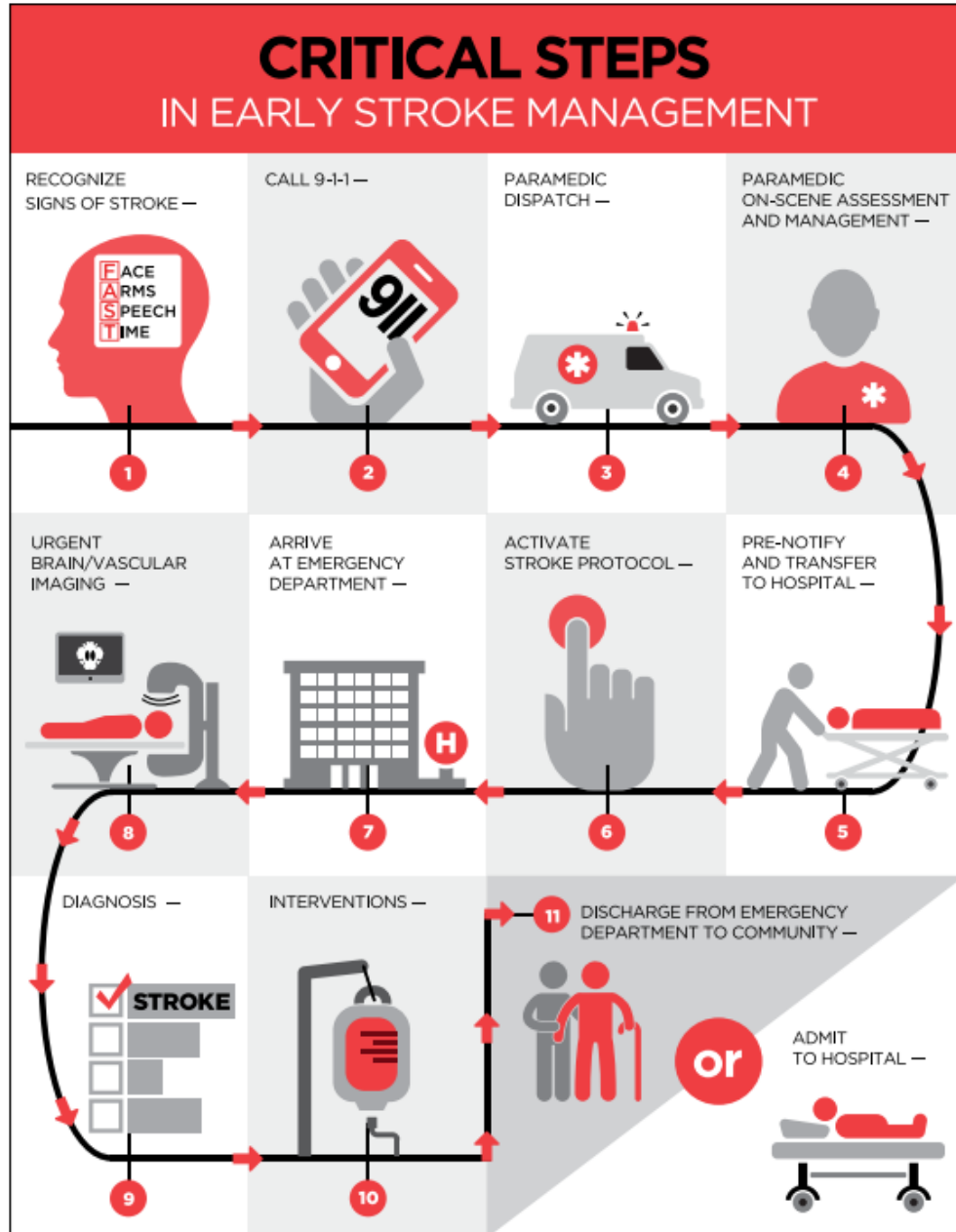
Implementation

- Stroke Team Activation
 - Stroke Packages
- Update of Process Flow
 - Nurse Autonomy

Post-QuICR * (Sept 29, 2015 - current)

- Average times: 71 minutes
- Median time: 70 minutes

* 2016 mean = 67, median =62



ER Event:

Day of Week: Monday

Time of ER Arrival: 1822

Event: 80 y.o. female, fell 1 hour prior to talking with daughter on phone.

Developed onset of L sided weakness and facial droop with slurred speech.

Symptom Onset: 1700

Arrival Mode: EMS

PmHx: HTN, OA,
Myringotomy,
Spondylolisthesis, Non-Smoker

1817 - Stroke Team Activation

1833 - Straight to CT w/ EMS

1841 - RAAPID North Heads Up

1842 - ER Assessment in Trauma Room

1842 - IV x2 & Lab draw

1840 - BP: 211/91

- RAAPID: give tPA if able to get BP < 185/100

ER Event Cont.

1849 - Labetolol 10mg given

- NIHSS 12
- BP 222/94

1900 - Labetolol 10mg

- BP 212/102
- BP 226/108

1910 - Hydralazine 20mg

1916 - BP 187/86, Foley
Catheter

1918 - BP 143/89

1918 – BP controlled

1936 – tPA Bolus Given

DTN 70 min

18 minute delay between
controlling of BP and tPA
Bolus







Controlling Factors

Patient

- Age
- Uncontrolled Blood Pressure 

System

- Straight to CT 
- 1841 – Pre RAAPID 
- 1850 – Post RAAPID 
- Shift Change 

Day of Week: Thursday

Time of ER Arrival: 1142

Event: 57 y.o. male, onset symptoms 0945, sudden onset right sided weakness w/ Left Facial droop.

Aphasia, To V.V. ER then STARS to QE II

Symptom Onset: 0945

Arrival Mode: STARS

PmHx: Smoker,
Cholecystectomy



ER Events

- 1106 – VV Pre-Alert, Stroke Team Activation
- 1142 – Registered
- 1149 – Pre-Alert to RAAPID
- 1151 – CTA Completed
- 1208 – Arrival to T#3, minor slurred speech, L facial Droop. MD in to examine. RAAPID called back by ER Manager
- 1210 – ER Dr on Phone with RAAPID, NIHSS 1
- 1214 – tPA Order Received

ER EVENTS

1216 – Lab work
Drawn

1218 – tPA Bolus
given




DTN 36 min







Controlling Factors

Patient

- No family present on arrival 
- Aphasia 

System

- Acute patients in ER 
- Physicians still relying on CT RAD report, rather than Telestroke Neuro 
- Telestroke Machine connected and ready, but never used 
- Senior Staff 
- tPA medication vials

Gold Star

Despite plenty of controlling factors against us, we managed to bring in the fastest time we ever had!!

Congratulations

Mandy Blacklock

Dr. Yao

Miranda Kadyk

Aires Suazo (Lab tech)

Lauren Black

Jacqueline Cabral (CT tech)

Mark Woods (STARS)

Dr. Stevenson

Suzanne Zaph (STARS)

This team delivered *tPA* in **36**
minutes on April 14, 2016

Great Job

Future Improvements

- tPA administration for pts who awoke with stroke
- Pt demographics prior to pt.'s arrival with EMS equipment upgrades
- LAMS scoring
- Managing in-patient strokes
 - to improve potential for tPA and endovascular treatment.
- Simulation Practice – Mock Stroke
- Equipment Improvements (Alaris Pump Settings, Meditech OE, reconstitution devices)





Any Stroke Neurologist want to come
work at the QE II?!?!



QUESTIONS?

