

Fort McMurray DTN Times

QuICR Presentation
Jan 6, 2016

Objectives:

- To discuss pre and post-QulCR processes at NLRHC in Fort McMurray
- To share information regarding our DTN achievements pre and post QulCR
- To outline current challenges

Preliminary QuICR Reflection:

- Feelings
 - Resistance
 - Apprehension
 - Doubt
- Process improvement (change) fatigue
- Lack of confidence in ability
 - r/t staffing resources
 - r/t facility resources



Pre-QulCR Process Snapshot:

- No pre-notification from EMS
- All incoming patients triaged and registered upon arrival
- All assessments (incl. NHISS) completed in resus room prior to CT
- ED physician contacted Radiologist for head CT
- Radiologist read all head CT scans and reported to ED physician



Pre-QuICR Process Snapshot:


YEAR	# of TPA Recipients	Quickest DTN Time (minutes)
2012	8	58
2013	6	52
2014	5	56
2015	6	35

QuiCR Implementation:

- Learning sessions
 - Provided time-saving tools
 - keep patient on EMS stretcher for CT scan
 - Swarming
- QuiCR Team site visit
 - Learning our struggles
 - Provide guidance
- Physician buy-in (slowly)
- Team Education
 - urgency of time (process flow)
 - Concurrent processes



Post-QuICR Process Snapshot:

YEAR	# of TPA Recipients	Quickest DTN Time (minutes)
2015	2	 26,28

Patient 1

- 64 year old female
- PMHx: IDDM, HTN, Hyperthyroidism, Breast Ca
- Chief complaint: Sudden onset of left sided weakness, facial droop and slurred speech

Patient 1 Cont'd

➤ **18:46**

- ED received EMS patch notifying positive stroke screen
- DI advised of incoming “hot stroke”

➤ **18:54**

- Patient arrives in ED and is swarmed
- Directed to DI for CT head on EMS stretcher, accompanied by primary resus nurse

➤ **18:56**

- Pre-notification call to RAAPID

Patient 1 Cont'd

➤ **19:10**

- Patient returns to ED post CT
- IV inserted and labs drawn
- NHISS score 11
- ER physician makes contact with neurologist

➤ **19:18**

- TPA bolus administered

➤ **20:15**

- NHISS score 1

Patient 2

- 80 year old male (twin)
- PMHx: HTN, HTN crisis (2014), dyslipidemia, atrial fibrillation
 - Switched from Warfarin to Xarelto, then self-discontinued anticoagulants for unknown reason
- Chief complaint: Found by brother in bed with aphasia and right sided weakness

Patient 2 Cont'd

➤ **11:24**

- ED received EMS patch notifying positive stroke screen

➤ **11:39**

- Patient arrives in ED and is swarmed
- IV insitu
- Directed to DI for CT head on EMS stretcher, accompanied by primary resus nurse

➤ **11:40**

- Pre-notification call to RAAPID
- B/P 203/119

Patient 2 Cont'd

- **11:51**
 - Patient returns to ED post CT
- **11:53**
 - RAAPID called to notify patient's return to ED
 - CT read by in-house radiologist and ischemic stroke confirmed
- **11:57**
 - Neurologist called ED and advised Labatelor and TPA

Patient 2 Cont'd

- **12:03**
 - Labetelol 20mg IVP given
- **12:07**
 - Systolic B/P less than 180 systolic
 - TPA bolus administered
- **12:10**
 - NHISS 17

Patient 2 Cont'd

- **12:16**
 - B/P 191/114
 - Second dose of Labetolol 20mg IV ordered and given
- **12:39**
 - NHISS 15
 - Flight team arrived for patient transfer to U of A

Current Challenges:

- Pre-registration delays
- Communication failings
- Unpredictable environment
- Staff response/reaction
- Data collection- patient care versus documentation

Conclusion:

- Excited for future opportunities
- Maintaining momentum
- Overcoming present and future challenges



Where's our pins?!?



