St. Mary's Hospital

QuICR
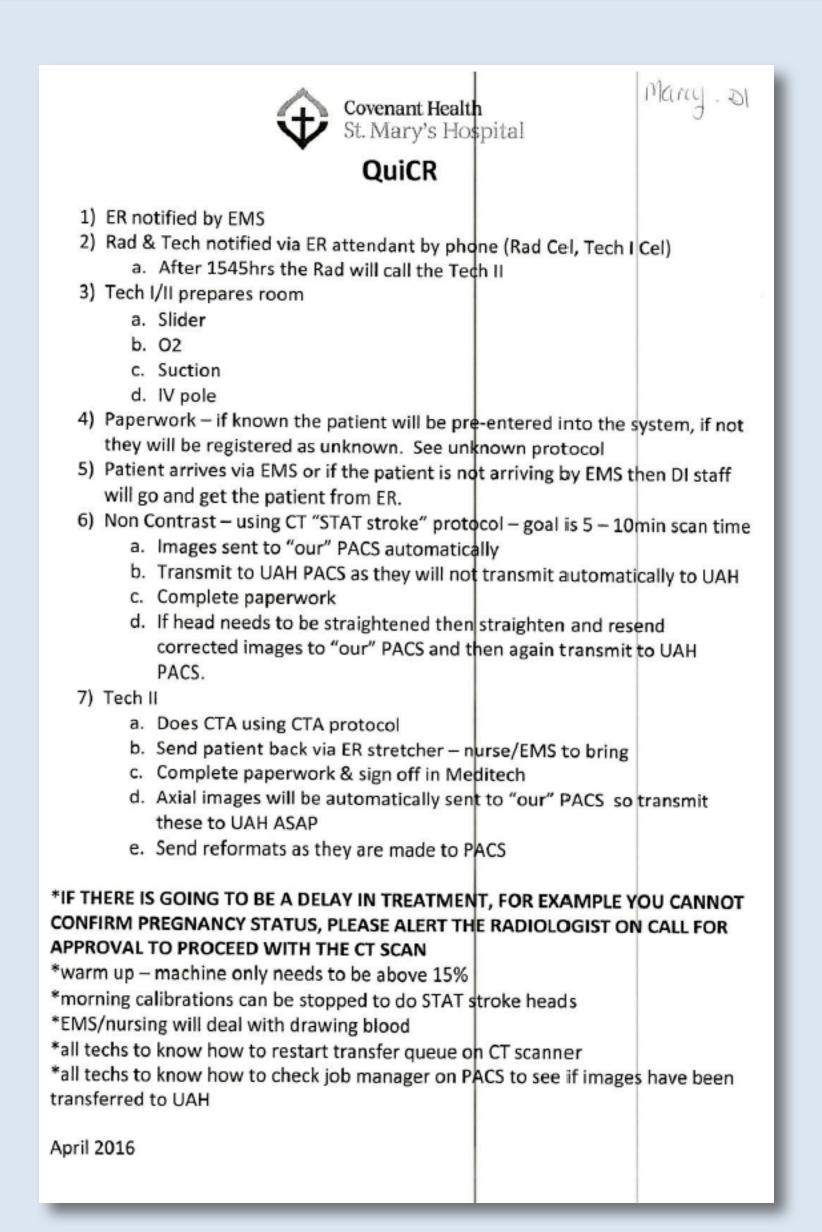
Quality Improvement & Clinical Research
Alberta Stroke Program

The Team

- **Michelle Bowman**: ED Manager
- **Janice Throndson**, RN: Heart & Stroke Clinic
- **Dr. Chris Nichol**, MD: Physician
- **Val Burton**: Lab Manager
- **Kim Roberts**: Unit Manager
- **Dana Norton,** BScOT: Manager Heart & Stroke Clinic
- **Marcy Humphrey**: DI Manager (resigned)
- **Dr. Jaroni,** MD: Physician
- **Heart & Stroke Team** – Celine Tritten RM, Joni Kupka RN, Tammy Meyer
- **ED Team**

Local Supporters

- **Cherylyn Antymniuk** – Site Administrator
- **Dr. Jaroni,** MD – Medical Director
- **Melissa Berg** – Patient Care Manager
- **Dr. Siddiqui** - Neurologist
- **Dr. Bussiere** - Neurologist

Changes Implemented

- Meeting(s) with RAAPID and EMS
  - streamlining processes, early notification
- EMS simulation in July
  - SMH ER participated with EMS, RAAPID, stroke neurology and ER – it was very well done.
- In house flow mapping/ algorithm (right)
- Improved registration process for person presenting with no identification
- Improved form for receiving EMS patch for stroke following LAMS and the EMS neuro screen
- Developing a simulation lab with our mannequin for new staff for stroke DTN procedure
- New instructions/troubleshooting for telestroke mounted on wall in Trauma rooms
- Lab draws in ER or DI Lab knows CT first, labs can be done in ER when patient has returned.
- We have a planned celebration event and <30min pin presentation on Sept 28

Camrose Performance — Door to Needle times and Door to CT times for St. Mary's Hospital since the start of the QuICR DTN initiative. Median is shown by verticle line for each month.

Measure Names: DTN, Door-to-CT

- 2015-10-17; DTN=87.0
- 2015-10-24; DTN=87.0
- 2015-10-22; DTN=114.0
- 2016-08-26; DTN=29.0
- 2016-01-08; DTN=45.0
- 2016-06-22; DTN=47.0
- 2016-08-15; DTN=56.0
- 2016-01-31; DTN=59.0
- 2016-01-16; DTN=64.0
- 2016-02-25; DTN=64.0
- 2016-06-03; DTN=128.0
- 2016-03-15; DTN=143.0
- 2016-02-11; DTN=166.0

DTN ≦ 30 min! in Aug 2016

ICHAT information transfer / report format

- **I**ntroduction – Practitioner name, scope level, medic number, type of consult
- **C**hief complaint / **C**urrent Situation – concise synopsis of chief complaint and current situation (include patient age and gender)
- **H**istory of chief complaint & pertinent Past Medical History including medications
- **A**ssessment – Brief description of pertinent positive and negative finding and vital signs
- **T**reatment – Pertinent EMS treatment, patient reaction to treatment and ETA