

Quality Improvement & Clinical Research Alberta Stroke Program

## The Team

- Philo King: Stroke Navigator
- Richard Ibach, MD: Physician
- Pam Lund: ED Manager
- Dawn Holloway: Clinical Coordinator ED
- Natalie Arsenault: RN ED
- Paul Linden, MD: Physician
- Tracy Boutilier: EMS Representatative
- Winona Winsor: DI
- Dana Allen: Assistant Deputy Chief of EMS

Alberta Health Services TELESTROKE <u>tPA</u> PROCESS FLOW PRIMARY STROKE CENTRE/NORTH ZONE Apr	ril 19, 1016
	not available <u>advise</u> e to nearest alternate PSC
Initiate Suspected Stroke Orders. Physician exam (GOAL: WITHIN 10 MIN OF ARRIVAL) CO CT scan is taken by CT tech and sent via PACS Ne	I > 6 hours client not a candidate for tPA mplete investigations and Consult Stroke eurologist via RAAPID e non urgently unless patient unstable
Call when patient is in CT, to allow time for Telestroke Neurologist to get to consult room)  PSC ER physician evaluates the patient for tPA eligibility using the Acute stroke tPA protocol	
Telehealth Connection: Both the Primary Stroke Centre and Edmonton Zone will establish Telehealth link throu the virtual room: 1) Using arrow buttons on remote, select "Acute Stroke Room" on TV monitor then 2) Pre green button or "OK" on remote. Stay on line until joined. If you are the first into the room you will only see your RAAPID North may record the call.	ss
Does patient meet the criteria for tPA and have no contraindications? NO provides ad manageme physician to	ent or refers PSC o Neurologist on - ment Acute Stroke
GOAL DOOR TO DRUG WITHIN 30 MINUTES	mitted to Primary re ICU or Special Care nitoring for 24-48 hrs Patient is transferred ndovascular therapy





## **Changes Implemented**

Pre-notification from EMS to ER

Patient registered before arrival

Swarming

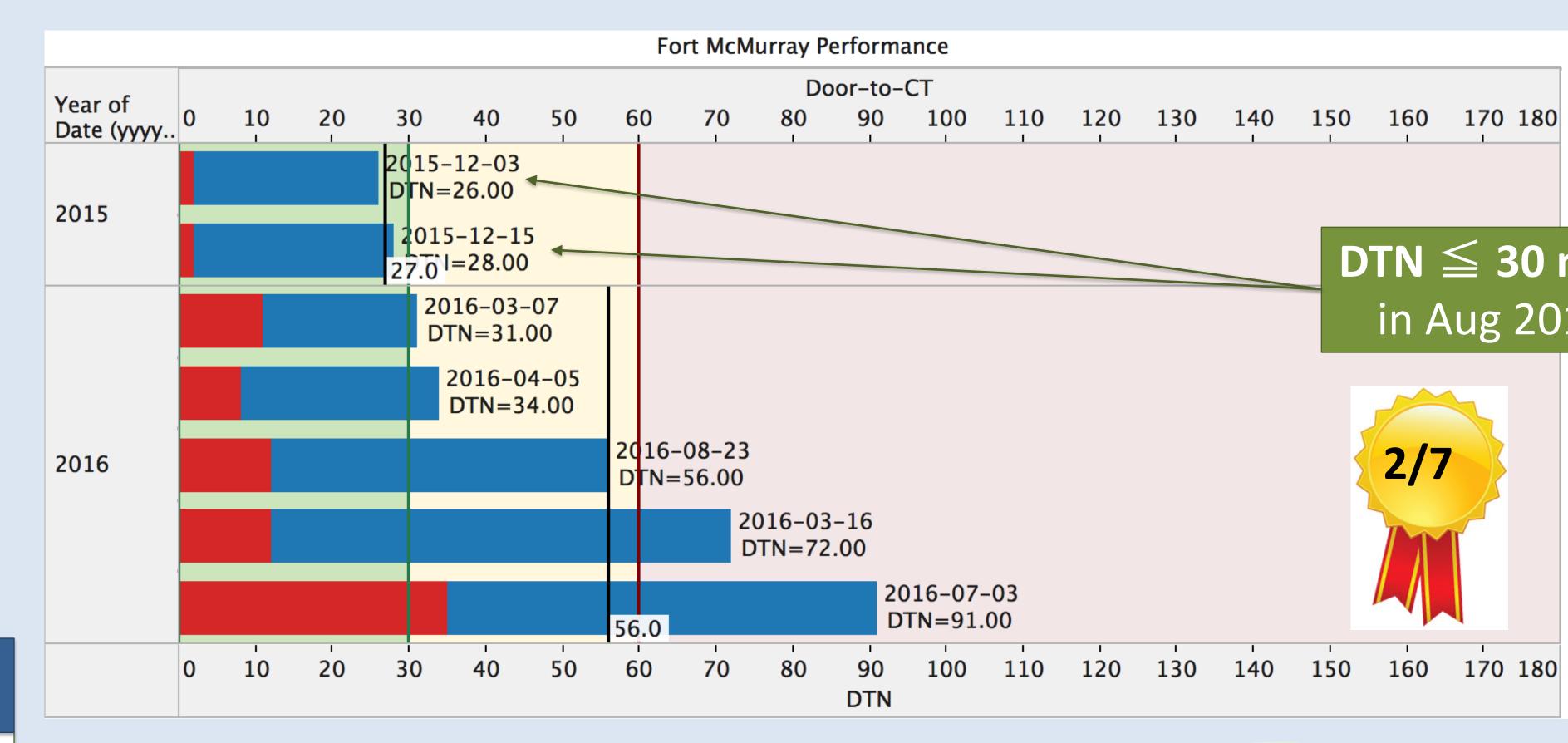
 Neuro assessment of client on ER stretcher • Patient transported to CT via ER stretcher • CT scans read by RAAPID neurologist

Mode of A		
	rrival: Triage Site Medic	EMS Helicopter
TIME	ACTION	COMMENTS
	Dispatch pre-notification (First positive screen)	
	CT Tech notified / called in (after hours)	
	EMS pre-notification of arrival	
	<ul> <li>Ask for name and ULI</li> </ul>	
	Last seen normal time OR	
	Woke with stroke Yes NoUnknown	
	LAMS Score: (Second positive screen)	
	CT tech notified of Stat Stroke	
	<ul> <li>Provided 2 patient identifiers (Name and ULI)</li> </ul>	
	Patient arrived in ED	
	<ul> <li>Remained on EMS stretcher (if applicable)</li> </ul>	
	Swarm at EMS bay entrance (if applicable)	
	Pre-alert to RAAPID when patient en route to CT	
	<ul> <li>Request Tele Stroke neurologist to be paged</li> </ul>	
	<ul> <li>RN to provide ULI and name to RAAPID</li> </ul>	
	<ul> <li>Provide LAMS score if 4 or greater</li> </ul>	
	Chart generated and order entry for CT	
	Patient arrival in CT	
	CT head completed	
	CT angiogram completed (if applicable)	
	Patient returned to ED post CT	
	RAAPID advised of patient's return to ED	
	Physician assessment done	
	Inclusion/Exclusion criteria completed	
	Telestroke neurologist called back	
	tPA bolus dose given (if applicable)	
	tPA infusion started (if applicable) Admit or Air transfer	Disposition:
	<ul> <li>if tPA given and not transferred to another</li> </ul>	Disposition.
	facility, patient admitted to ICU only	
	Complication within 36 hours of tPA	o No

















UNIVERSITY OF CALGARY CUMMING SCHOOL OF MEDICINE



DTN  $\leq$  30 min!

