

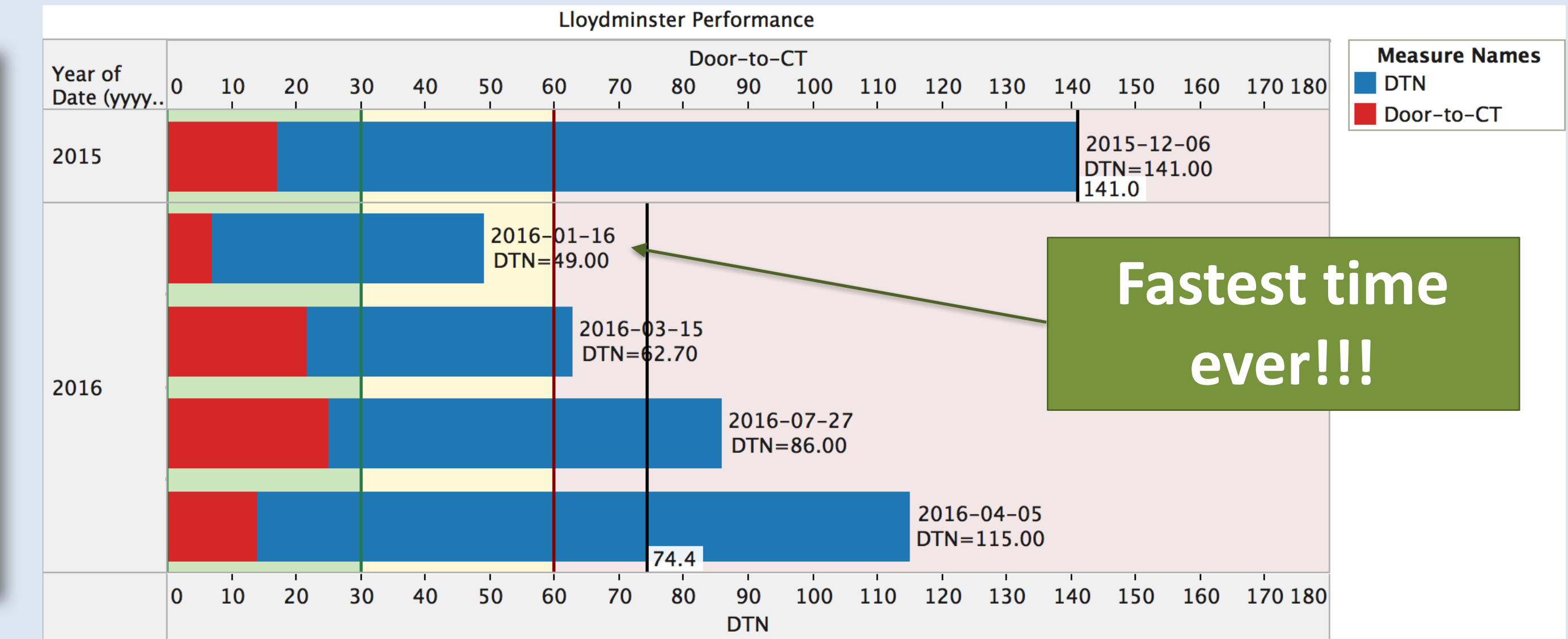


The Team

- Marnie Reiber, RN: Stroke Coordinator
- Darla Balenga, RN: Clinical Nurse Educator, ED
- Candace McPhee: DI Manager
- Ken Buchynski, RN: ER Manager
- Verlyn Dustow: Radiologist Technician
- Denise Blain: EMS
- Caitlyn Keebaugh, RN: ED Nurse
- Kevin Govender, MD: Senior Medical Officer
- Cornelius Vanvuuren: ER Services Lead

Changes Implemented

- Mapped out current process and identified all non-value added steps
 - Created a swarm process to move patient directly to CT
 - Streamlined and standardized the telestroke/acute stroke neurology consult
 - Conducted a mock stroke to practice our new process
 - We have put together work standards for EMS, Walk-in Stroke, registration, STAT stroke VIA EMS.
 - We have adapted the new terminology, utilizing the LAMS score at triage and during the swarm,
 - Developed a patch form
 - mock stroke
 - TPA time reviews via email
 - Celebrated a positive patient story via semi-annual Town Hall meeting that received TPA and consulted Neurology via tele stroke – patient stated “ he couldn’t believe how fast and well the team worked together”.
 - Traveled to one of our first nations communities EMS crew and local EMS to present the stroke process and QuICR teachings...
 - Constantly reviewing process and fast stroke care with staff during meetings
- Imaging:**
- Created Standard Work to assist evening techs (not trained in CT) how to start up the machine, do air calibrations and enter requisition in computer when CT tech is called back in to speed up process
 - All stroke images are on auto-send to UAH PACS
 - Investigated the retrieval of images with the help of QuICR, and eliminated the lag time for a neurologist to view images sent from LH
 - Consistently bringing patients direct to CT on EMS stretcher and sending them back on trauma stretcher



MOCK STROKE JUNE 2016 Lloydminster Hospital

REGISTRATION AND TRIAGE - 0947

Patient Registered

Triaged - Identified as a Possible CVA utilizing the LAMS scale

SWARM AND PATIENT HANDOVER

The triage nurse brought the patient in a wheel chair to ER and ensured all the right staff received the necessary information to continue on the Acute Stroke Pathway in a safe and timely manner.

Swarm/PT handover was done in the hallway near the CT door and included nursing and ER physician. Necklace was removed - IV started.

While the swarm was happening the unit assist notified CT, called lab and obtained old notes.

DOOR TO CT <5 MINUTES

RN Remained With Patient While CT/CTA Done And Images Pushed To PACS

Trauma Stretcher was Ready And Waiting outside CT door

RAAPID HEADS UP CALL

While patient was in CT the charge nurse made the “heads up” call to RAAPID allowing the Stroke neurologist time to prepare for consult and review CT images.

POST CT/CTA ASSESSMENT <10MIN

Focused Physician Assessment

NIH SCALE/Nursing Assessment

DOOR TO TPA – 38 MINUTES

Telephone consult with neurologist

Tele Stroke In Process – treated with TPA

WALK IN MOCK STROKE TIMELINE

TIMELINE

DOOR TIME : 09:47
CT TIME : 09:52
TPA TIME : 10:25
DTN : 38 min

With Stroke, TIME IS BRAIN!

PROCESS REVIEW

What worked...

- Team Work
- Quickly identifying a possible CVA
- Triage nurse taking control and driving the stroke process
- Notification to unit assist
- Patient swarm that included the physician
- Charge nurse “heads up call” to RAAPID while patient in CT
- Tele stroke consult

What we can work on...

- Moving the TPA box from the med room to the trauma room and ensuring a IV pump is in trauma during CT scan
- Continual education and review of the tele stroke equipment

ACUTE STROKE NEUROLOGY CONSULT

- Ems calls with STAT Stroke or Stroke on Awakening and provides at least two identifiers for pre registration, Last seen normal time(LSN) and red findings on EMS Stroke Screen
 - NAME: _____
 - BIRTH DATE: _____
 - HEALTH CARE NUMBER: _____
 - LSN: _____
- ER nurse notifies team, registration, CT, Lab of Incoming Stat stroke
- Pt. arrives at hospital:
 - Physician/Nurse swarm patient to assess readiness for CT
 - Complete LAMS and verify patient name and ULI
 - ECG and Blood draws (should not delay CT scan)
 - Patient to Ct scan

LOS ANGELES MOTOR SCALE (LAMS)

| | Normal | Right | Left | Total |
|-----------------|--------|---------------------------------------|---------------------------------------|-------|
| Facial weakness | 0 | Droop (1) | Droop (1) | |
| Grip | 0 | Weak grip (1) No grip (2) | Weak grip (1) No grip (2) | |
| Arm strength | 0 | Drifts down (1) Flails rapidly (2) | Drifts down (1) Flails rapidly (2) | |
| TOTAL Score | | | | |

- NURSE then calls RAAPID 1-800-282-9911 and states:
 - "This is _____ (YOUR NAME) _____ calling from Lloydminster Emergency Department with a HEADS UP CALL for a "STAT STROKE ALERT"
 - Provide Physicians NAME _____
 - Lloydminster Call Back Number: 306-820-6033
 - Patient health care number _____
 - If the LAMS =4 state that this is a RED REFERRAL with a LAMS Score _____ (4 or 5)

IF TROUBLE VIEWING IMAGES:

Edmonton 24hr PACS Support
780-407-1223
780-735-4865

*Stroke neurologists need to log into University of Alberta PACS to search images we've sent
- They will appear as "failed verification"

Page: 1780-445-2610 for urgent requests only

