

Westlock Healthcare Centre

The Team

- **Dr. Magali Barnard, MD:** Physician
- **Kara Rimmer, RN:** Stroke Coordinator
- **Dr. Firdaus Mydeen, MD:** Physician
- **Sherry Gough:** Site Manager
- **Kathy Baker:** Head Nurse, East Wing
- **Liz Falls:** Head Nurse, ER/Est Wing
- **Stephanie Holton:** Pharmacist
- **Tim Keppy:** EMS Representative
- **Evelyn Koshurba:** DI Supervisor
- **Rosanne Pryor:** Lab Supervisor
- **Kim Schmidt:** Nursing Representative
- **Lorraine Weir:** Nursing Supervisor
- **Shannon O'Neil:** RN, Emergency Department
- **Tamara Laughy:** Emergency Unit Clerk
- **Dr. Douglas Woudstra:** Physician

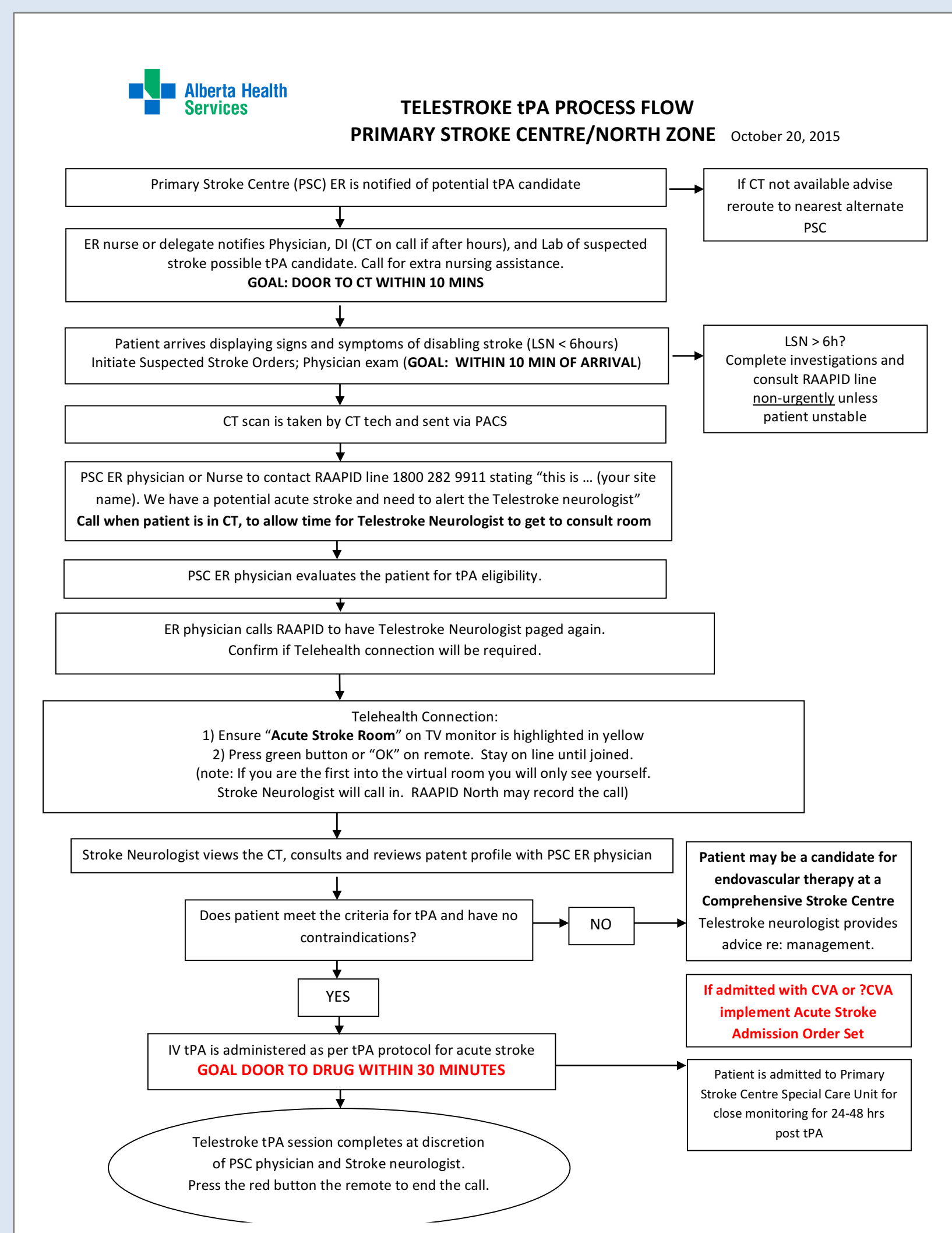
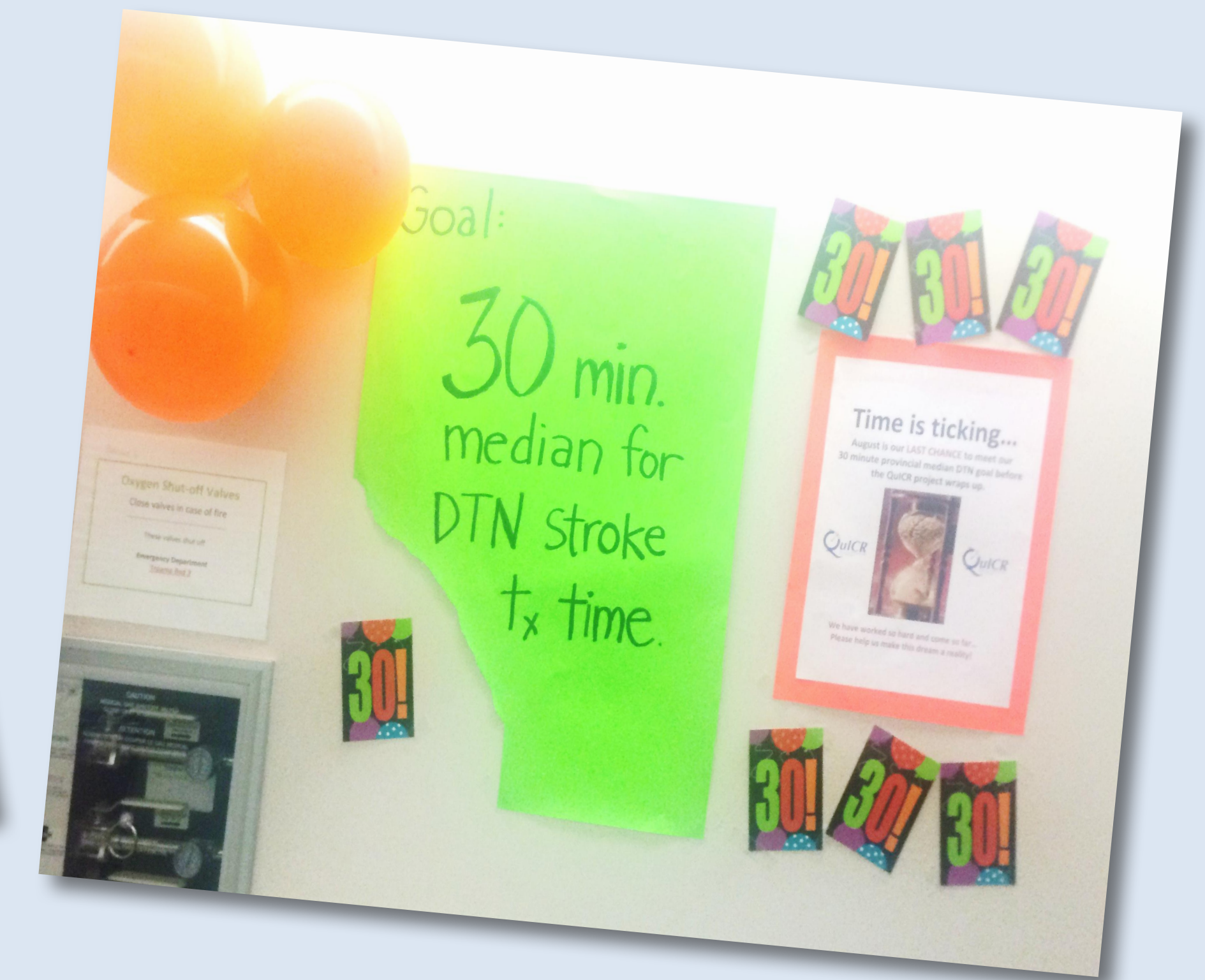
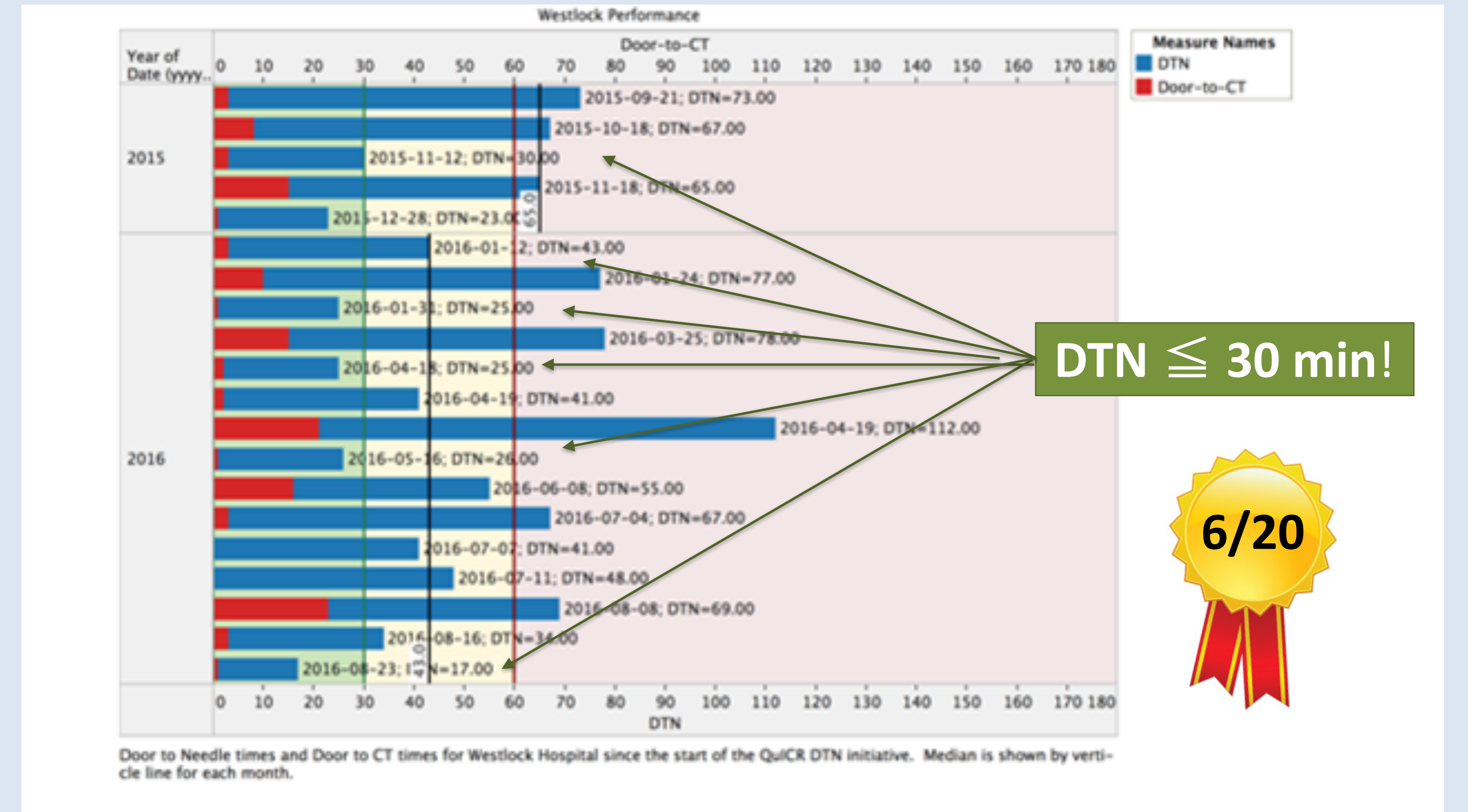
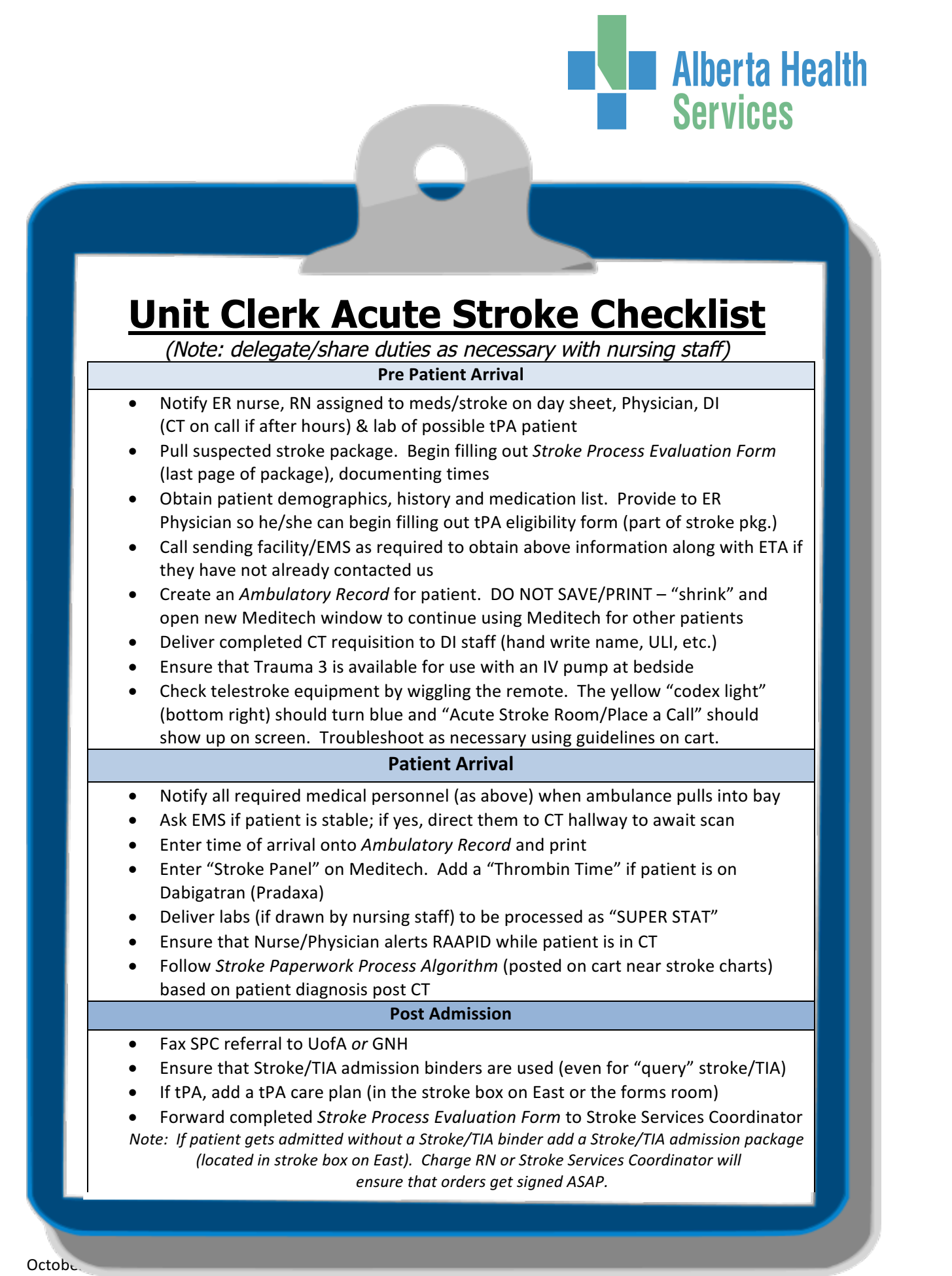
Changes Implemented

Refined Process Flow:

- Stroke pre-notification by EMS to the care team (100% of the time)
- **RN from acute care ward assigned to stroke**
- Obtain patient demographics, history and medications list for ER physician (calling dispatch if necessary)
- **Physicians completing tPA inclusion/exclusion criteria (as much as possible) prior to patient arrival**
- Create and deliver a CT requisition to DI staff with hand written name and ULI pre arrival
- Unit clerks assisting w/ trauma bay and telestroke equipment checks
- Stroke Kit moved permanently to telestroke equipment
- **Team swarm upon arrival to ensure that patient is stable and obtain report and baseline together**
- Not waiting for labwork to admin. tPA unless patient history indicates
- EMS assisting w/ pt. transfer post CT to free up DI staff to push images
- **Neuro callback if no response within 5 minutes (physician initiative)**

Other Initiatives:

- Monthly "Stroke Report Card" distributed to care team
- Bulletin boards & pins for entire care team involved in a treat < 30 min

Unit Clerk Acute Stroke Checklist
(Note: delegate/share duties as necessary with nursing staff)

Pre Patient Arrival

- Notify ER nurse, RN assigned to med/stroke on day sheet, Physician, DI (CT on call if after hours) & lab of possible tPA patient
- Pull suspected stroke package. Begin filling out Stroke Process Evaluation Form (last page of package), documenting times
- Obtain patient demographics, history and medication list. Provide to ER Physician so he/she can begin filling out tPA eligibility form (part of stroke pkg.)
- Call sending facility/EMS as required to obtain above information along with ETA if they have not already contacted us
- Create an Ambulatory Record for patient. DO NOT SAVE/PRINT - "shrink" and open new Meditech window to continue using Meditech for other patients
- Deliver completed CT requisition to DI staff (hand write name, ULI, etc.)
- Ensure that Trauma 3 is available for use with an IV pump at bedside
- Check telestroke equipment by wiggling the remote. The yellow "codex light" (bottom right) should turn blue and "Acute Stroke Room/Place a Call" should show up on screen. Troubleshoot as necessary using guidelines on cart.

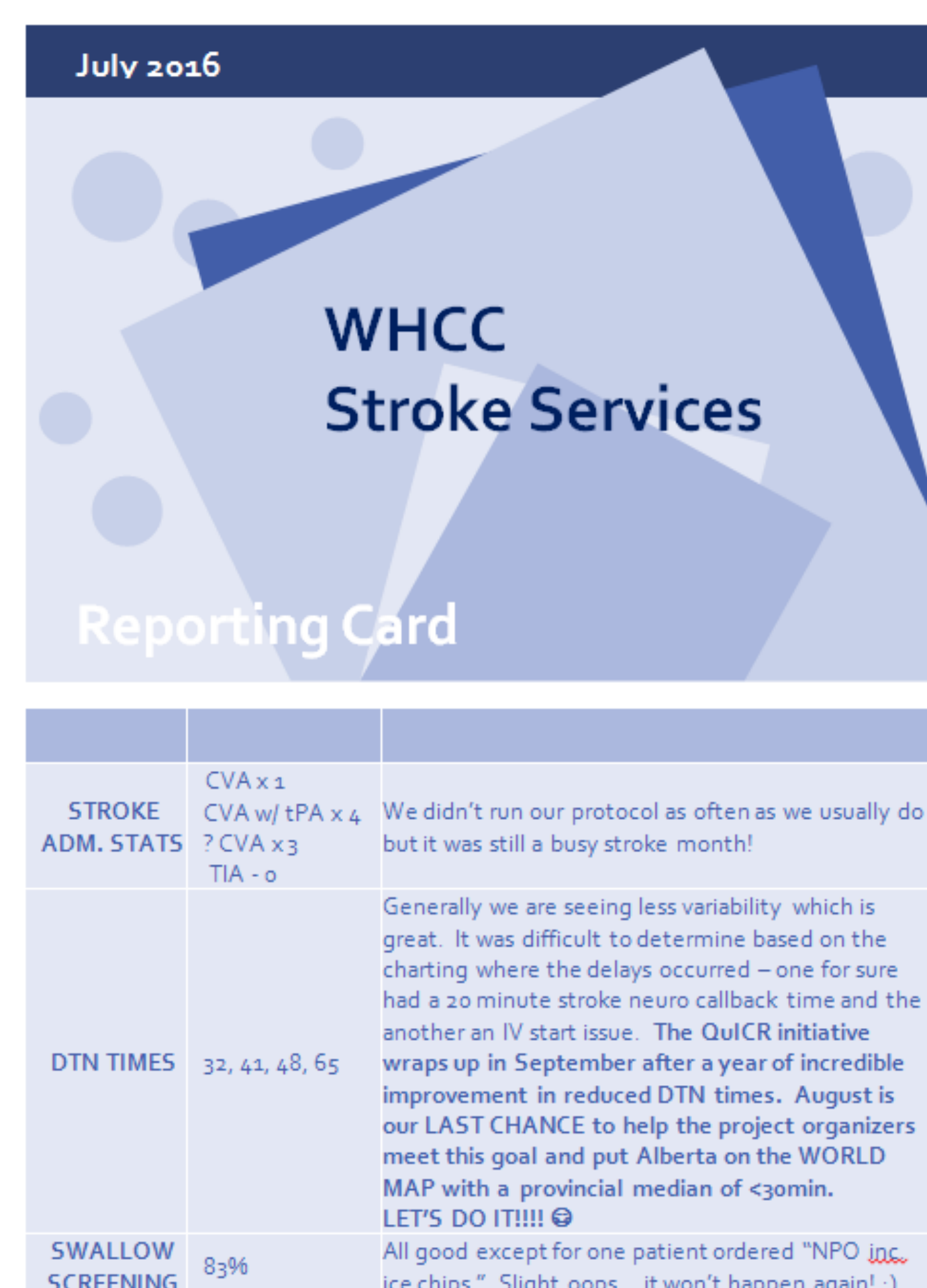
Patient Arrival

- Notify all required medical personnel (as above) when ambulance pulls into bay
- Ask EMS if patient is stable; if yes, direct them to CT hallway to await scan
- Enter time of arrival onto Ambulatory Record and print
- Enter "Stroke Panel" on Meditech. Add a "Thrombin Time" if patient is on Dabigatran (Pradaxa)
- Deliver labs (if drawn by nursing staff) to be processed as "SUPER STAT"
- Ensure that Nurse/Physician alerts RAAPID while patient is in CT
- Follow Stroke Paperwork Process Algorithm (posted on cart near stroke charts) based on patient diagnosis post CT

Post Admission

- Fax SPC referral to UoA or GHI
- Ensure that Stroke/TIA admission binders are used (even for "query" stroke/TIA)
- If tPA, add a tPA care plan (in the stroke box on East or the forms room)
- Forward completed Stroke Process Evaluation Form to Stroke Services Coordinator

Note: If patient gets admitted without a Stroke/TIA binder add a Stroke/TIA admission package (located in stroke box on East). Charge RN or Stroke Services Coordinator will ensure that orders get signed ASAP



WHCC Stroke Services

Reporting Card

| STROKE ADM. STATS | CVA x 1 CVA w/ tPA x 4 ? CVA x 3 TIA - 0 | We didn't run our protocol as often as we usually do but it was still a busy stroke month! |
|-------------------|---|--|
| DTN TIMES | 32, 44, 48, 65 | Generally we are seeing less variability which is great. It was difficult to determine based on the charting where the delays occurred - one for sure had a 20 minute stroke neuro callback time and the another an IV start issue. The QuICR initiative wraps up in September after a year of incredible improvement in reduced DTN times. August is our LAST CHANCE to help the project organizers meet this goal and put Alberta on the WORLD MAP with a provincial median of <30min. LET'S DO IT!!!! |
| SWALLOW SCREENING | 83% | All good except for one patient ordered "NPO ice chips". Slight oops... it won't happen again! :) |

