Fort McMurray DTN Times

QuICR Presentation

Jan 6, 2016

Objectives:

- To discuss pre and post-QuICR processes at NLRHC in Fort McMurray
- To share information regarding our DTN achievements pre and post QuICR
- 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-QuICR 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
- Physcian 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-discontiued 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 notifiy patient's return to ED
  - CT read by in-house radiologist and ischemic stroke confirmed
- **11:57**
  - Neurologist called ED and advised Labatelol 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

Alberta Health Services

Where's our pins?!?


QUESTIONS?
COMMENTS?
CONCERNS?