



QuICR: Next Steps

Webinar - February 15, 2017



UNIVERSITY OF ALBERTA
FACULTY OF MEDICINE & DENTISTRY



ALBERTA INNOVATES



**Alberta Health
Services**



UNIVERSITY OF CALGARY
CUMMING SCHOOL OF MEDICINE

Agenda

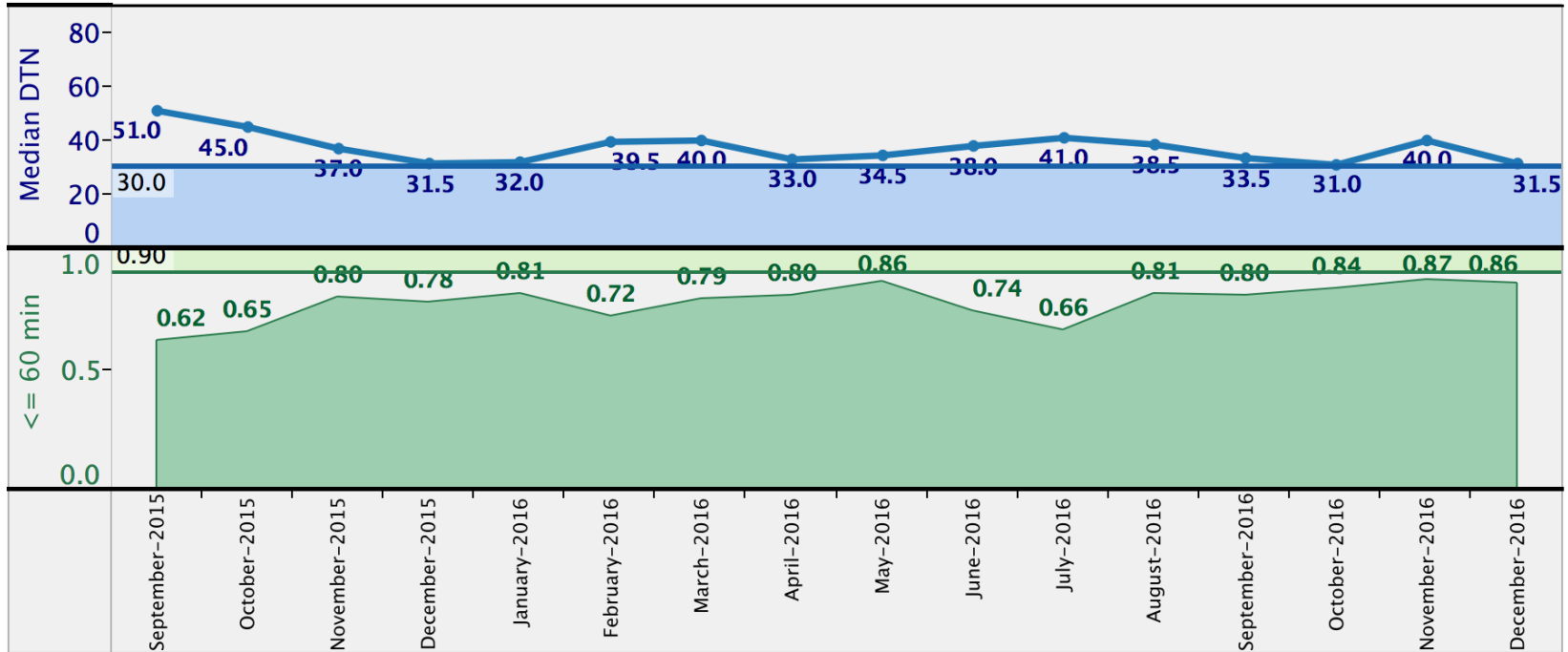
- Review of DTN work
 - Sustainment & continued support
 - Evaluation
- Next QI Initiatives
 - Arrival at a non-PSC
 - In-hospital stroke
- Support of ERA work moving forward

DTN Work

- Formal Improvement Collaborative ended on September 23 2016
- The work continues
 - Continued data collection and feedback
 - Site Visits have continued
 - Support to sites as needed

DTN Achievement

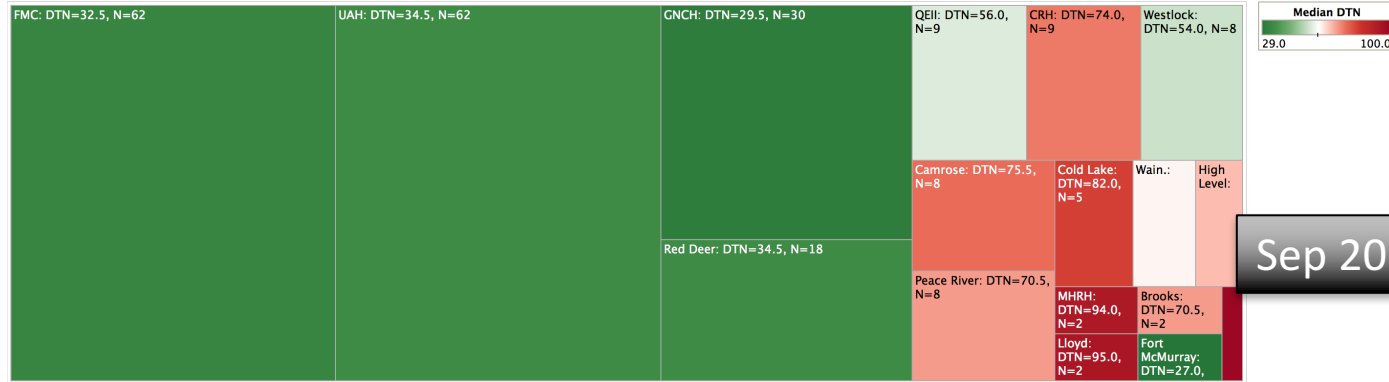
QuICR DTN performance in Alberta



The top pane shows the trend for median DTN for Alberta. The goal of 30 minutes is shown on this chart. The bottom pane shows the proportion of patients treated within 60 minutes for Alberta. The goal of 0.90 is shown.

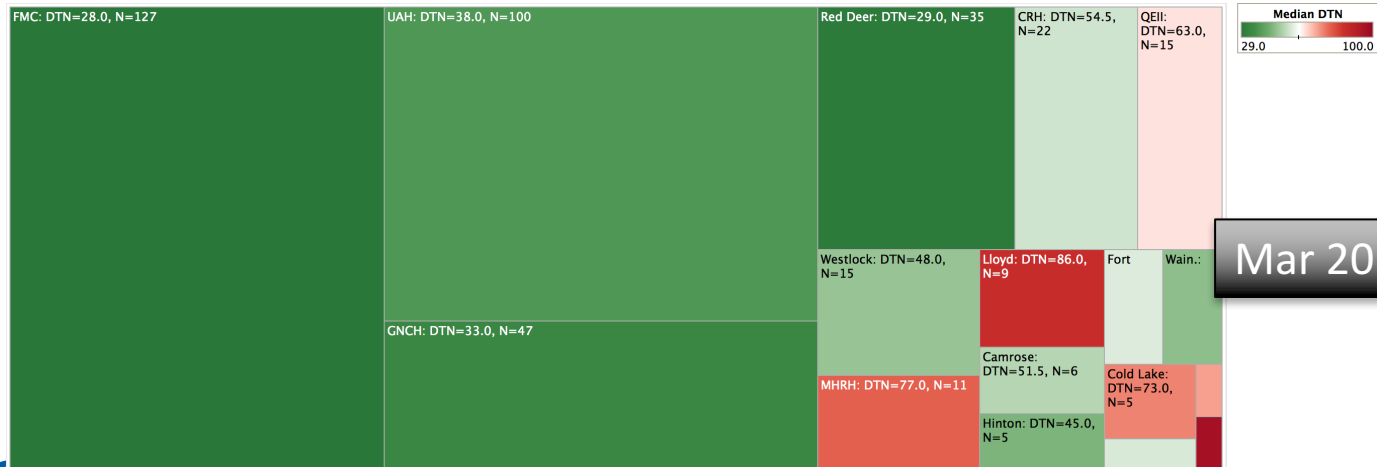
Alberta Heatmap

QuICR DTN Overview



Sep 2015-Feb 2016

Summary of the whole province. The size of the box indicates the number of treated patients at that site, and the colour indicates the median DTN time. White is 60 minutes, greens are less than 60 min and Reds are greater than 60 min.



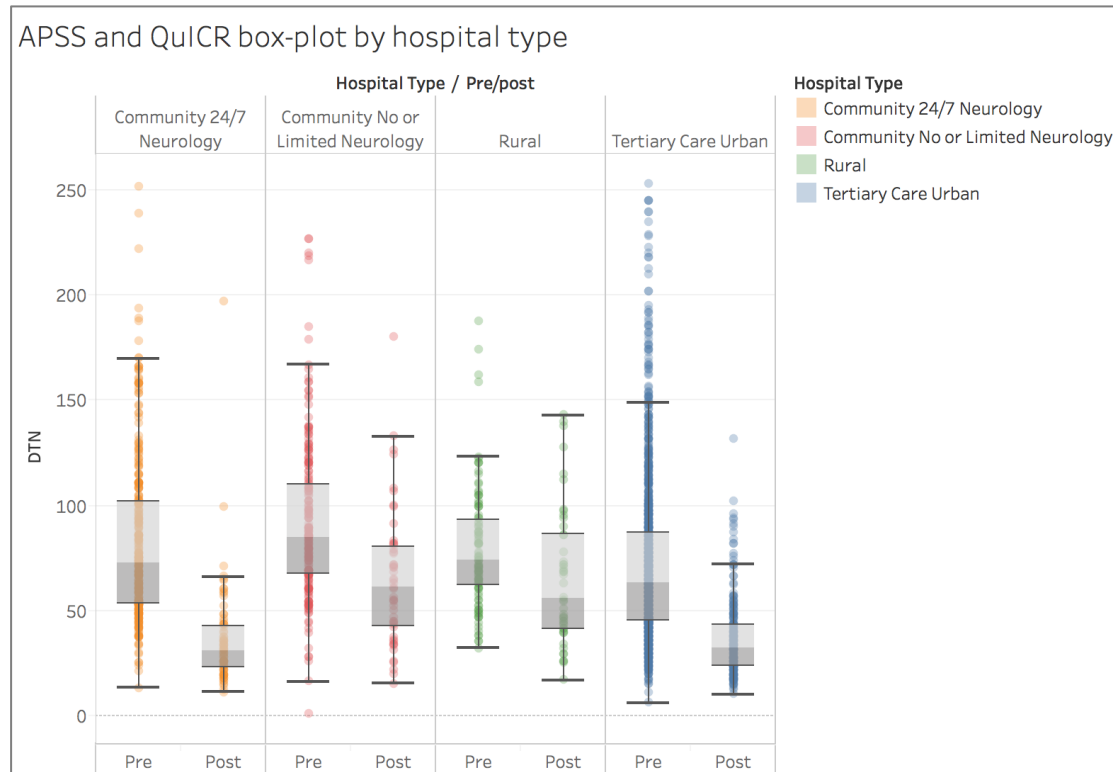
Mar 2016-Dec 2016

DTN Evaluation Work

- Qualitative Evaluation
 - Learn from you what has worked during the DTN initiative
 - Jo Louise Huq (Postdoctoral Fellow) will be leading this
 - Interviews and focus groups
 - Send me your worksheet (Action Planning Sheets) from each Learning Session and all documents that you developed during the Collaborative
 - Surveys coming to all of you in the coming months

DTN Evaluation Work

- Compare DTN data from APSS to QuICR DTN Initiative
- In Collaboration with DIMR for controlling for patient co-morbidities and home-time outcomes



DTN Evaluation Work

- Qualitative Analysis
 - From the data that you have entered into the registry:
 - What changes are improving DTN overall

QuICR QI: Next Steps

1. Acute Strokes arriving at non-PSC
 - Rapid door-in-door-out time (<20 min)
 - Recognition of an acute stroke
 - Integration of LAMS and call for stroke neurologist and transport physician
2. Stroke that occur in-hospital
 - Includes both stroke that occur in ED and in the hospital wards
 - Include non-PSC hospitals
 - Recognition-to-treatment target median of 30 min

Methodology

- A full year-long Improvement Collaborative will not be done again
- There will be an annual Alberta Stroke Day to learn from other sites and plan
 - May 29 2017 (SAVE THE DATE)
- Webinars will be used extensively
- Site Visits as you need them

QuICR Stroke Day: May 29 2017

**Save
the
Date**



Arrival at a non-PSC

- Use a hub-spoke model
 - PSC is the expert that pushes information and changes to their referring sites
- QuICR/SCN will be
 - Running webinars and organizing Alberta Stroke Day
 - Providing support to sites/zones as needed
- Feedback from you!
 - What is needed?

In-Hospital Strokes

- Work within your hospitals to improve recognition of stroke symptoms on the ward
- Ensure that patients are monitored in the ED for fast action of stroke onset
- New data-field is being added to registry:
Recognition time for all strokes that occur in-hospital
 - Recognition to needle = 30 min (median)

In-Hospital Strokes

- Physicians Leads
 - Dr. Muzaffar Siddiqui (Grey Nun's Hospital)
 - Dr. Jennifer Bestard (Red Deer Hospital)
- Feedback from you!
 - What is needed?

Support of ERA Work

- ERA was a project that was led by the CvH&S SCN (AHS) to increase rapid transport for EVT
 - Implement a LAMS score by EMS
 - LAMS of 4 or 5 triggered a field call with stroke neurologist and transport physician (bypass PSC for CSC)

Support of ERA Work

- Work with all the PSC's to reduce Door-in-Door-Out times
- Include LAMS assessment for all stroke patients that arrive at non-PSC (same protocol at EMS in field)
- Include LAMS assessment for in-hospital strokes

Questions and Feedback

