

Stroke Alert Pathway

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Background/Triggers

- Delay in current stroke alert process
 - Current process: Prehospital stroke alert being placed in a hallway liter called 4J in order to quickly expedite the patient to CT
 - Current issues identified:
 - 4J taking longer than originally planned
 - Providers completing a full NIH stroke scale before patient goes to CT
 - Too crowded at 4J – unnecessary medical staff delaying process

Implementation Plan/Methods

1. Meet with Neuro, Stroke Coordinators, ED providers, ED nursing, radio communications to determine plan to improve current 4J process to ultimately continue to improve the door to CT process
2. Develop a TLC and education plan to include staff meetings/huddles/nurse intern rounding for the ED nurses role in the door to CT process
3. Analyze the current times for door to CT
4. Develop a survey to ED nurses on improvement opportunities on how they feel the door to CT process is working
5. Implement the recommendations from the Stroke Team
6. Post survey and compare door to CT times for any improvement

Purpose/PICO

Project Purpose:

Decrease door to CT times which will decrease door to needle and door to IR times.

PICO Question – In pre-hospital stroke alert patients, does sending patients directly to CT scan reduce door to CT time versus first stopping in the emergency department?

- P-Stroke Alert Patients
- I-Direct to CT scan
- C-Stopping in bed 4J
- O-Reduce door to CT time, reducing door to needle and door to IR times.

EVIDENCE

1. Decrease delay time for CT scans when EMS called in prehospital stroke alerts to make staff aware to get CT ready.
2. One hospital had a 6 minute decrease in door-to-needle time
3. Very significant reductions in door to CT time (reduced by 17 minutes) and door to needle time (reduced by 19 minutes) , however needed additional percentage of patients going direct to CT (only 44% patients went direct to CT)
4. Direct to CT pathway is successful in significantly reducing door to CT and door to needle times, and improving the proportion of patients receiving thrombolysis within 90 min of calling for help; such a pathway should be implemented wherever local conditions allow

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