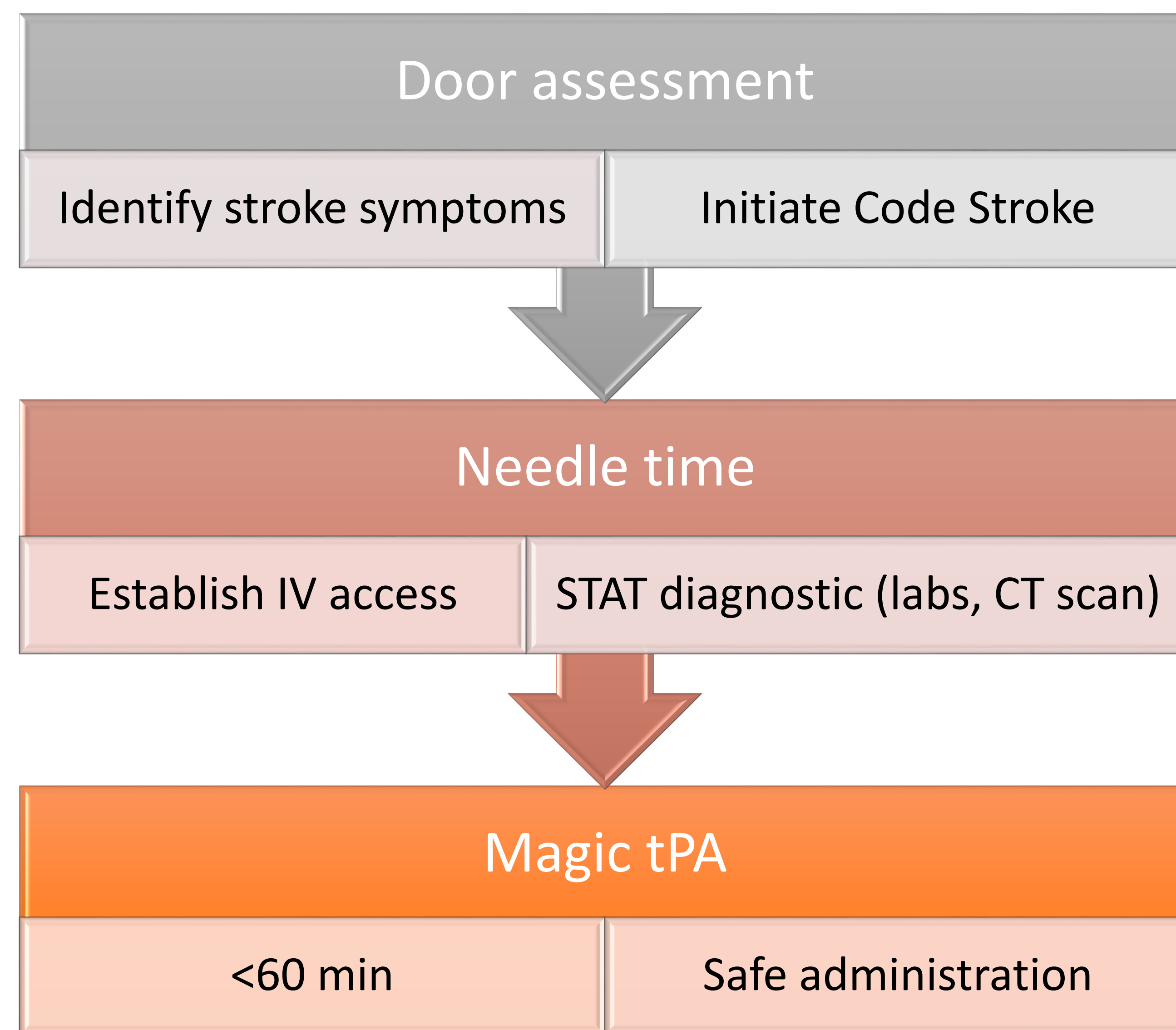


Door To Needle Magic



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OBJECTIVE



BACKGROUND

SAFETY

- Unsafe patient handling
- Medical errors, mislabeled lost specimens

PROCESS

- Inconsistency
- Lack of knowledge and urgency

EVIDENCE

- Supported by Evidence Based Practice
- Time sensitive tPA

NATIONAL GUIDELINES

- AHA/ASA guidelines recommend door to needle time >60 min (AHA, 2018)

METHODS

Inclusion Criteria

- All patients in ED with stroke symptoms
- October 2017

Education

- All ED staff educated on how and when to call a "Code Stroke"
- Any staff member can call a "Code Stroke"

Staffing

- Designated stroke nurse for each shift

Purple Stroke Folders

- Located in the stroke rooms with checklists to be completed
- tPA infusion logs with VS and neuro checks included
- Checklists to be passed on to the ICU RN once the patient is transferred

Code Stroke

- Code Stroke paged throughout the hospital
- Stroke team activated (ER MD, RN, neuro hospitalist, CT transport, pharmacy)

CT Scan

- CT scan confirms occlusion
- tPA dosing and administration <60 min

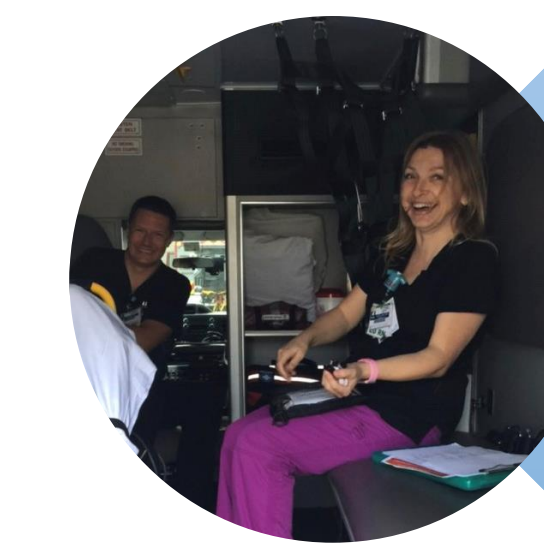
CONCLUSION



Consistent collaboration of organized multi-disciplinary team response



Improved care and outcome for Stroke patients with tPA

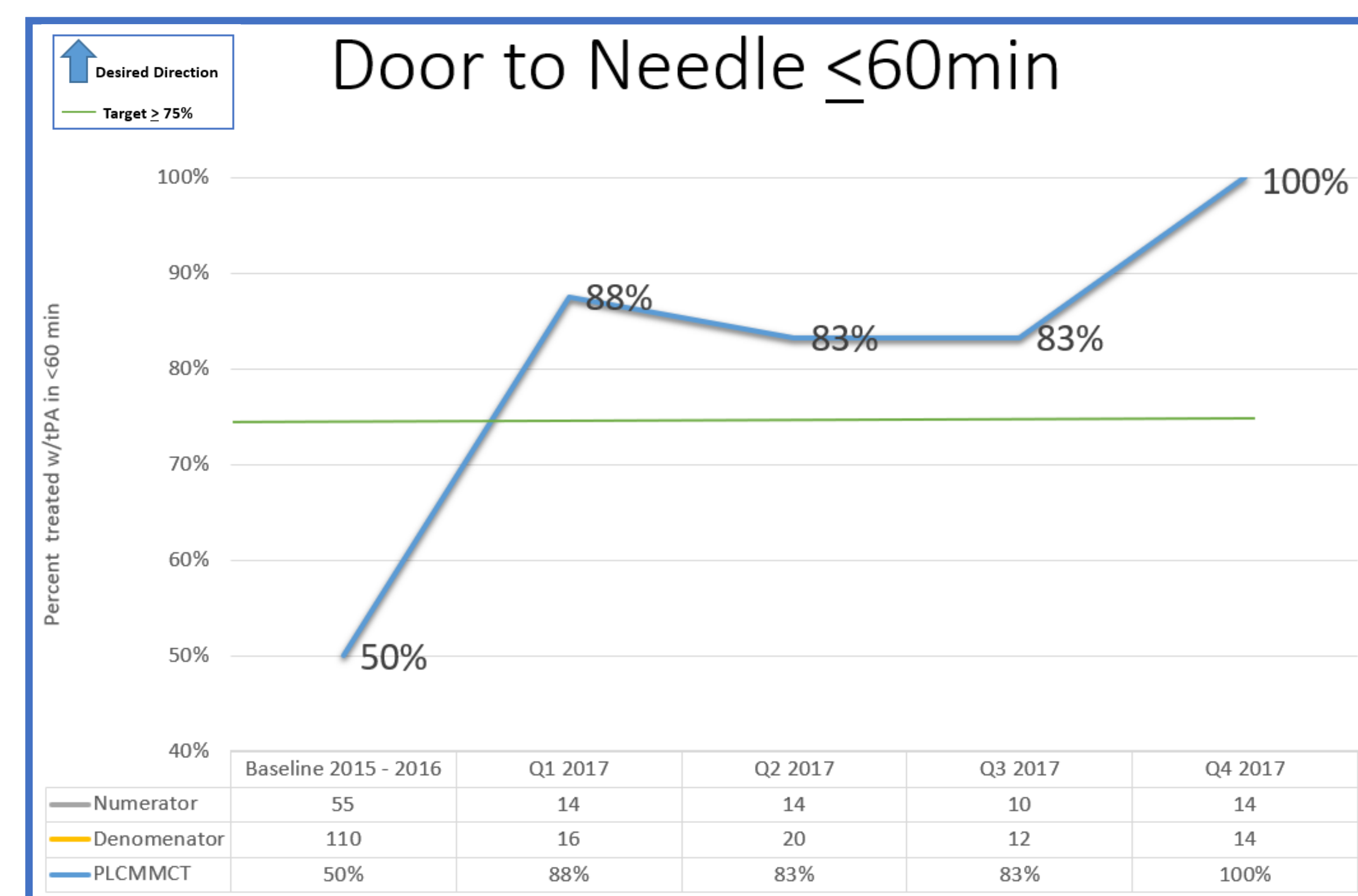


Culture change in our ED with an on going journey of continues process improvement



Stroke patients were given the best opportunity to resolve stroke symptoms and possibly returning to prior level of functioning

RESULTS



PATIENTS INCLUDED

- October 2017, 58 Code Strokes
- 7 met tPA criteria

DOOR TO NEEDLE

- Door to needle time 14-35min

GOAL

- Door to needle time met
- 100%