Two Roads Leading Down One Path: Improving Stroke Door to CT Times

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Purpose

Stroke Centers work on quality initiatives to improve the care stroke patients receive

Many centers were working on direct to CT for patients that arrived via Emergency Medical Services (EMS) transport, but it was important to have all stroke patients go directly to CT no matter how they arrived

Relevance/Significance

The purpose of this project was to decrease door to CT for both ambulatory and EMS arrivals

Design

Quality Improvement Project

Setting

Teaching, urban emergency department with 67,000 visits

Participants

All ED RNs, MDs, CNAs Secretaries, ED Leadership, Stroke Program Manager

Methods

Process for ambulatory patients was analyzed and valuable minutes were being wasted by having the MD see the patient in a room instead of at triage

A new direct to CT process was implemented for ambulatory patients in December 2015.

It followed the same path as EMS arrivals

Implications

Moving to direct to CT for those who arrived by EMS and ambulatory patients should be the standard all ED’s follow

Both arrival paths should lead down the same road of improving door to CT and overall stroke care

Results/Outcomes

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