TeleSpecialists Case Study

Primary Stroke Center in Rural Texas

RGEN

About the Facility

This facility is a 484-bed Primary Stroke Center, the largest and foremost acute care medical facility in the region, with a full range of diagnostic and surgical specialty services. It is the leading emergency facility in the area and the only Level II Trauma Center in the area staffed with physicians and nurses specially trained in emergency services.

The Problem

The facility partnered with our Quality Program Specialist, Micaela Prevatke, RN, to review process flow and assess gaps that were causing delays. At the front end, it was notified that there were opportunities to identify stroke alerts sooner. The process to activate a stroke alert was dependent on the emergency department physician who may be busy with other patients. Other bottlenecks were noted, for example, the patient roomed prior to CT which resulted in a delay connecting to the TeleNeurologist.

The Result

The organization changed their process by instituting our recommended best acute stroke practices. These practices allowed for a process that is patient-centered and sequential.

After a comprehensive review of the hospital's stroke alert process, the decision was made to overhaul the stroke alert process completely. We implemented best practices and the changes included:

- Pulling stroke kits so they are ready to use for every stroke alert
- Pre-mixing with verbal orders
- Early activation to assess stroke patient (est. time reduction 5-10 min)
- Use of Pit-Stop program
- Cart follows patient to CT
- Education of team members

Average door-to-needle (DTN) reduced from 60 minutes to 38.5 minutes (August-September). Results will continue to be monitored on a daily basis with any outliers addressed immediately.

The Takeaways

- A large Level II Trauma Center concerned with DTN times averaging 60 minutes
- Partnership was formed to address gaps and workflow issues
- Amplementing best practices dropped DTN times by 35.8%

