EMERGENCY

Rural Indiana Primary Stroke Center

About the Facility

The facility is a 252-bed hospital located in the rural area of Indiana. They are certified by The Joint Commission as a Primary Stroke Center.

The Problem

The facility partnered with our Quality Program Specialist, Lauren Voltz, RN, to review processes and assess gaps that may be causing delays. Lauren immediately noticed a delay in hotline notification of the TeleNeurologist, preventing rapid assessment of the stroke patient. Additional bottlenecks were observed related to lack of follow-through and accountability within the process.

The Result

The bottlenecks were found to be related to the full stroke protocol and a subcommittee was developed to address upcoming Phase III American Heart Association/American Stroke Association Best Practice recommendations. Among the recommendations made were:

- Pre-activation of EMS to the facility and, in-turn, activation of the TeleNeurologist at that same time
- TeleCart was moved to CT and remains with the patient at all times following the CT scanner
- A virtual stroke kit was developed in the Pyxis to allow for easier access to the required medications for alteplase administration
- Increased education routines for all Emergency Department RN's

With consistent processes in place for stroke alerts, a realization of a 26.7% decrease in thrombolytic administration times from January 2019 to October 2019. Also, a consistent drop in activation of our TeleNeurologists since implementation of new protocol in August 2019 resulted in an average 55.6% decrease in activation times from January 2019 to October of 2019.

The Takeaways

- Primary Stroke Center was concerned with bottlenecks in the stroke process
- A committee was formed and AHA/ ASA Phase III best practices were implemented
- 55.6% decrease in activation times, resulting in 26.7% decrease in thrombolytic administration times

