



Róisín Walsh
Clinical Service Development Manager
RGN, HDip, PGrad, RNT, MSc

DOOR TO DECISION IN UNDER 30!!

A National Quality Improvement
Project for the care of Patients with
Acute Ischaemic Stroke (AIS)

The goal for treatment of patients with acute ischaemic



rapid recanalisation of the occluded vessel



restoring blood supply to the effected tissue



reversing the effects of the acute stroke

**Research has shown that
1.9 million neurons are
lost each minute
following AIS**

TIME IS BRAIN



Despite the fact that IV Thrombolysis and Thrombectomy are now standard of care, we have not managed to achieve optimal rates of door to needle times & door to decision times throughout Ireland.

There is a gap between what we know and what we do.

**Treatment within a shorter
timeframe, improves patient
outcomes.**



**The National Thrombectomy Service in
Ireland, in conjunction with the RCSI & the
RCPI, have developed a collaborative
training programme**

‘Door to Decision in under 30!’

GOAL

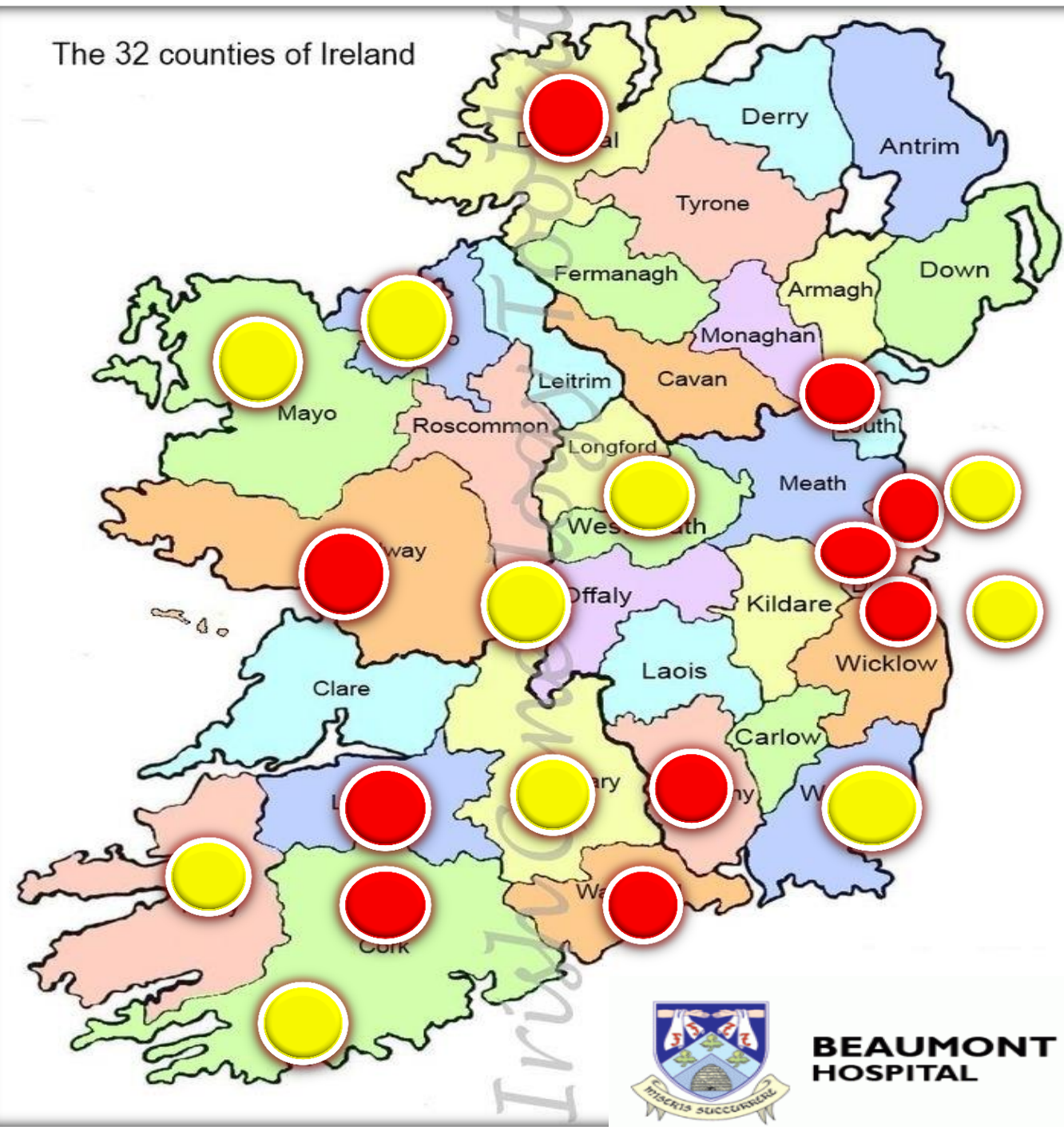
To provide maximum availability and efficiency in achieving recanalization, in as rapid a timeframe as possible ,in all patients presenting with AIS throughout the country.

The first round of this collaborative training programme ran from Jan to Oct 2018, with 10 hospitals from across Ireland.

Round two started in Oct 2018, with another 10 hospitals.

Each hospital sends a 3-4 member team ,to attend the learning sessions in Dublin, supported by a local steering group.

The 32 counties of Ireland



**BEAUMONT
HOSPITAL**

Interventional
Neuroradiology
Department

Accident and
Emergency
Room

Stroke & General
Medical services

Radiology
Department

Patient flow
Department

Hospital
Management

Patient
Representative

Hospital
Admin
service

Portering
service

Local steering group representatives

During the course, participants will carry out a quality improvement project in the workplace.

A vital step is to establish a Steering Group in each hospital to support the project

The First step is to examine the current “AS IS” Process

*Patients journey from presenting
to the ER with a FAST + to
Decision re thrombectomy*

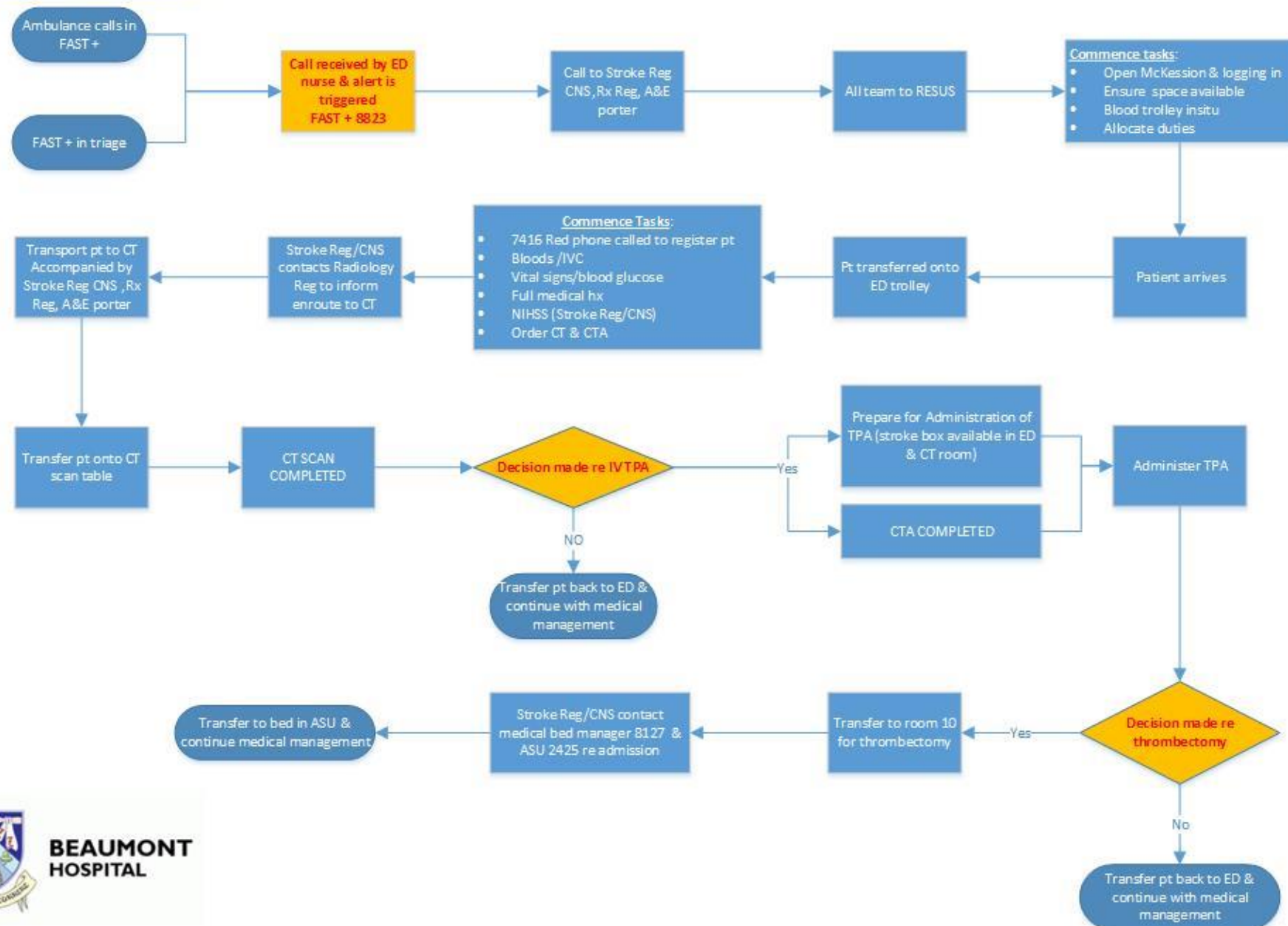
Why?

To provide a baseline and to identify opportunities for improvement.



Once we have a picture of the current process , and we know the areas that we can focus on improving , we can then develop a ‘Future’ map.....

Stroke FAST call Beaumont Hospital

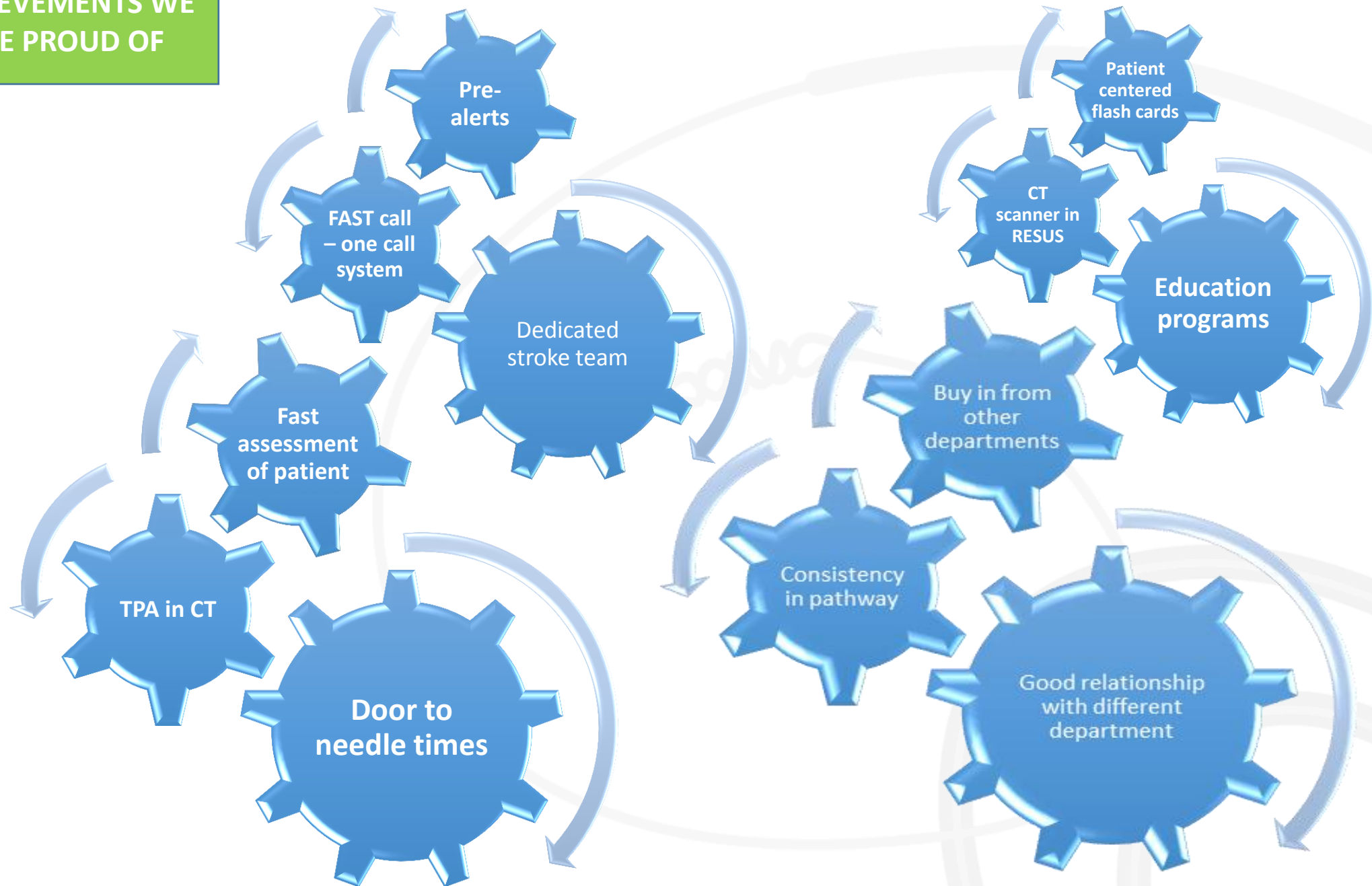


Activity	Occur as planned Y/N	If no, detail why	Time start	Time finish	Staff who completed the activity
Ambulance calls in FAST+ OR FAST+ in Triage					
Call received by ER nurse & alert is triggered					
All team arrive in Resus					
<u>Team Commence Tasks</u>					
Open Mckession & logging on					
Ensure bed space available					
Blood trolley insitu					
Allocate duties					
Pt Arrives					
Handover					
Pt transferred onto ED trolley					
7416 red phone called to register pt - & Pt registered					
Bloods /IVC					
Pt reviewed by Reg/Consultant & full medical Hx taken					
Vital signs taken					

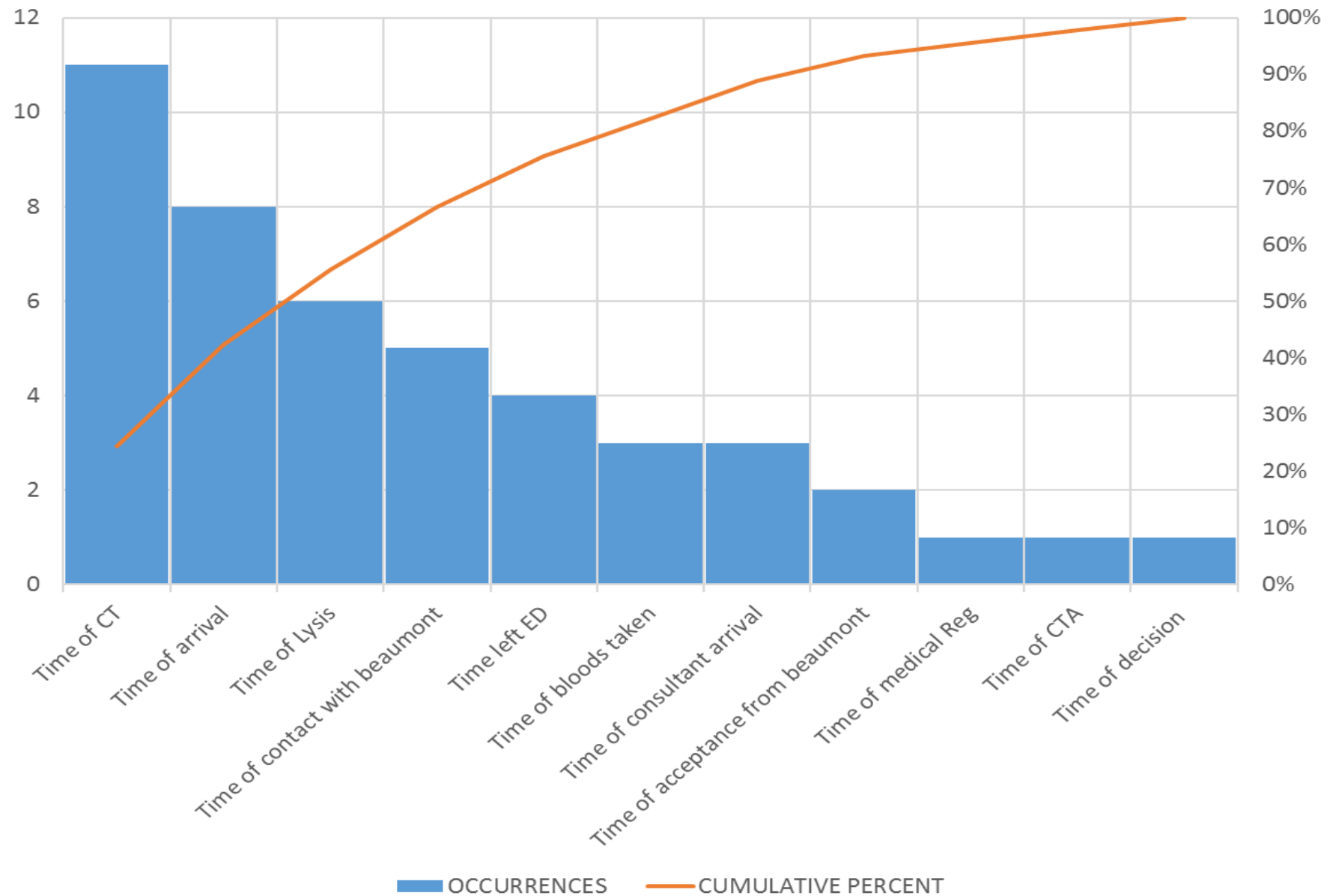
The next steps:

Identify areas which are done well & those which need to be improved upon

**ACHIEVEMENTS WE
ARE PROUD OF**



Process steps causing inefficiencies in acute stroke care



Using interventions from evidence based practice :

The Key is to do a little as possible **After** the patient has arrived

&

As much as possible **Before** they arrive, as they are being transported.

Keep pt on
ED trolley

Pre order
Bloods/
imaging

Use of a
'stroke box'

Pre alert
the hospital

Pt
direct
to CT

Simulation
training

Pre
register
pt

Page
relevant
staff

Assign
duties to
staff

Keep
ambulance in
place until
decision is
made

Having decision
makers in place
to review scans

Administer tPA
in CT – Give the
Juice!

Simulation training

Theory



Experience

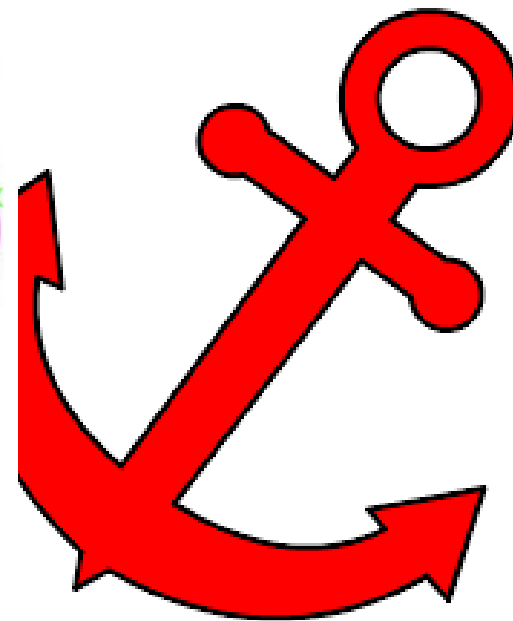


Next Steps:

Using a collaborative approach, decide on the new intervention or change - “I had the same problem; let me tell you how I solved it.”

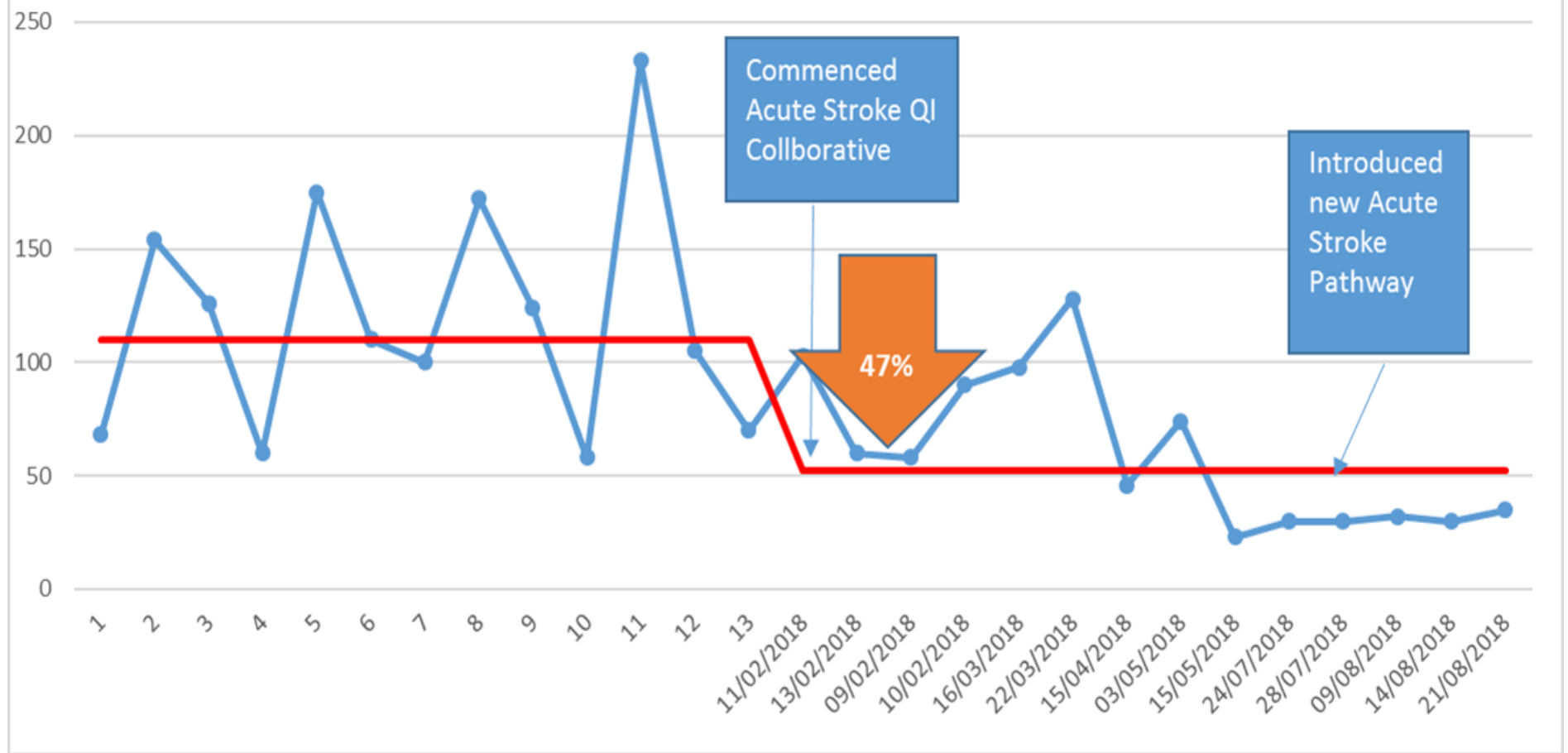
Using a Model for Improvement we implement the change – PDSA cycles – Framework for change management

Measure & Evaluate the change – Audit , feedback, data collection, time measures/ establish if any improvements have been made

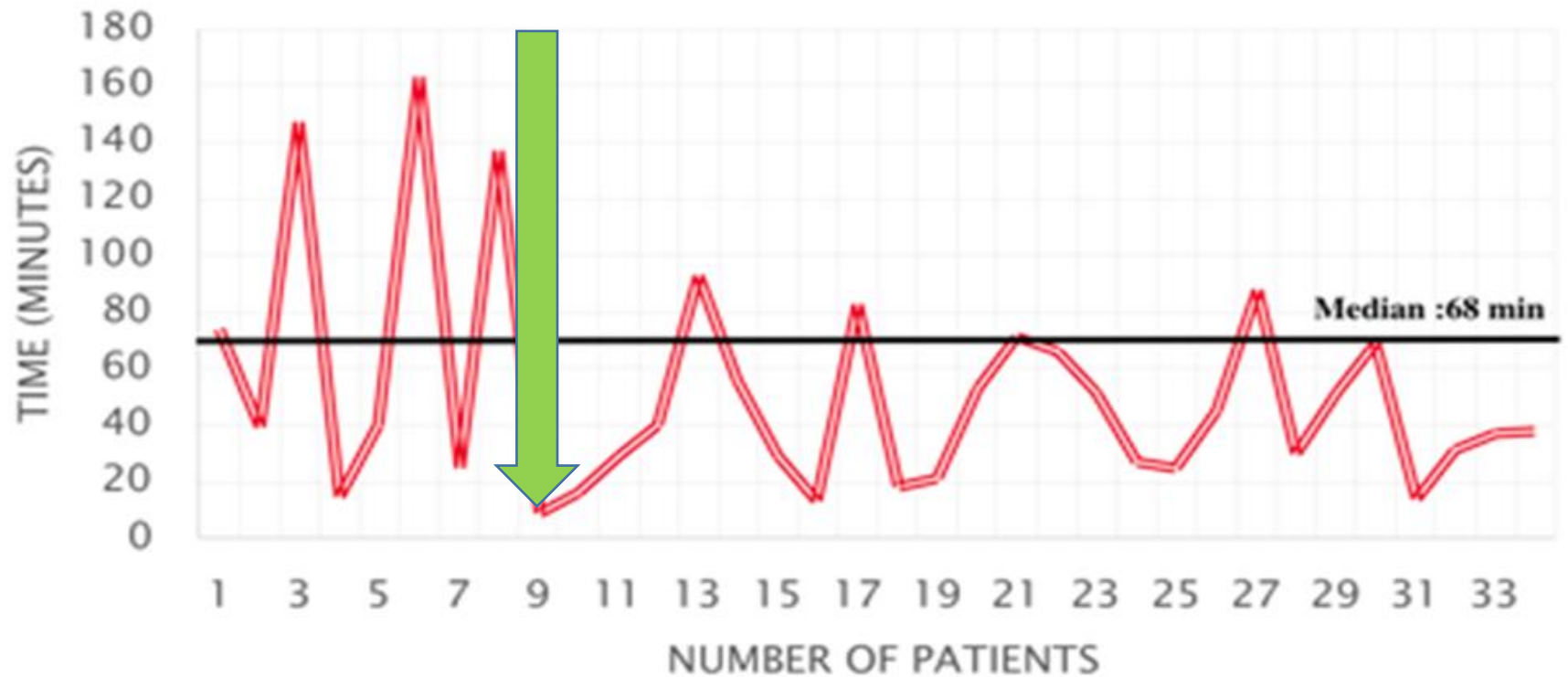


best-clipart.com

UHW Thrombolysis Door to Needle Time

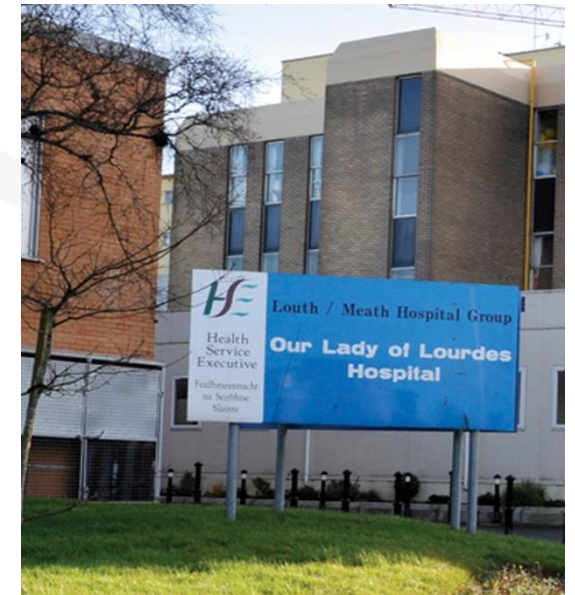
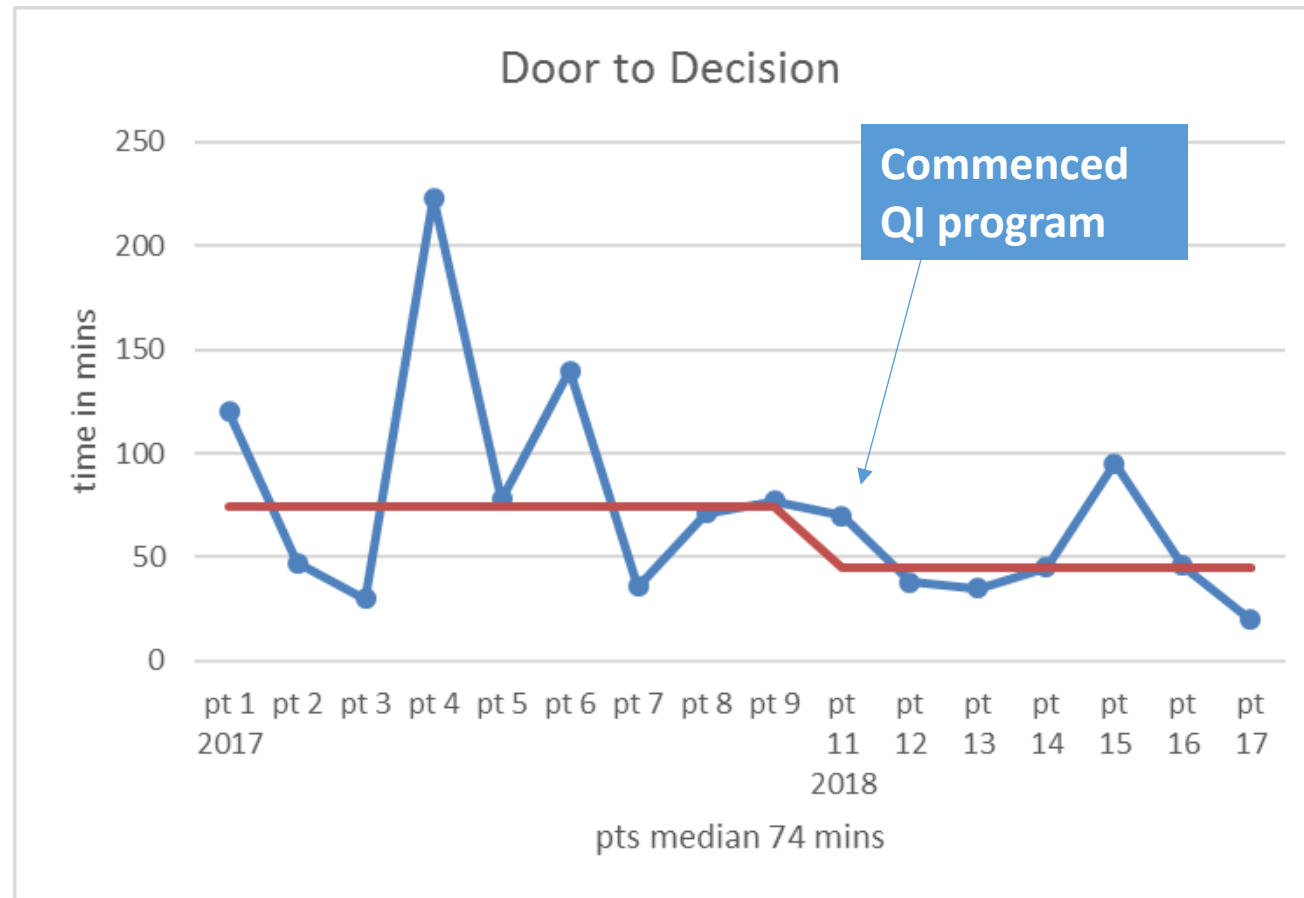


REGISTRATION TO CTA TIME



Simulation
Training
Commenced

Total 16pts from Jan 2017 (10) to July 2018 (6)
10 pts received iv tPA



TIME IS BRAIN

28,5
lost

Goal:

Any patient presenting to any hospital in Ireland with acute ischaemic stroke will have rapid clinical & radiological assessment with a view to a decision within 30 minutes of arrival in the hospital

Door to Decision in under
30!



Róisín Walsh
Clinical Service Development Manager
RGN, HDip, PGrad, RNT, MSc