

# Inpatient Stroke Stat Process Improvement

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TAP TO GO BACK  
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## Introduction/Problem

Inpatient Stroke STAT policy CP-61 was created in March 2017, in review of cases where t-PA was indicated areas for improvement were identified; specifically around communication, IV access, bed placement and safe administration.

2018:

**198 total activations** (139 West / 59 East)

**3 t-PA administrations**

No Thrombectomy cases

2019:

**38 activations** (27 West / 11 East) thru 3/14/19

**2 t-PA administrations**

**3 Thrombectomy cases**

## Aim/Goal

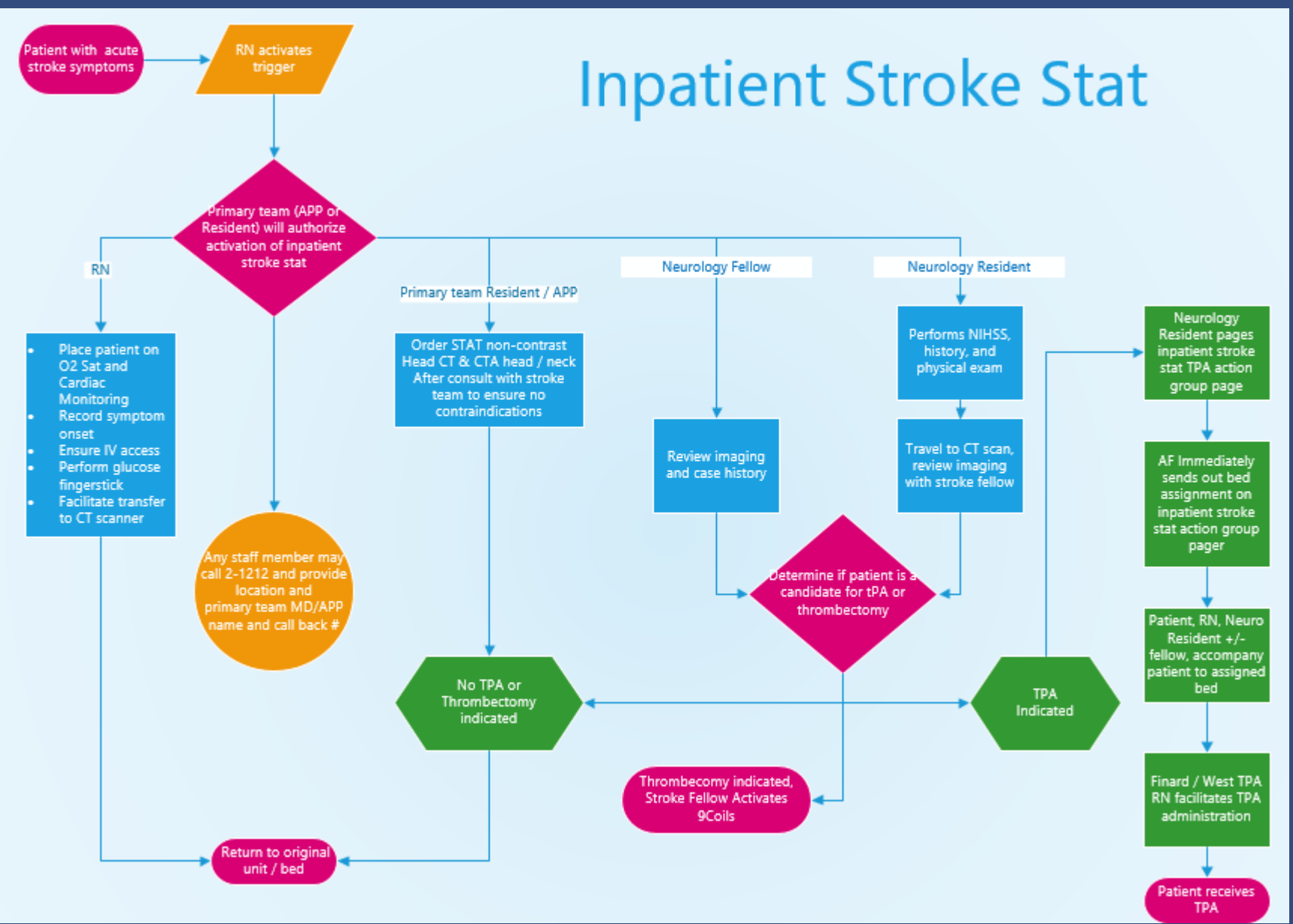
Prevent patient harm due to a **delay in t-PA administration (time is brain) and / or an error in the administration of the t-PA** which is a high risk, low frequency drug that requires a safe and protocolled approach for administration. The process must be functional on both East and West campuses and applicable in all inpatient practice areas.

## The Team

- Natalya Asipenko, PharmD, BCPS, BCCCP, Clinical Pharmacist IV Neurocritical Care
- Joanna Anderson, BSN, RN, CNRN, CCRN Unit Based Educator NSICU / SICU
- Jacqueline Bentick, RN, Clinical Advisor Neuroscience and Surgical Critical Care
- Michael J. Carr MSN, ACNP-BC, GNP-BC, Clinical Manager Division of Neurosurgery
- Michael Cocchi, MD, Director Critical Care Quality
- Maureen Cuniffe, MSN, RN, Manager Staffing Office and Venous Access Team
- Jacqueline FitzGerald, RN, MICU/SICU East (Finard ICU)
- Mary Grzybinski, MSN, RN, Assistant Nursing Director PACU West
- Lisa Hird, MSN, RN, Nursing Director Interventional Cardiology
- Susan Holland, EdD, MSN, RN, Nursing Director MICU/SICU East (Finard ICU)
- Suzanne Joyner, MSN, RN, Nursing Director Neuroscience and Surgical Critical Care
- Vasileios-Arsenios Lioutas, MD, Department of Neurology, Division of Cerebrovascular Diseases
- Sandra Sanchez, MSN, RN, Nursing Director Bed Management and Transfer Center
- Lauren Sullivan, BSN, RN, CNRN, SCR N Unit Based Educator Neuroscience Intermediate Care Unit
- Jillian Tellier, BSN, RN, Clinical Program Coordinator Comprehensive Stroke

## The Interventions

- Addition of the following to the **Inpatient Stroke Stat Activation Page**: *Admissions Facilitator, West Campus t-PA RN, Finard ICU RN (via the code STEMI pager), Venous Access team East and West Campus, Jillian Tellier CSC Program Coordinator*
- Creation of a West Campus **t-PA RN Pager**: *Identifies one RN responsible for the administration of t-PA on the West Campus 24/7. East Campus all inpatient stroke stat patients requiring t-PA would go to Finard ICU, RN notified via code STEMI pager*
- Creation of a **t-PA Action Group Virtual Page** and **Process**: *Admissions Facilitator, West t-PA RN, Finard ICU RN, Neurology Pharmacist, Neurology West and East Consult, Stroke Neurology Fellow*  
**Purpose**: *Direct communication to key providers of t-PA order, immediate bed assignment, expeditious pharmacy order approval, and activation of RN to assist with t-PA administration.*
- Process Improvements went live March 4, 2019



## NMED and RN Badge Cards

**Inpatient Stroke STAT NMED roles**

Once **Inpatient Stroke STAT** activation page received:

**Resident:**

- Perform NIHSS, obtain H&P
- Travel to CT scan, review imaging with stroke fellow
- If TPA or Thrombectomy indicated see side 2

**Fellow:**

- Review imaging and case history
- Determine if TPA / Thrombectomy indicated, if YES see side 2

**3/2019**

**Inpatient Stroke STAT TPA RN**

Keep beeper on you at all times

1st page: Inpatient stroke STAT activation page  
Do not call or respond, just an FYI you may be needed to give TPA

2nd page: Inpatient stroke STAT TPA action group page  
Will include name, M/RN, and "Stroke STAT TPA ordered"  
Sign out your patient assignment and await 3rd page

3rd page: Bed assignment  
Go to unit where bed is assigned  
Bring nothing, TPA will be in admitting unit's Omnicell

**3/12/2019**

**TPA Indicated:**

In CT Scan, Stroke Resident pages # 8825 (TPA action group) with the following info:

Patient Name  
M/RN  
"Stroke STAT TPA ordered"

Neurology Resident or Stroke Fellow orders TPA in POE

Admission Facilitator will immediately send bed assignment out to the same inpatient stroke stat TPA action group pager

Neurology resident accompanies patient from CT to assigned bed

**Thrombectomy indicated:**

Page 9COILS  
Facilitate transfer to INR suite

**3/2019**

**Next Steps**

1. Search for patient name / M/RN in global list in Omnicell and remove TPA  
TPA cannot be overridden, must be ordered and approved by pharmacy  
Pharmacy is on the TPA action group page and is aware of the order
2. Reconstitute TPA following step by step instructions in TPA kit
3. Scan patient wristband, scan TPA
4. Administer TPA following step by step instructions in TPA kit  
Be present until bolus completed and infusion has begun
5. Review administration steps Ts & all of the monitoring instructions included in the TPA administration kit with admitting ICU RN
7. Return to your unit

**3/12/2019**

## Next Steps

- Compare pre / post intervention data showing time TPA ordered to time TPA administered
- Case review to continue to look for ways to improve the process
- Update NMED badge cards and Neurology team members once action group page is automated through POE

**For more information, contact:**

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