



SEQIP Door to Device Subcommittee Meeting 10.29.2020

October 29th Meeting:

Attendees: Kari, Danielle, Margie, Lindsey, Ambra, Jane and Abby

Absent: Amy Porter

Discussion:

- Margie asked if anyone else is sending transfers straight to IR?
 - Ambra said BH Louisville is going directly back

- Anyone using RAPID or VizAI?
 - Margie said they have started using VizAI
 - Ambra said they are using RAPID because it has the communication tool built in
 - Lindsey shared that they are using RAPID systemwide and communication tool has been very helpful with transfer process, it all starts at referring hospital
 - Jane/BH Lexington has both

- Margie said they are trying to get a transfer nurse to assist with the process
 - Kari said they have tried to utilize a resource nurse in the past

- Repeat Imaging - does anyone do it??
 - Most do when patient is coming from farther away
 - Lindsey said that if they can get patients within 45 min they do not repeat, otherwise they do repeat CTP

- Kari said that admission process is what slows them down with transfer direct to IR process
 - Lindsey shared their PI project for "Rapid Registration" using central access center that coordinates the process (using EPIC)

- Direct Arrival vs. Transfer Process
 - Margie shared they have Stroke Alert RED 0-4.5 hr window and Stroke Alert 4-24 for pts in thrombectomy window

- ED Nurses being NIHSS certified?
 - Lindsey said this can be a problem with their transfer patients. They have trained OR staff to help with this

- Feedback - who to and how quickly?
 - Margie - send pre/post pictures with summary; try to get out close to discharge so they can include discharge disposition; send internally as well as EMS/transfer
 - Lindsey - Outreach coordinator pulls all of this info together; typically done within a week around discharge as well

- Does anyone use a clock that will travel with the patient? (Ambra)
 - Danielle is going to share the name of a company they were working with
 - No one else is using physical clock
 - Jane said they use a Navigator in their EMR
- Thrombectomy volumes: national expectation is around 6% of AIS patients
 - Brownsboro -78 YTD (treating about 50% of LVOs)
 - UK 90 YTD
 - UofL 55-60 YTD (treating over 50% of LVOs)
 - BH Louisville 40-50 YTD
- Data
 - GWTG Door to Device measure doesn't allow for enough time for imaging for transfer patients
 - TJC measure gives 120 min and
- Do we want to make this a formal group?
 - Chair? Lindsey would be happy to lead
 - Start small and keep focus specifically on Door to Device at this point
 - Best practices?
 - Abby shared TS Door to Device Best Practices
 - Lindsey will do small lit review

Next Steps

- Everyone send Abby their hospital process/algorithm and she will organize and share with group
- Abby will pull GWTG data for this group (from 2017-current)
- The group will meet again before Christmas to put plan into place; Abby will send out Doodle poll to assess availability