

TL13EOb – VISIBILITY, ACCESSIBILITY, AND COMMUNICATION

Using the required empirical outcomes (EO) presentation format, provide one example of an improvement in patient care OR the nurse practice environment, associated with communication between Clinical nurse and the Nurse AVP/Nurse Director.

Problem

The NewYork-Presbyterian/Columbia University Irving Medical Center (NYP/Columbia) interprofessional Stroke Quality Committee, known as the Stroke Performance Evaluation in Every Department (SPEED) Committee, identified that the door-to-intravenous (IV) tissue plasminogen activator (tPA) or thrombolytic therapy times had increased, suggesting a delay in care. The door-to-IV tPA time is the time it takes from the stroke patient's arrival in the ED (606045-46-48) [ED] to the time the patient is treated with IV tPA. The door-to-IV tPA time is reported as a median statistic in minutes.

Pre-Intervention

September 2021:

- The September 2021 median door-to-IV tPA time was 51 minutes.
- SPEED Committee members Cris Perdomo, MSN-Ed, RN, Program Administrator, Stroke Center, and Kyra Lizardo, MSN, RN, FNP-BC, stroke nurse practitioner (clinical nurse), reviewed the ED door-to-IV tPA time during the committee meeting and identified an opportunity for improvement.
- Ms. Perdomo and Ms. Lizardo reviewed data such as ED triage time, vital signs documentation, patients' presenting symptoms, patient arrival time, stroke page activation time, ED physician evaluation, and tPA time (for eligible patients) to identify potential sources of care delays and barriers to timely implementation of evidence-based practices.
- ED clinical nurses Marty Kaufman, MSN, MPA, RN, and Allie Pacsi, PhD, DNS, RN, CEN, FNP-BC, CCRN, collaborated with Ms. Perdomo and Ms. Lizardo to

map out the current ED intake processes and workflows. Ms. Kaufman and Dr. Pacsi identified that during the current ED intake and registration process, the unit assistant rather than a clinical nurse was the first point of contact for greeting patients and gathering required documents to register them into the hospital system. Ms. Kaufman and Dr. Pacsi determined that this process delayed stroke assessment by a clinical nurse until the registration process was completed.

- Ms. Kaufman and Dr. Pacsi sought out Vepuka Kauari, DNP, RN, CEN, Director of Nursing, ED, during leadership rounds to apprise her of the delays in patient access to RN assessment leading to the increased median door-to-IV tPA for the ED. Dr. Kauari applauded the clinical nurses' eagerness to improve patient care, and encouraged Ms. Kaufman, Dr. Pacsi, and Louis Kwakye Dapaah, unit assistant (at the time), ED, to form a task force to champion the improvement in patient care by decreasing the median door-to-IV tPA time with an expedited change in workflow.

Goal

To decrease the median door-to-IV tPA time (in minutes) in the ED

Participants

Name/Credentials	Discipline	Title	Department/Unit
Vepuka Kauari, DNP, RN, CEN	Nursing	Director of Nursing	Emergency Department
Marty Kaufman, MSN, MPA, RN	Nursing	Clinical Nurse	Emergency Department
Allie Pacsi, PhD, DNS, RN, CEN, FNP-BC, CCRN	Nursing	Clinical Nurse	Emergency Department
Marly Sam, MSN, RN	Nursing	Patient Care Director (Nurse Manager)	Emergency Department
Sherwyn Lumaque, BSN, RN	Nursing	Clinical Nurse Manager (clinical nurse)	Emergency Department
Cris Perdomo, MSN-Ed, RN	Nursing	Program Administrator, Stroke Center	Administrative Neurology
Kyra Lizardo, MSN, RN, FNP-BC	Nursing	Stroke Nurse Practitioner	Neurology
Louis Kwakye Dapaah	Nursing	Unit Assistant (at the time)	Emergency Department

Intervention

October 2021:

- The task force acknowledged that EDs are a critical entry point for stroke patients who require early access to competent clinical nurses for triage, screening of symptoms, and prompt action. The task force revised the ED intake processes and workflows, making the clinical nurse the first point of contact for patients. In this new workflow, the clinical nurse concurrently collected the required documents needed for patient registration, minimizing delays. Following the assessment, the clinical nurse gave the registration information to the unit assistant, who registered the patient while the clinical nurse cared for the patient based on the stroke pathway.

Impact Statement: The new workflow aligned with the stroke standards of care to ensure clinical nurses quickly screen patients for stroke-like symptoms as soon as the patient arrives, leading to improved median door-to-IV tPA times in the ED.

November 2021:

- During monthly SPEED Committee meetings, Ms. Kaufman, Dr. Pacsi, and Mr. Dapaah solicited feedback from the members about the new workflow. The SPEED members and Dr. Kauari, a member of the SPEED Committee, continued to review outcome data and advised the task force to thoroughly disseminate the new workflow to interprofessional teams which was planned for the month.
- The task force provided real-time education on the revised intake process for the ED interprofessional team during huddles, team meetings, and the monthly staff meeting.

Impact Statement: Education on the revised intake process reduced variations in practice and ensured timely stroke assessment leading to improved median door-to-IV tPA times in the ED.

December 2021:

- The task force continued to educate and solicit feedback on the new processes and workflows from the ED nursing team, including Marly Sam, MSN, RN, Patient Care Director (nurse manager), and Sherwyn Lumaque, BSN, RN, Clinical Nurse Manager (clinical nurse). Ms. Sam and Mr. Lumaque supported the initiative and reinforced the new processes and workflows with the ED team via email, at the start of shift huddles, during unit interdisciplinary rounds, and at staff meetings. The task force communicated with Dr. Kauari and other nurse

leaders who provided feedback and resource support for the task force to have dedicated time to accomplish the goal.

Impact Statement: Staff education empowered clinical nurses in the ED to comprehend and implement a workflow where a clinical nurse serves as the initial point of contact for ED patients. The exchanges in communication facilitated by a nurse leader strengthened a shared understanding of the new workflow. This approach facilitated the immediate detection and treatment of strokes, leading to a reduction in the median door-to-IV tPA time in the ED.

- By December 31, 2021, the 80 percent education threshold was met and the ED clinical nurses fully implemented the revised intake process.

Key References:

Aschcraft, S., Wilson, S. E., Nystrom, K. V., et al. (2021). Care of the Patient With Acute Ischemic Stroke (Prehospital And Acute Phase Of Care): Update to the 2009 Comprehensive Nursing Care Scientific Statement: A Scientific Statement from the American Heart Association. *Stroke*, 52(5), e164-e178.
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Fonarow, G., Smith, E., Saver, J., Reeves, M., Hernandez, A., Peterson, E., Sacco, R., & Schwamm, L. (2011). Improving Door-To-Needle Times in Acute Ischemic Stroke. *Stroke*, 42(10), 2983-2989.
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Outcome

