

DRAFT 2

Aim Statements: 1. Extend KGH EVT Weekday Pilot to Belleville District Stroke Centre and
2. Develop a Plan to create 24/7 Regional Access to EVT

Note: KGH Pilot Aim statement is to offer endovascular thrombectomy to ten KGH stroke patients selected using ESCAPE trial guidelines by April 2017; assess and document process, costs and clinical outcomes to inform future planning.

Project Plan at a Glance
A. Engagement Plan
B. Communication Plan
C. Expanded Pilot Evaluation Plan
D. QHC Workplan
E. EMS Workplan
F. KGH Workplan
G. Brockville GH Workplan -Telestroke Readiness
H. Other Regional Planning Components: e.g. telestroke readiness

Project Plan														Green √ = completed		Yellow O = in progress		Pink X = not started	
Key Activities/Deliverables		MRP	Status	July – Sept 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017	July – Sept 2017	Oct – Dec 2017				
A. Engagement Plan																			
A1	KGH Workgroup discussion and agreement regarding extending Pilot to Belleville	Dr Al Jin & C. Martin	√ Sept 28 2016																
A2	Workgroup recommendation to KGH Senior Leadership team to extend pilot to Belleville	Dr Al Jin & C. Martin	√ Sept 28 2016																
A3	KGH Senior Leadership Approval (CEO, COS, CNE/VP)	R. Jewitt KGH SLT	√ Sept 30 2016																
A4	Meetings with Stroke neurologists and ED leads at KGH to discuss process considerations: selection criteria, imaging, transport options, drip and ship, draft algorithm	C. Martin	√ Oct 14 & 31 2016																
A4	Briefing Note prepared for Hastings-Quinte and L&A EMS and QHC Senior Leadership team and Physicians	C. Martin Dr. Al Jin	√ Oct 18, 2016																
A5	Engagement Meeting with HQ and L&A EMS Chiefs Issues discussed; agreement to participate in a joint workgroup	C. Martin	√ Oct 24, 2016																
A6	Engagement Meeting with QHC Stroke Team/ QHC Leadership Briefing note discussed; agreement to discuss with QHC leadership (invite to participate in a joint implementation workgroup)	C. Martin Dr. Al Jin	√ Oct 20, 2016																
A7	QHC Approval from Senior Leadership	C. Wilkinson QHC SLT	√ Dec 6th, 2016																
A8	Regional Endovascular Implementation Workgroup formed; meeting to launch algorithm and engage stakeholders in ongoing planning (representatives: KGH, QHC, EMS, Stroke Network Team)	C. Martin Dr. Al Jin	√ Dec 19th, 2016																

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				July - Sept 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017	July - Sept 2017	Oct - Dec 2017
B. Communication Plan															
B1	Identify stakeholders – “who”	Workgroup	√												
B2	Identify key messages and when to deliver “what/when”	Workgroup	√												
B3	Develop communication tools (ie briefing notes, project plan, key message documents/best practices- “how”)	C. Martin and C. Murphy	√												
B4	Modify KGH Patient and Family Education Resource for use with QHC patients	C Murphy	O												
B5	Deliver key messages to all stakeholders	Workgroup members	√												
C. Expanded Pilot Evaluation Plan															
C1	Determine added pilot indicators (process and outcome) to be added in relation to drip and ship patients	A Jin, C Martin M. Roblin	O												
C2	Prepare QHC Data Collection Sheet for use during each EVT transfer	A Jin, C Martin M. Roblin	O												
C3	Integrate QHC data collection process with KGH EVT Pilot Data collection for use in quality improvement	C. Martin and B. Molinski/M. Roblin	O												
C4	Continue debriefs of each case with video links to Belleville stroke team for use in quality improvement	C. Martin C. Murphy	O												
C5	Ensure follow up evaluation takes place in the Belleville or Kingston Stroke Prevention Clinic using standardized evaluation tools (Modified Rankin score etc)	A. Jin, R. Jewitt C. Martin	O												

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D. QHC Workplan																			
D1 Test and Implement Diagnostic Imaging Protocols	DI: Test provincial District Stroke Centre multiphase CTA protocol with ENITS transfer	Dr. Patel/ C. Sharland	✓																
	DI: Establish processes and consent for emergency administration of contrast dye		✓																
	DI: Deliver Training for CT techs in use of contrast dye and multiphase CTA protocol during weekday hours		✓																
	DI: Implement multiphase CTA protocol during weekday hours		✓																
D2 Reduce Door to Needle Time (target 30 mins)	Lead a value stream mapping of door to needle process to identify where time can be saved engaging all players (EMS, ED, DI, ICU, stroke team, telestroke team)	M. Roblin Dr. Samis	X																
	Identify priorities for change & develop revised process	M. Roblin Dr. Samis	X																
	Deliver education; use MOCK simulations		X																
D3 Establish clear eligibility criteria	With KGH, establish clear inclusion and exclusion criteria for QHC transfers for KGH EVT Pilot	Dr Jin, Dr. Samis, C. Martin, M. Roblin	✓																
	Revise the KGH EVT Pilot Eligibility Poster for QHC transfers & communicate this with QHC team		✓																
D4 Integrate telestroke and KGH EVT consultation processes	Integrate Telestroke Consultation with KGH Stroke EVT consultation	M. Roblin M. Slapkauskas Marilyn Vibe	✓																
	Telestroke: Establish clear communication strategy with Criticall to request KGH Stroke Endovascular team	OTN Dr Jin C.Martin	✓																
	No Telestroke: Establish clear communication strategy directly with KGH		✓																

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D. QHC Workplan Continued																		
D5. Revise Stroke tPA Process Documents, Care Pathway & order sets	Update QHC Thrombolysis protocols to embed/include EVT transfer process	M. Roblin C. Murphy Prof. Practice	X															
	Revise QHC Stroke Care Pathway		X															
	Revise QHC Stroke Order Sets		X															
	Revise KGH patient and family education materials		O															
	Consider any changes needed to walk-in protocols with primary sites (Trenton, Picton, NH)		X															
D6. Establish Drip and Ship Escort Process	Establish protocol for Drip and Ship Nurse Escort	M. Roblin C. Murphy Prof. Practice	O															
	Develop order set for Drip and Ship Nurse Escort		O															
	Develop clear repatriation processes with KGH (include in algorithm)		✓															
	Educate RNs in Drip and Ship Protocol		X															
D7. Repatriation to QHC ED or Acute Stroke Unit	Establish ED to ED Repatriation process for person who does not need EVT & not had thrombolysis, stable	C. Martin B.Molinski M. Roblin	✓															
	Establish ASU to ASU Repatriation process for person who has had EVT or who has had thrombolysis		✓															
	Finalize transfer algorithm	C. Martin	✓															
D8. Follow up in Stroke Prevention Clinic	Establish a joint process between KGH and QHC Stroke Prevention Clinics for EVT follow-up and secondary prevention.	M. Slapkauskas Dr. Grieve P. Christie Dr. Jin	X															
D9. Launch	Launch and communicate transfer process (algorithm)	C. Wilkinson C. Martin	✓															

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E. EMS WORKPLAN																	
E1. DTN MOCKS	Participate in QHC MOCKS to improve door to needle times	Doug Socha	X														
E2. Drip and Ship Protocols	Participate in the development of the Drip and Ship Protocols noted above	Doug Socha M. Schjerner	O														
	Educate EMS staff in Drip and Ship Protocols	Doug Socha M. Schjerner	X														
	Consider implications of Door-In-Door-Out Protocols	Doug Socha M. Schjerner	✓	Decision: will not be used													
E3. Boundaries for Medical Redirect	Advise on changes in boundaries for medical redirect to include bypass to Kingston for those living 15 mins west of the midway point	M. Schjerner	O														
E4. EMS Screening	Consider use of Los Angeles Motor Scale for identification of Large Vessel Occlusion warranting medical redirect as noted above	Doug Socha M. Schjerner	O														
	Seek municipal and RPPEO approval to introduce LAMS screen and changes in boundaries in EMS deployment plans for L&A EMS	M. Schjerner	O														
	If approved, educate EMS in use of new LAMS screen using LMS and implement	Doug Socha M. Schjerner	X														
E5. Transport process for Repatriation	Consider adopting Frontenac ED to ED repatriation process for those that return directly to QHC	Doug Socha M. Schjerner P. Charbonneau	X														
E6. Update Deployment plans	Update deployment plans with municipality as required to align with implementation of changes	Doug Socha M. Schjerner	X														

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F. KGH EVT WORKPLAN for Sustaining and Spreading EVT Access																	
F1. Ongoing EVT Pilot Project Eval and CQI Plan	Continue to follow KGH EVT Pilot Project Plan to monitor and improve on processes	C. Martin Dr. Jin	√ Ongoing														
F2. Neurologists sign up for Telestroke and ENITS access	Stroke Neurologists to sign up for telestroke and receive telestroke process education	Dr Jin and Dr Appireddy	√														
	All neurologists who take stroke call to sign up for ENITS access	Dr Jin	O														
F3. Form Joint Workgroup	Invite participation in Joint Workgroup with QHC and EMS	C. Martin Dr. Jin	√														
	Hold first Joint Workgroup meeting when partners ready- then follow up through RASP committee	C. Martin Dr. Jin	√														
F4. Draft initial joint implementation materials	Prepare Draft Implementation plan, Draft Algorithm and Draft Drip and Ship Protocol Based on Hamilton	C. Martin C. Murphy	√														
	Trial standard SE LHIN Repatriation Sheet for EVT Repatriation - consider if the standard form is adequate	C. Murphy	O														
F5. Prepared EVT Pilot report	Prepare EVT Pilot Report for Senior Leadership Team – make recommendations for expansion if indicated	C. Martin Dr. Jin	O														
F6. Plan for expansion of service hours and time window	Engage SLT & staff for input re 24/7- Get HR advice, Staff brainstorming sessions, expand business case	Martin/Bodie Jin/McCallum	O				SLT Dec 14th	IVR									
	Develop a stepwise project plan for expansion to 24/7 Present plan and business case to Senior Leadership	Martin/Bodie Jin/McCallum	O														
	Plan for changes in EMS time window July 2017	C. Martin Dr. Jin	X														

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G. Brockville GH WORKPLAN- Telestroke Readiness																	
G1. Telestroke Readiness	Engage Senior Leadership and Clinical Leads in considering telestroke readiness	C. Martin Dr. Jin C. Murphy	O														
	Prepare telestroke readiness assessment engaging all stakeholders- develop separate project plan	C. Murphy	X														
G2. Business Case	Develop a business case for telestroke at BrGH	C. Murphy	X														
H. Other Regional Planning																	
H1.EMS Prompt Card Time Window & Transfer protocols	Consider implications of change in EMS prompt card time window July 2017 for all stakeholders and add to this plan	Regional Team	O														
	Update to Transfer Protocols for walk-ins	C. Murphy M. Roblin	O														
H2. EVT Education	EVT Education in the Region – regional symposium etc	S. Saulnier Dr Jin	O			Nov 23											
H3. Communication	EVT Regional Communication Plan	C. Martin Dr. Jin	X														