

# KGH Stroke Endovascular Thrombectomy Plan

## Key Deliverables required by May 2016 - as of March 15 2016

March 2016

- Complete signing of "Terms of Pilot Project" (A12)
- Finalize communications & key best practice messages (B3, E10)
- Confirm communication plan - who, when (B2)
- Confirm evaluation indicators; prepare data collection sheet (C1,2)
- Complete updates of Thrombolysis/Thrombectomy Rationale /Guidelines, Roles and Responsibilities Document, Stroke/CC Order Sets, Collaborative Care Plan (E1,6) and IVR Policies, Order Sets (E5)
- Follow up on DTN strategies from meeting held March 11 - set date for trial of patient staying on EMS stretcher through to CT (E2,3)
- Complete documentation of new KGH EVT imaging protocol (E4)
- Continue work on OTN telementorship between IVR and Hamilton (E5)

April 2016

- Patient and Family Education Resource Ready for Use (B4)
- Order equipment needed (D2)
- Deliver Key Messages to stakeholders (B5)
- Deliver Best Practice Education to staff in ED, IVR, CC using document on key Best Practices (E3,5,6,7)
- Trial of patient staying on EMS stretcher through to CT- early April (E2,3)
- April 7/8 - IVR and Neurology training - simulation with Dr Van Adel (E5,E8)
- Finalize OTN technical arrangements for IVR mentorship with Hamilton (E5)
- Communication with EMS, ED, DI, IVR, CC, K7 and neurology confirming roles and responsibilities (E3,4,5,6,7)
- Ensure clear communication plan for transitions from ED, IVR, CC, K7 (E1)
- Ensure clear protocol for notifying anesthesiology (E9)
- April 14th meeting with all EMS Chiefs re processes for DTN time (E2,3)
- MOCK trial of EVT process and debrief April 27 9:30 to 11:30 -use data collection sheet to simulate tracking times; use telementoring - (E11)
- Confirm date of launch based on MOCK (E12)

May 2016

- Launch - tentatively May 2nd (E12)
- Debrief process ready to implement (early May) (E13)
- Prepare draft evaluation reporting template (C3)
- Follow up on each debrief to improve processes (E13)