

Aim Statement: 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, Business Case and Approval
B.	Communication Plan
C.	Evaluation Plan
D.	Resource Planning - Staff, Space and Equipment
E.	Clinical Pathway Implementation and Related Education/Training
	1. Update Stroke Care Plans, Order Sets, Guidelines
	2. Pre-Hospital
	3. Emergency
	4. Diagnostic Imaging
	5. Interventional Radiology
	6. Critical Care
	7. Kidd 7 Acute Stroke unit
	8. Neurology
	9. Anesthesiology
	10. Mock
	11. Launch
	12. Debrief

KGH Stroke Services: Endovascular Mechanical Thrombectomy Implementation Plan Jan'16, updated April'16

Key Activities/Deliverables		MRP	Status	Project Plan											
				Apr - Jun 2015	July - Sept 2015	Oct - Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016	May 2016	Jun 2016	Jul 2016	Aug 2016	Sep 2016
A. Planning: Engagement, Business Case, Approval															
A1	Chart review to estimate volumes and potential impact	Dr Al Jin	√												
A2	Briefing Note prepared for Senior Leadership team	C. Martin/A Jin	√												
A3	Meeting with Executive Leadership Team (June 2015) Briefing note discussed; agreement to form workgroup	R. Jewitt	√												
A4	Engagement Meeting Key Stakeholders (Aug 2015)	C. Martin/A. Jin	√												
A5	Endovascular Stroke Workgroup formed; monthly meetings scheduled (representatives: Neurology, ED, DI, IVR, CC, K7,anesthesiology, Stroke Network Office, IAD, Safety/Quality/Risk)	C. Martin/A. Jin	√												
A6	Value Stream Map of Clinical Process	D. MacPhail with workgroup	√												
A7	Business Case Completed (components: strategic drivers, background, description of initiative, benefits if approved, impacts if not approved, current practice, estimated volumes and outcomes, cost and benefit projections, risk assessment and mitigation, references)	C. Martin with workgroup	√												
A8	Presentation to Performance and Planning Leadership Team and Approval to Pilot 10 Cases (Dec 2015)	R. Jewitt/A Jin	√												
A9	Cost centre prepared for Funding Allocation to the Pilot	A. Birkin/ K. Pearson	√												
A10	Project Plan Developed: timelines, MPR, launch date	C. Martin	√												
A11	Participate on Provincial OSN Workgroup and Provide input into Provincial Recommendations	Dr. Al Jin	√												
A12	Gain approval for commencing Pilot from those accountable for service quality at KGH and Queen's	R. Jewitt	√												

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				Project Plan			Green √ = completed	Yellow O = in progress	Pink X = not started								
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, project terms, key messages documents- “how”)	C. Martin and C. Murphy	√														
B4	Develop Patient and Family Education Resource	C Murphy using provincial work	√														
B5	Deliver key messages to all stakeholders	Workgroup members	√									KGH news					
C. Evaluation Plan																	
C1	Determine quality indicators (process and outcome), costs to be tracked and reporting plan	C Martin/A Jin R. Albrough A Birkin	√														
C2	Prepare Data Collection Sheet for use during each case	A Jin, C Martin	√							revised							
C3	Implement data collection, integrate data sets and prepare integrated reports	R. Albrough A Birkin	O														
C4	Evaluation Reports communicated to all stakeholders identified in the communication plan	C. Martin	O													Interim report	
C5	Pilot Outcome Report to Performance and Planning	A. Jin, R. Jewitt C. Martin	O														Mar
D. Resource Planning - Staff, Space and Equipment																	
D1	HR resources addressed for DI and IVR	K. Bodie	√														
D2	Equipment needs addressed for DI and IVR	L. Thom	√														
D3	HR resources addressed for Critical Care	N. Valade	√														

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E. Clinical Pathway Implementation																			
E1. Stroke Care Collaborative Plan & order sets	Use value stream map of clinical process to update KGH Thrombolysis Rationale Guidelines, Roles and Responsibilities (Colleen & Dr Jin), Stroke CCP and thrombolysis order sets (Darlene, Melissa & Dr Boyd).	D.Bowman and M Meisner C. Murphy Dr Jin Dr Boyd	√																
	Ensure a clear communication plan for transitions between ED, IVR, Critical Care and Kidd 7	D.Bowman with Charge nurses	√																
E2 Pre-hospital	Discuss EMS role in accompanying Patient to CT to reduce DTN time – first with Frontenac then all services	C. Martin P Charbonneau	√						Mar 11	Apr 7/14									
	Link with provincial ET Transport Workgroup and consider implications for our region	M. Schjerning	√																
E3 Emergency	Consider ways to reduce door to CT time (IV starts, stay on EMS stretcher, blood work, communication); do mock; update relevant process mapping/roles & responsibilities chart	K Dowker J. Donaldson A Jin C Murphy	√						Met Mar 11 th , Mock trial of Door to CT held April 6 th										Re- peat Moc k
	Educate ED staff in any changes to thrombolysis process if candidate for EVT- use key best practices document	K. Dowker T. O'Brien	√																Re- peat Ed'n
E4 Diagnostic Imaging	Obtain ESCAPE Imaging Protocol; create similar document for KGH Stroke Imaging Protocol	B Delaney O Islam	√																
	Practice ESCAPE Imaging Protocol – target <10 mins	B Delaney	√						<10 min attained										
	Create document on new KGH imaging protocol	B Delaney O Islam	√																
E5 Interventional Radiology	Obtain examples of policies, procedure guidelines, checklists, order sets used at other sites for IVR	C. Murphy	√														Re- vised	Re- vised	
	Update IVR EVT policy/create EVT checklist	K. Bodie, Dr Appireddy	√													chec klist			
	Review consent for this procedure	A Jin D. Walker	√					Decision to use standard consent											

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E5 Interventional Radiology cont'd	Update IVR Post Procedure & Angiography Sheath Removal Order Sets; Post procedure checklist for EVT	K. Bodie	√														
	IVR Physician Training	A. Menard	√														
	IVR Nurse and Tech Training	B Beattie, LThom	√														
	Set up telehealth mentorship with Hamilton	A Menard	√														
E6 Critical Care	EVT Critical Care Order Set- separate orders	Dr. Boyd	√														approved
	Critical Care Training in awareness of procedure and post procedure care	N. Valade and K. Bodie	√														
	Critical Care Flow to Kidd 7 (process to enable flow)	N. Valade and S. Chapman	√														
E7 Kidd 7	Kidd 7 awareness regarding any new or special needs	L. Gadbois	√														
E8 Neurology	Training for neurology in mechanical thrombectomy	Dr Jin	√														
	Communication with neurology re procedural sedation	Dr Jin, Dr Boyd Dr. Galvin	√														
E9 Anesthesiology	Develop clear protocol for anesthesiology	Dr. Galvin	√														
E10 Best Practice Messages	Prepare common best practice messages to be used as part of the education for all programs	C. Murphy	√														
E11 MOCK	Mock trial- April 27th to include EMS, ED, IVR, CC, Neuro	Dr Jin & EMS & workgroup	√														
E12 LAUNCH	Launch Mechanical Thrombectomy Weekday Process	A Jin & D Walker	√														
E13 Debrief	Establish Debrief process	A Jin, C. Martin, G Boyd	√														
	Debrief each of first 10 cases, document and use to inform evaluation and continuous improvements	Al Jin	O														