

HYPERACUTE PATHWAY OPTIMISATION

STATIONS EXERCISE



OBJECTIVE

The objective of this exercise is to involve the whole team that is involved in the treatment of acute stroke patients and to get them to consider the impact of their actions on the total time it takes to treat stroke patients. Every 15 minutes saved in the total time taken to treat stroke patients could result in a 4% reduction in mortality after stroke. Guidelines recommend that all patients be treated in less than 60 minutes from when they arrive at the hospital door, yet today the vast majority of cases take much longer than this. Experts have shown that by analysing the pathway and changing some key elements in the pathway door-to-therapy times of less than 30 minutes can be achieved consistently.

ACTIVITY

Create 4 places/events in a room that represents the following 4 places/events in a stroke patient treatment pathway namely:

These stations can be tables with the names above printed on a piece of paper or alternatively the posters attached can be printed to indicate the different stations.

The idea is to walk from one station to the next with the attendees (not more than 15 in a group), imagining that they are in their hospital in the particular space (ED for example).

DURING THE FIRST ROUND attendees are asked what in their opinion best practice is or what guidelines recommend should happen in the specific phase. An example could be that guidelines recommend that ambulance staff should pre-notify the hospital, or that best practice examples like Helsinki recommend registering the patient in the system before arrival at the hospital door. As participants go to each next table they are prompted to discuss their opinion of best practice in that specific stage of the patient pathway. The facilitator can also guide the audience by mentioning recommendations from the guidelines or from the Helsinki paper for example. As reference the facilitator could also use the checklists to make sure all points are covered. Each of the audience members should be given a set of checklists as reference after the first round is completed. If the checklists are given before, participants are not encouraged to think about the steps themselves. The important rule for this phase is that the audience is not allowed to complain about their own reality at this stage as this is not a moaning session, but a session to talk about best practice. If anyone starts talking about reasons for something not being applicable to them the facilitator should remind them that that's not the objective of the first round.

1
Ambulance

2
Emergency
Department

3
CT Scanner

4
Clinical
Decision

DURING THE SECOND ROUND the audience is now asked to discuss what exactly happens to a typical stroke patient in their hospital in the various stages of the treatment pathway. An example could be that in their case the ambulance is not allowed to give medicine or that there is currently very little communication taking place. The idea is to create a type of a gap analysis between the best practice and their reality. The idea is not to find solutions yet; this round is only used to identify gaps.

THE THIRD ROUND to all 4 stages is now aimed at finding potential solutions for the gaps identified. No idea is too big or small and attendees are encouraged to be creative in finding solutions. Negativity should be discouraged as this is a solutions exercise and not a time to complain. Possible solutions could be for example, putting a "priority" sticker on blood vials to get the lab to be quicker with blood analysis, or buying a stroke phone to facilitate pre-notification.

DURING EACH OF THE 3 ROUNDS it would be a good idea to write some of the points down that were discussed so that an action list can be created that the teams can use to prioritise actions that could be implemented to optimise the stroke pathway in the hospital.

IT'S IMPORTANT to keep the audience standing for as long as possible during this exercise as this helps with keeping engagement.

