



safer healthcare  
*now!*

# **AMI CARE AT CKHA**

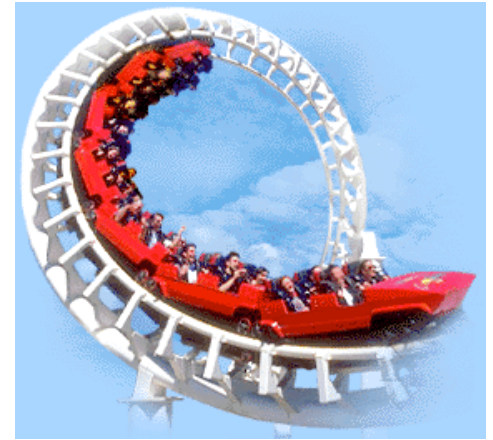
**A PROCESS IMPROVEMENT PROJECT**



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# OFF TRACK AND DIDN'T KNOW IT

- 2005** – Measured lytic door to needle time 29 minutes
- 2006** – Measured lytic door to needle time 26 minutes
- 2008** – SHN! door to needle time of <30 min. was **only 64%**!



## INVESTIGATING THE PROBLEM

Digging deeper, found that **door to EKG time** of  $\leq 10$  min. was **only 57%**  
Digging even deeper, found that if the patient presented during daytime weekday hours, and if the EKG was done by EKG staff rather than ED RNs, there was **a greater chance of delay!**

## HOW DID WE GO OFF TRACK?

While 'no one' was watching, we had allowed a registration clerk to enter the EKG orders (Expedited) and then call EKG staff to complete the EKG – sometimes nobody answered the phone, and sometimes the EKG tech sat at the desk waiting for the order to come off the printer!



# GETTING BACK ON TRACK



**Sept 2008** a PIT team met and the following adjustments were made:

- All EKGs done from Triage are STAT
- No need to wait for Order Entry, completion of initial EKG is the priority!
- If EKG staff don't answer the phone the EKG will be done by ED staff
- Previous EKGs will be pulled after the EKG is done
- All ED EKGs will be reviewed ASAP by an ED physician



# Working Together to get Back on Track!



## PRE INTERVENTION

Average Door (Triage) to EKG time = **11.2 minutes**

Of the 34 patients who received TNK, **only 53%** had door to needle times of <30 min. with an average door to needle time of **31 min.**

## POST INTERVENTION

Average Door (Triage) to EKG time = **8.7 minutes!**

Of the 16 patients who received TNK, all but 2 had door to needle times of <30 min. with an average door to needle time of **19.5 min.**



# Staying on Track!

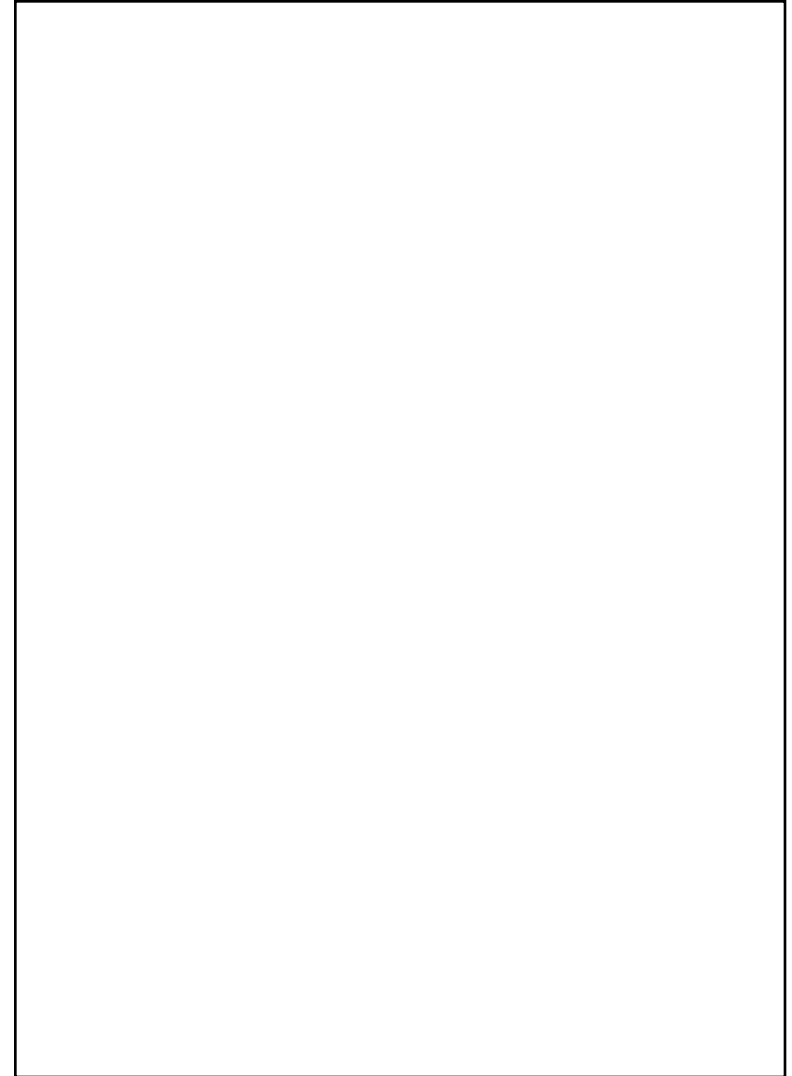
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**ED staff involved in ED data collection**  
(previously done by staff unfamiliar with doc.)

**Early identification of issues or concerns**  
(no more surprises!)

**Data collection tool shared between ED/ICU**  
(each do half and then switch)

**Results shared through monthly Newsletters  
& bulletin board posting**  
(data shared with ED, EKG & ICU staff)



# Ongoing Challenges with Staying on Track

- **Program Management:** Staff from ED, EKG and ICU report to different managers/directors
- **Data Collection Resources:** Using “modified workers” may mean frequent changes in collectors & lower reliability
- **Critically Ill Patients:** This makes it very difficult to collect “real time” data – tracking through Health Records and SolCom takes valuable time

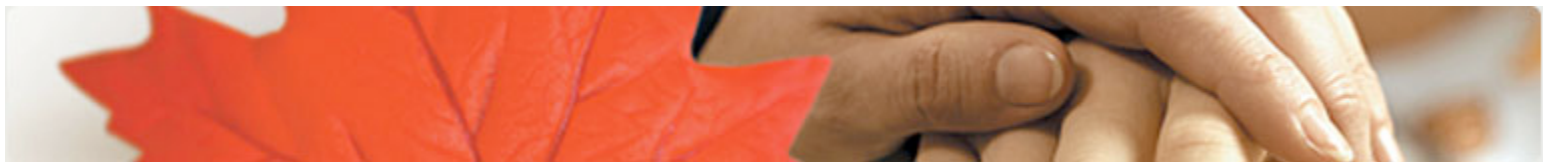


# BACK ON TRACK – FOR GOOD!

Noticing a trend (again) that door to EKG times are starting to get longer – must get back to staff to review

Appeal to the competitive nature of the staff and reinforce the ‘need for speed’ with the aim to reduce delays

Will request monthly ‘AMI Updates’ from Health Records to trend the door to EKG & door to drug times for early intervention





**QUESTIONS?**