

## Call-to-Action

We would like to invite you to enroll your site for an improvement initiative through the ACTEAST (Atlantic Canada Together Enhancing Acute Stroke Treatment) Project. Details about the ACTEAST Project can be found at <https://www.dal.ca/sites/acteast.html>. ACTEAST aims to improve access and efficiency of acute stroke treatment by conducting an *Improvement Collaboratives*.

### **Justification:**

*In a typical acute ischemic stroke 1.9 million neurons die every minute.*



**Time is Brain!**



For ischemic stroke patients, opening the blocked artery as soon as possible saves brain. By treating patients faster with both alteplase (tPA) and endovascular thrombectomy (EVT), the chance that a patient can return home with no or little disability improves dramatically.

Our goals are to:

1. Increase the proportion of ischemic stroke patients that receive either alteplase or EVT by 5%
2. Reduce the time to treatment for both alteplase and EVT
  - a. Reduce the door-to-needle time for alteplase treatment to a median of 30 minutes
  - b. Reduce the door-to-groin-puncture time for EVT treatment to a median of 60 minutes
  - c. Reduce the door-in-door-out time for patients transferred for EVT to a median of 50 minutes
  - d. Reduce the time from first medical treatment to needle and groin puncture

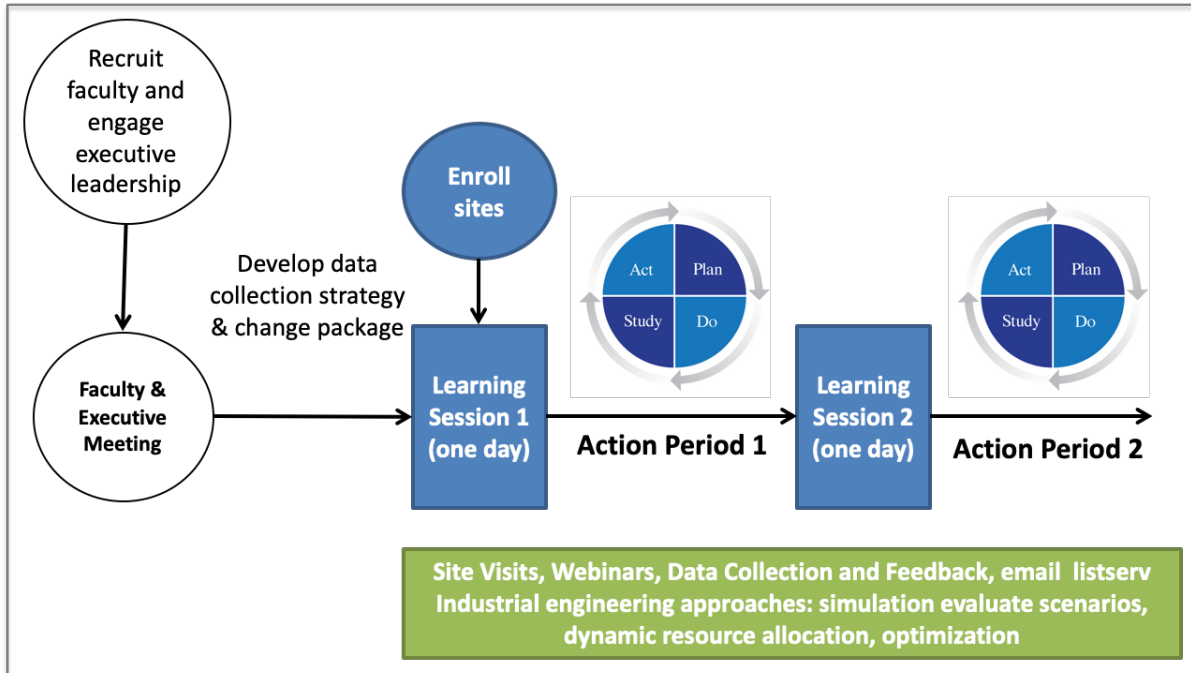
All tPA capable sites will participate in an **Improvement Collaborative** from *May 2021 to October 2021*. The collaborative will have 2 face-to-face day-long Learning Sessions. Alongside world-leading stroke neurologists, we will be supporting teams with **site visits** and bi-monthly webinars to assist you in your improvement efforts. The dates for face-to-face sessions are as follows:

Learning Session	Date	Location
<b>Learning Session 1</b>	May, 2021	Moncton
<b>Learning Session 2</b>	June, 2021	Moncton

# ACTEAST: Site Enrolment

## Improvement Collaborative

The following diagram shows the key components of the Improvement Collaborative.



## Supports Provided by ACTEAST

ACTEAST with its partners in each health authority will provide the following supports:

- Project management
- Practice change support (including site visits)
- Education
- Data analysis and reporting
- Reimbursement for travel costs to the Learning Sessions

## Expectations from Participating Sites

- Participate in the collaborative, including:
  - Attendance at all face-to-face learning sessions by the majority of the team members
  - Site representation at webinars held during action periods
- Collect door-to-CT times and door-to-needle times monthly and submit to ACTEAST for each patient treated during the 6 month collaborative
- Test and implement changes toward the goal of this project



# ACTEAST: Site Enrolment

## Site Enrolment Form

Please confirm your site's enrolment by completing this form and submitting it to [Noreen.Kamal@dal.ca](mailto:Noreen.Kamal@dal.ca)

Name of Hospital: \_\_\_\_\_

### Team Members

Improvement teams at each participating hospital should have representation from: stroke coordinator, emergency physician, neurology or internal medicine (if applicable), emergency nursing, radiology, CT technicians, hospital administration, EMS.

Please list all key members of your team participating in the Improvement Collaborative.

***Please list the team member, who will be responsible for all correspondence first***

Name	Role	email address	Phone number

### Team Lead

Please identify a clinical (physician or nurse) lead and an administrative (e.g. manager) team lead.

	Administrative Lead	Physician (Clinical) Lead
<b>Name:</b>		
<b>Position/Role:</b>		
<b>Phone number:</b>		
<b>Email:</b>		
<b>Signature:</b>		

**IF YOU HAVE ANY QUESTIONS PLEASE CONTACT NOREEN KAMAL AT [noreen.kamal@dal.ca](mailto:noreen.kamal@dal.ca)**