

Stroke in a rural setting

From dawn to dusk



Lucy McLaren, NP, Wairarapa Acute Services

Stroke in NZ

Third biggest killer in NZ

50,000 people living with the effect of stroke

My two favourite men

Papa in law



Papa



Time line

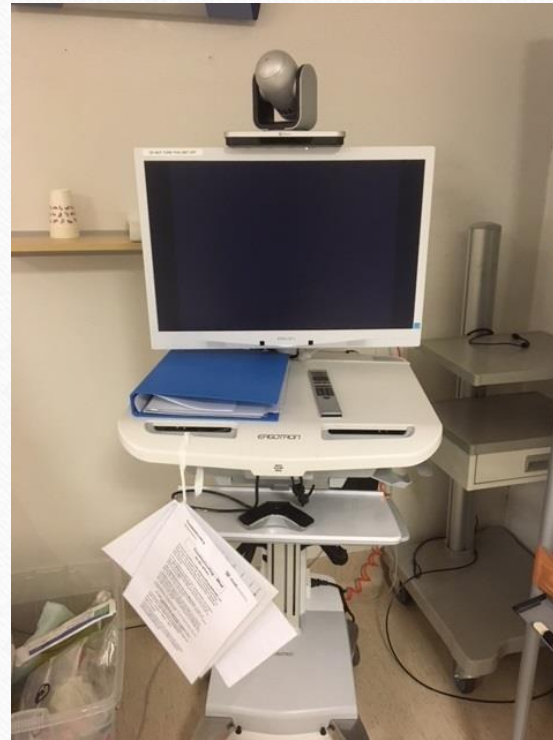
- Ambulance 8 minute response
- In ED within 25 minutes
- Stroke team at dept with arrival
- CT in 35 minutes
- Thrombolysis with in 45 minutes
- Ambulance 45 minutes
- In ED 70 minutes
- CT 80 minutes
- Thrombolysis 100 minutes

Dusk/ night

- Ambulance 8 minute response
- In ED within 25 minutes
- ED SMO review in dept
- CT in 35 minutes
- Thrombolysis with in 45 minutes
- Ambulance 25 minutes
- ED 45 minutes
- House surgeon
- CT 65 minutes
- Thrombolysis 90 minutes

Telestroke

- Introduced in Feb 2017 – first one February 5th
- Initial thrombolysis rate 6%
- Now at 31%
- Initially 1-2 per quarter – last quarter 6



Benefits

- Experts at our fingers tips
- Contemporary practice
- Teaching juniors good neuro assessment
- Increase in gold standard practice

Challenges

- Those still sceptical re thrombolysis
- Technical difficulties
- Nurses familiarity with process and medication administration
- Rest of our practice at gold?????

ReGIONS study

- Reducing Ethnic and Geographic Inequity to Optimise New Zealand Stroke Care
- Assess impact of DHB size, location and outcomes
- Assess impact of ethnicity
- Access barriers
- Cost effectiveness
- Identify and recommend appropriate models of care for optimal patient outcomes

Two parts:

- Audit of patients and their interventions and outcomes
- Patient specific interviews regarding care and outcomes
- 3 years and anticipated 2400 patients

Acknowledgements

- Anna Ranta and Laikin Wong
- Tim Matthews
- My team at Wairarapa DHB