A sustainable stroke nursing team approach to support 24/7 IV-thrombolysis services in TMH ASU.
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Introduction
Thrombolysis treatment is an important element of hyper-acute stroke care for ischemic stroke patients. Expansion of thrombolysis service from office hour to 24 hours 7 days basis is a service need in stroke quality care. In this model, other than stroke nurses, ward nurses in acute stroke unit (ASU) are also involved in the delivery of 24-hour thrombolysis service. The nurses’ roles—which facilitate, support, monitor, and anticipate—are essential to effective thrombolysis treatment. The proposed stroke nursing team approach emphasizes on overcoming factors such as communication, teamwork, clinical decision, training, staffing and safety issues which may affect their thrombolysis roles. This leads to improved communication, collaborative teamwork and better patient outcomes. A sustainable stroke nursing team approach, which advocates general ward nurses in stroke ward to involve and support the continuous IV-rtPA service, is developed to meet the needs.

Objectives
•To avoid stroke nurses and ward nurses from burn out.
•To ensure competent and well-prepared nursing staff ready for key positions in IV-tPA workflow.
•To offer fast triage of IV-rtPA efficiently with a sustainable nursing team approach.
•To raise the accessibility percentage of eligible acute stroke patient to receive tPA screening.
•To shorten Door to needle time.

Methodology
•Data collected from 2014 to 2016 by TMH stroke nursing team
•Total 20 in-house training sessions held to strengthen the knowledge of stroke ward nurses for IV-tPA mobile triage assessment.
•Organize stroke promotion talks to nurses in TMH especially AED and M&G.
•Appropriate nurses’ skill mix within stroke team and ASU ward nurses by
well-planned shift roster.
• Develop new IV-rtPA triage workflow, checklist, IV-tPA log sheet and post therapy admission order with support from our Neurologists.

**Result**
• The number of tPA-competent nurses working in ASU was increased from 9 to 17.
• At least 3 trained stroke nurses to provide on-site support during AM/PM shift and at least 1 trained nurse assigned on night duty.
• The accessible coverage of being screened candidate for potential tPA therapy was increased from 45% to 95%.
• The total percentage of eligible patients received IV-tPA therapy was increased from 5.8% to 12.3%, the total number of received patients increased from 69 in 2014 to 153 in 2016.
• The mean DTN time (AED based triage and given) for received IV-tPA patients was shortened from 73 minutes to 67 minutes.
• The mean DTN time (Ward based triage and given) for received IV-tPA patients was shortened from 128 minutes to 72 minutes.

**Conclusion:**
This encouraging outcome was the efforts of the collaboration from Neurologists, stakeholders and all nurses in acute stroke unit. ASU ward nurses could be advocated and support by stroke nurses, while their knowledge and experience was widened and fruitful throughout the training. It is a win-win approach with healthy development in stroke nursing.