Quality Improvement Activity: Stroke Protocol

Scenario: A patient came into triage with a suspected stroke and the triage nurse missed the signs to get the patient seen faster.

On January 19, 2022, A women and husband arrive to the adult emergency room through Triage. The Husband Mr. Daniels, who is the patient, was unable to walk and comes into the triage via wheelchair. The Husband is a 67 y/o patient with a history of hypertension, type two diabetes, and a previous stroke. The patient presented with all the typical stroke symptoms Numbness on the one side of the face, confusion, and difficulty walking with a loss of balance. All the rooms were being used and all the nurses were packed with patients. The triage room was hectic and multiple patients were complaining to the triage nurses that they have been waiting too long. The triage nurses were overwhelmed with patients trying to assess everyone who came in. The nurse who was at the front desk did not notice Mr. Daniels face droop or the as it was the wife who was checking him in. Mr. Daniels was asked to wait and sit while they were assessing two patients who were already in the triage room before Mr. Daniels showed up. It was then Mr. Daniels turn to be triaged after waiting at least 30 minutes to be seen by a triage nurse and his symptoms were now worse. Mr. Daniels was now experiencing aphasia, visual complains, onset of vertigo, and a severe headache. After the nurses identified that Mr. Daniels was having a stroke, he was then rushed to have a CT. The CT revealed a massive bleed and at this point there wasn't much the healthcare workers do. Mr. Daniels went through treatment to fix the bleed but was left being hemiplegic.

Describe the scenario. In what way did the patient care or environment lack? Is this a common occurrence?

In the above scenario there is a patient who is experiencing the common symptoms of a stroke one sided face droop, confusion, and difficulty walking. But due to the hectic environment of the emergency triage room the check in nurse did not catch the facial droop. By the time Mr. Daniels was able to be seen by a triage nurse his symptoms worsened. The patient should have been seen faster so that they could have done a CT to help the patient's condition. This led to

serious damage as the patient was left being hemipelagic. This could have been avoided if the front desk nurse looked up to see the patient for themselves instead of just having the wife talk for the patient. Things like this do occur in the emergency room where the waiting rooms are full to max capacity and the nurses are overworked and overwhelmed. Overseeing strokes rarely happen because of certain protocols emergency departments have set up to avoid these specific circumstances.

In what way could you measure the frequency of the occurrence?

The frequency of occurrence for not identifying stroke patents sooner can be measured by interviewing many different triage nurses who might have seen something like this occur. Other ways the frequency can be measured is by looking at incident reports to see how common this problem is. Also, from the experiences I have had during my clinical rotations and my preceptorship I have seen firsthand how hectic and overcrowded the waiting rooms at emergency rooms get. It is important though for the triage nurses to always stay calm and learn how to handle themselves when this happens so we could deliver exceptional care.

What ideas do you have for implementing interventions to address the problem?

Some ideas I have to prevent nurses from overseeing strokes and other problems are by having all the different protocols along the desk of the triage, so it makes it easier to identify problems, such as strokes during the initial triage assessment. Also, to help prevent this it should be mandatory for nurses to visually observe and check of the protocol list to keep in the patient's file. It would also be good to work to develop and implement new nursing protocols by working together. To help the triage nurses address this it is important to identify and minimize any practical barriers to using new protocols.

How will you measure the efficacy of the interventions?

To measure the efficacy of the new interventions set can be done by keeping a set chart specifically for overseeing these critical problems. These charts should always be updated every month this is how the efficacy will best be measured.