Regional Stroke Program Coordinator Nurses Standardize EMS Feedback Utilizing Kurt Lewin’s Change Model

Molly Archer
Megan Fuller
Kailey Cox
Providence St. Vincent Medical Center, Kailey.Cox@providence.org
Natalie Swearingen
Providence Portland Medical Center, Natalie.Swearingen@providence.org

Follow this and additional works at: https://digitalcommons.psjhealth.org/other_pubs

Recommended Citation
Archer, Molly; Fuller, Megan; Cox, Kailey; and Swearingen, Natalie, "Regional Stroke Program Coordinator Nurses Standardize EMS Feedback Utilizing Kurt Lewin's Change Model" (2019). Books, Presentations, Posters, Etc. 54.
https://digitalcommons.psjhealth.org/other_pubs/54
Regional Stroke Program Coordinator Nurses Standardize EMS Feedback Utilizing Kurt Lewin’s Change Model

Molly Archer MS, RN, ACNS-BC, CNS-PP, SCRN(1); Megan Fuller RN, MSN, C-CNL, CCRN(2); Kailey Cox, BSN, RN, SCRN (3); Natalie Swearingen, MSN, RN, CNRN (4)

*VA Portland Health Care System, Portland OR; 1Legacy Emanuel Medical Center, Portland OR; 2Providence St. Vincent Medical Center, Portland OR; 3Providence Portland Medical Center, Portland OR

Background

► The Oregon and Southwest Washington Cascade Region Stroke Coordinators (CRSC) formed in 2006. By 2017 active membership represented 15 hospitals from 5 health care systems, all certified as either comprehensive or primary stroke centers.

► Clinical practice guidelines recommend quality improvement processes involving Emergency Medical Services (EMS).

Purpose

Develop and implement a standardized EMS feedback tool across multiple health care systems to provide feedback on acute ischemic stroke (AIS) treatment cases, while improving stroke coordinator and EMS satisfaction.

Methods

► April 2017 through April 2018 a core group led efforts, utilizing Lean principles, to develop a standardized EMS feedback tool for AIS treatment cases.

► The first step was reviewing the variability in existing tools.

► From those results, a standardized feedback tool was drafted and finalized based on CRSC input (Figure 2).

► Throughout development, the core-group applied Kurt Lewin’s change model by creating an environment ready for change, actively supporting the CRSC through the change to a new tool, and lastly reinforcing the new tool to sustain the desired change of a standardized EMS feedback tool (Figure 1).

► A survey, 10 weeks post implementation captured stroke coordinators’ satisfaction.

Results

► The Portland Standardized Stroke feedback Tool for EMS (PSST EMS) was implemented in April 2018.

► All sites in Portland metro area adopted the tool to provide EMS feedback on AIS treatment cases (Figure 2).

► Post implementation survey among stroke coordinators had 90% response rate.

► 75% valued a standardized EMS feedback tool even if it meant more work.

► 89% were satisfied and 11% were neutral with PSST EMS (Figure 3).

► Anecdotally EMS voiced a high degree of satisfaction with a standardized tool.

Figure 1

Kurt Lewin’s Change Model

Unfreeze
► Determine what needs change
► Manage doubts and concerns

Change
► Communicate regularly
► Involve and empower stroke coordinator nurses during the process

Refreeze
► Sustain the change
► Provide support and training

Figure 2

PSST EMS
Portland Standardized Stroke feedback Tool for EMS

Before TICI = 0
11%

After TICI = 3
89%

Figure 3

Stroke Program Coordinator Nurse Satisfaction with EMS Feedback Tool Pre and Post Standardization

Conclusions

► Kurt Lewin’s change model guided the actions which resulted in a standardized EMS feedback tool for AIS treatment cases which increased satisfaction among stroke program coordinator nurses in the Cascade region.

► It is feasible for stroke program coordinator nurses, across multiple health care systems, to collaborate and standardize EMS feedback.

► Research is needed to determine the impact a standardized feedback tool has on EMS performance and patient outcomes.

References
