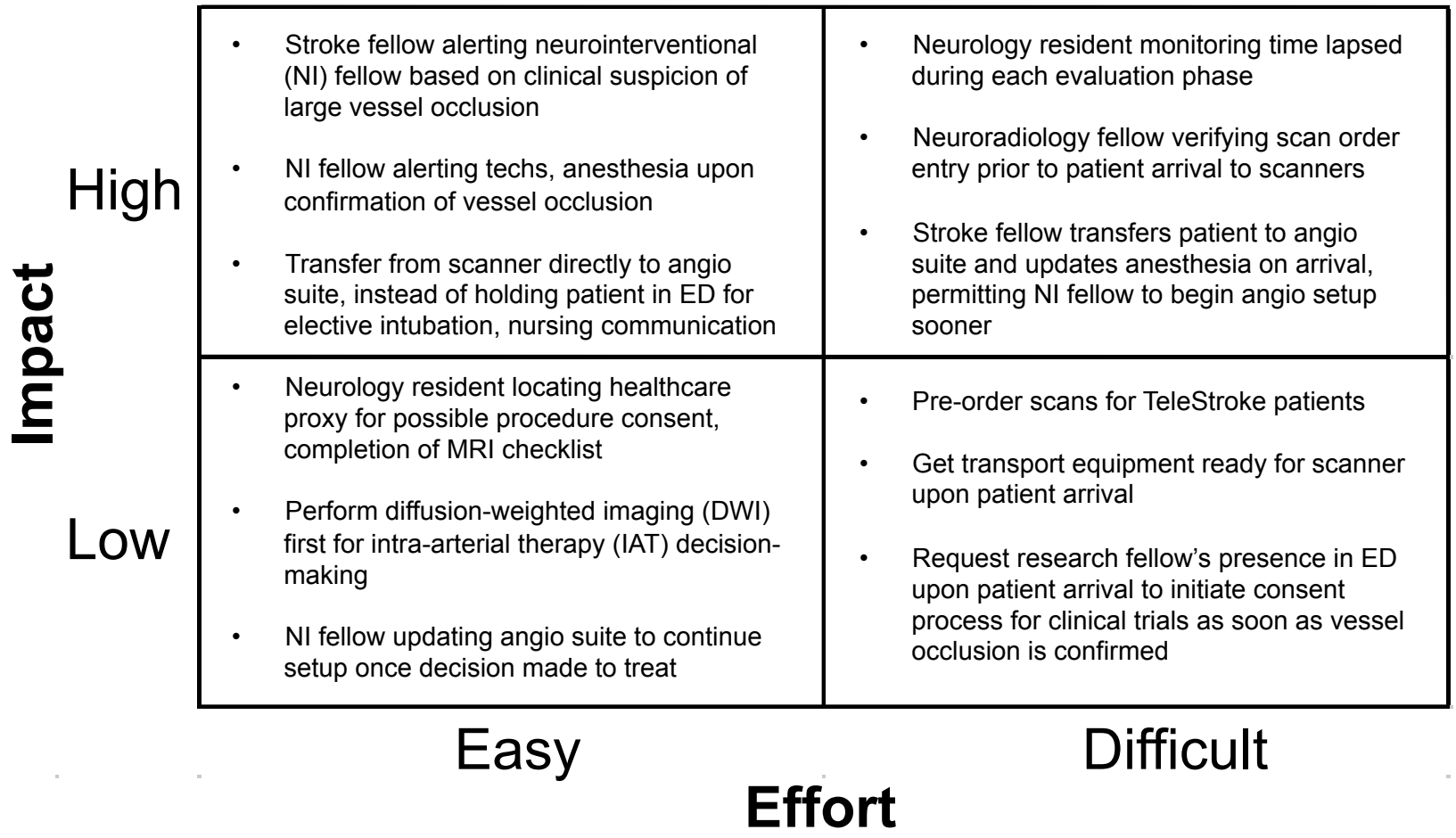
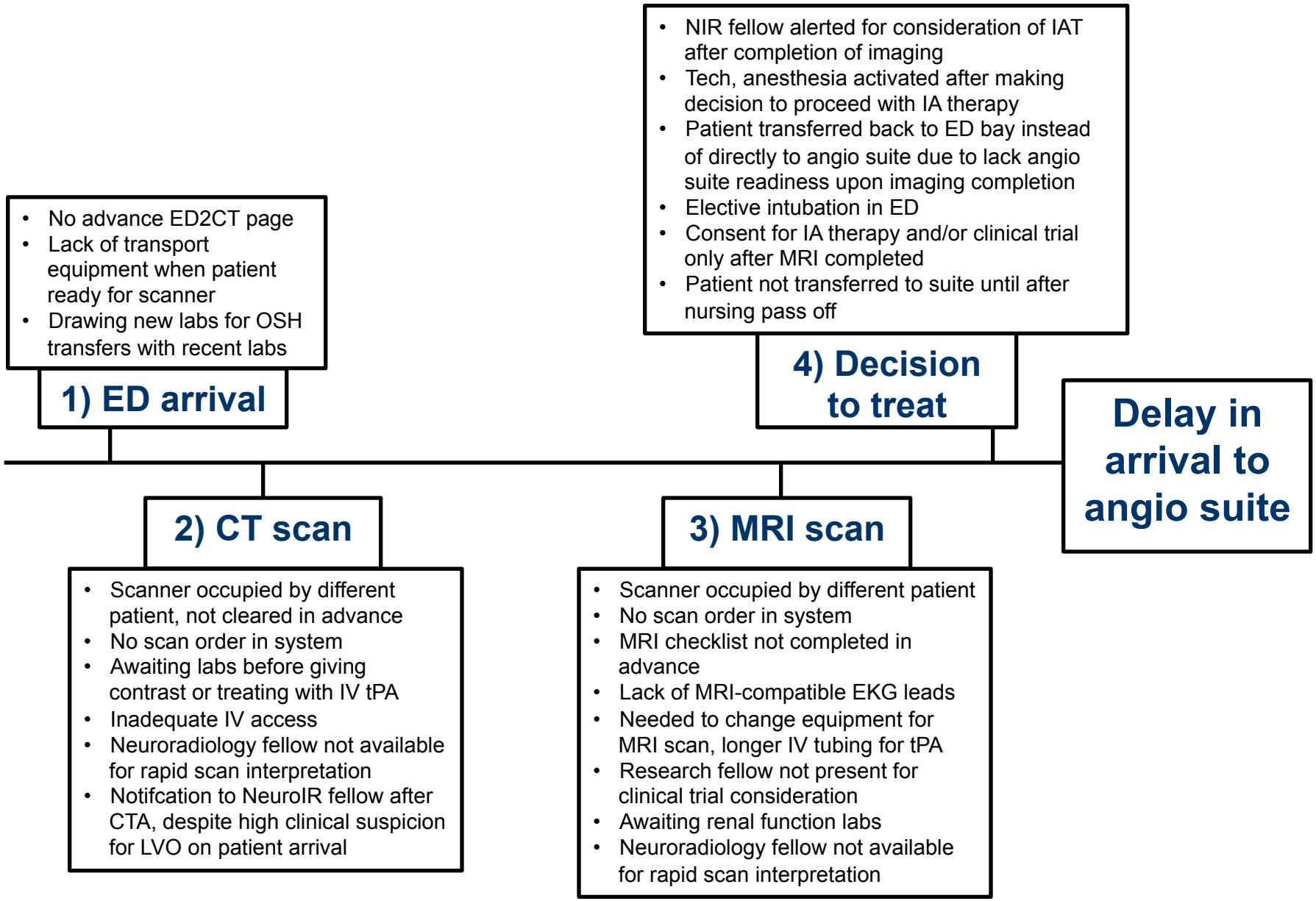
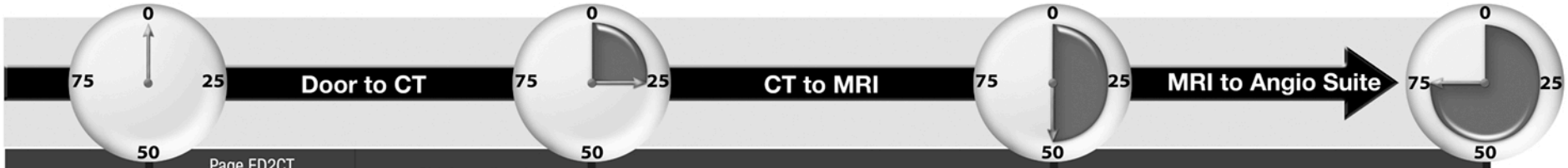
Supplement 1 – LEAN Model for Process Change Implementation



Supplement 2 – Sources of Delays in Sequential IAT Process



Supplement 3 – Team Member Roles in Parallel IAT Workflow



EM Resident	Page ED2CT (stroke, research, rads fellows), order scans		Obtain pertinent medical history								
Neurorad Fellow	Clear CT/MRI scanners, confirm orders with rad secretary					Interpret CT scan			Interpret MRI scan		
EM Nurse	Get transport equipment ready		IV access, labs, vitals, EKG	Transfer patient to CT scanner, bring IV tPA	Keep BP <180 post IV tPA		Transfer patient to MRI scanner		Transfer patient to angio suite		
Neuro Resident	Mobilize	Obtain pertinent medical history, baseline function		Verify healthcare proxy, contact info	Complete MRI checklist with scanner tech		Help monitor time lapsed				
Stroke Fellow	Mobilize upon ED-CT page		Page INR fellow based on LVO prediction	Initiate consult, confirm LSW, NIHSS	Make IV tPA decision with input from stroke attending	If eligible, give IV tPA	Assist with IAT consent	Review scans	Stroke attending assists with decision-making	Decision to treat, transfer patient to angio suite	
INR Fellow		Mobilize, activate INR technologist		Arrive in ED	Confirm LVO	Book case	Obtain IAT consent, alert INR attending	Review scans	INR attending assists with decision-making	Update INR tech, prep angio suite	
INR Technologist					Mobilize		Arrive in angio suite	Prep table, run lines		Continue set-up	
Anesthesia							Mobilize	Arrive in angio suite	Set-up equipment	Standby	

Supplement 4 – Reduction in Case-to-Case Variability with a Standardized IAT Process.