

Acute Ischemic Stroke Pathway-Richland Campus

Management of acute ischemic stroke for patient population ≥ 18 years old who present to the ED within 8 hours from symptom onset

IMPORTANCE OF FOCUS

Stroke is one of the most significant health problems in the United States. With the lengthening of life expectancy and advancing age of our population, the prevalence of stroke is expected to increase dramatically in the next decade. Stroke is the third leading cause of death and is the leading cause of serious long-term disability. In addition to the devastating physical and emotional toll, stroke imposes a significant economic burden on our healthcare system with total costs in the billions.

GOALS

It is the stroke center's goal to treat eligible stroke patients with the most appropriate care to provide for the reduction in the disabling effects of stroke, to reduce the patient's length of stay in the hospital as well as in rehabilitation, to prevent the occurrence of a second stroke, to achieve the best possible outcomes for our patients and provide them with patient centered care.

To support the goal, Palmetto Health will track the following metrics:

- Door to physician assessment within 10 minutes
- Door to BAT called within 15 minutes
- BAT called to neurology call-back 5 minutes
- Door to CT within 25 minutes
- Door to lab results, EKG, Chest x-ray within 45 minutes
- Door to CT results within 20 minutes of completion of CT
- Door to t-PA within 60 minutes in eligible patients
- Door to groin puncture 90 minutes in eligible patients

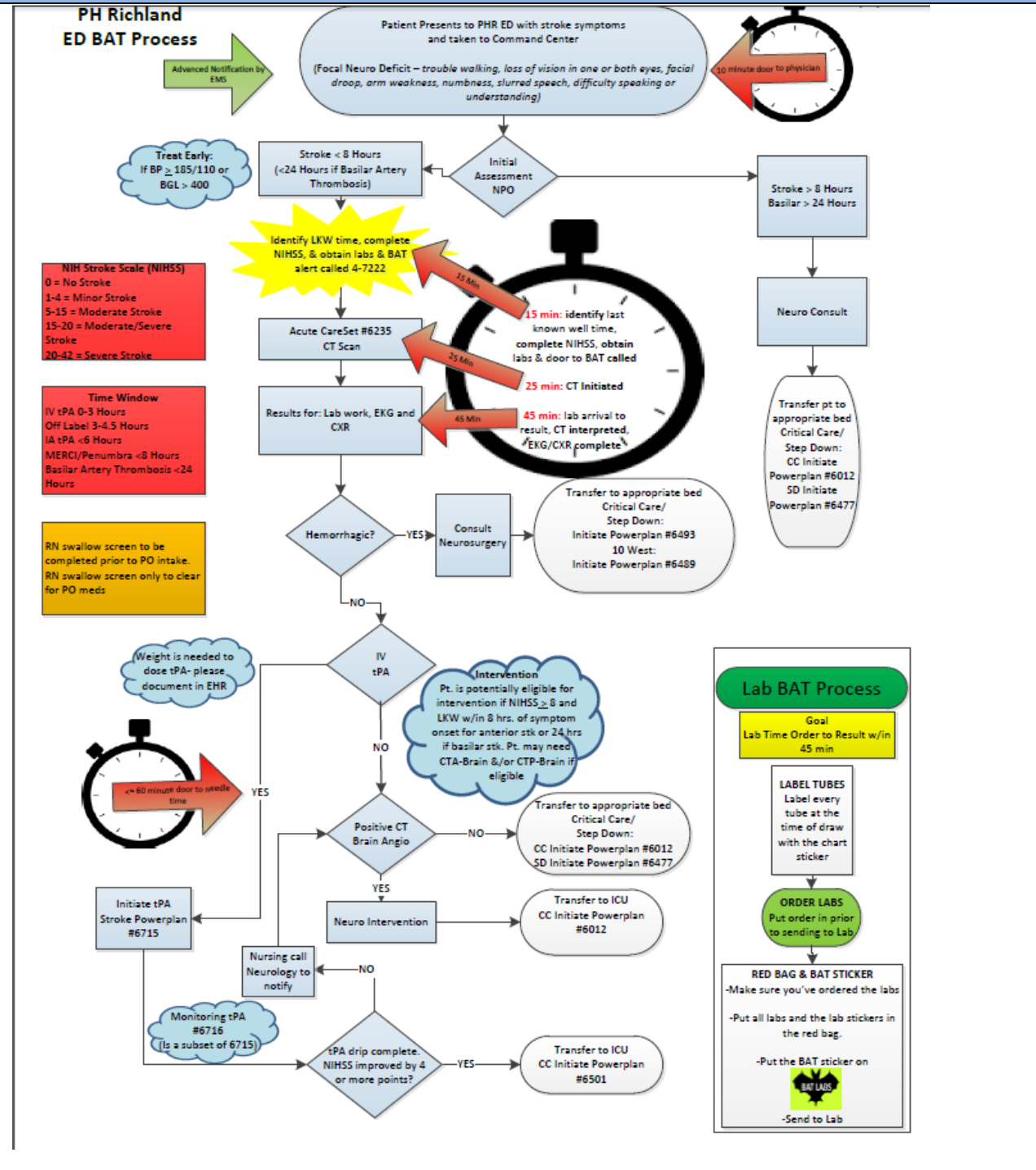
KEY RECOMMENDATIONS

- **The goal is to complete an evaluation and to begin fibrinolytic treatment within 60 minutes of patient's arrival in ED for all patients who qualify**
- **To achieve a door to groin puncture within 90 minutes for neuro-endovascular eligible patients**
- **Non-contrast crisis head CT**
- **Cardiac monitoring to screen for atrial fibrillation for at least first 24 hours**

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CARE PATHWAY COMPONENTS

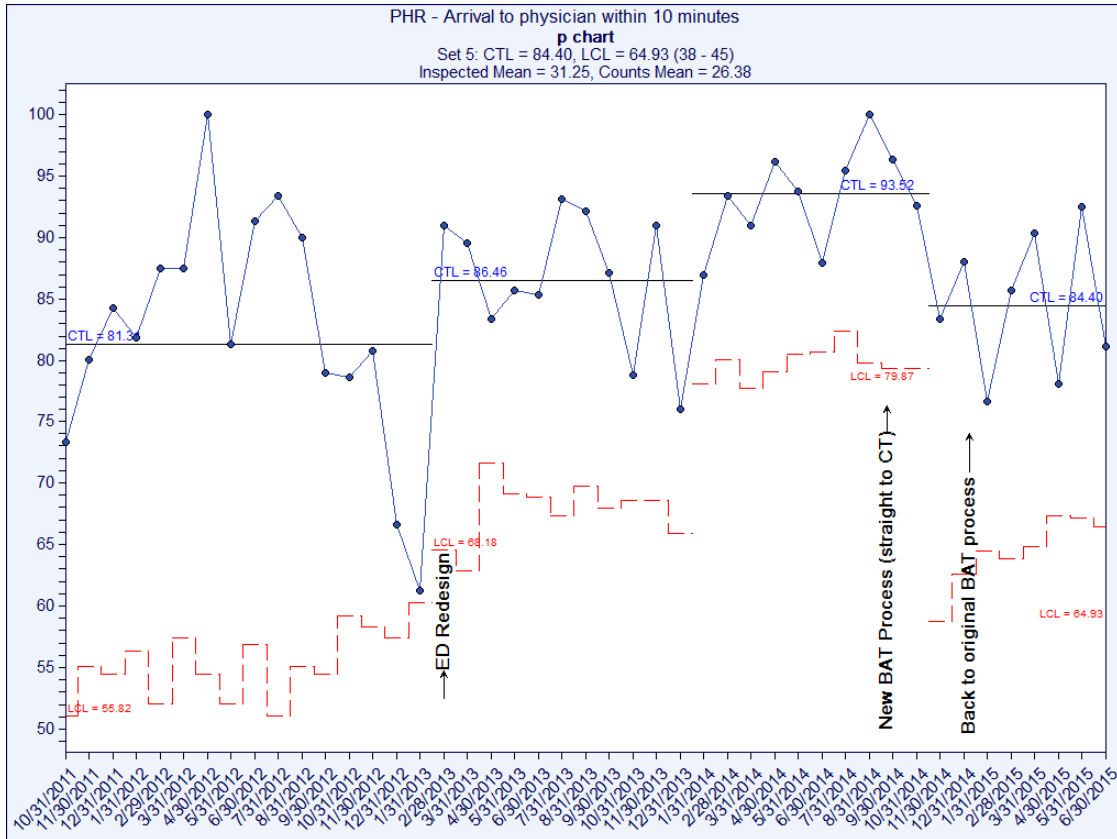


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PHR -Stroke Care Results – GWTG/TJC

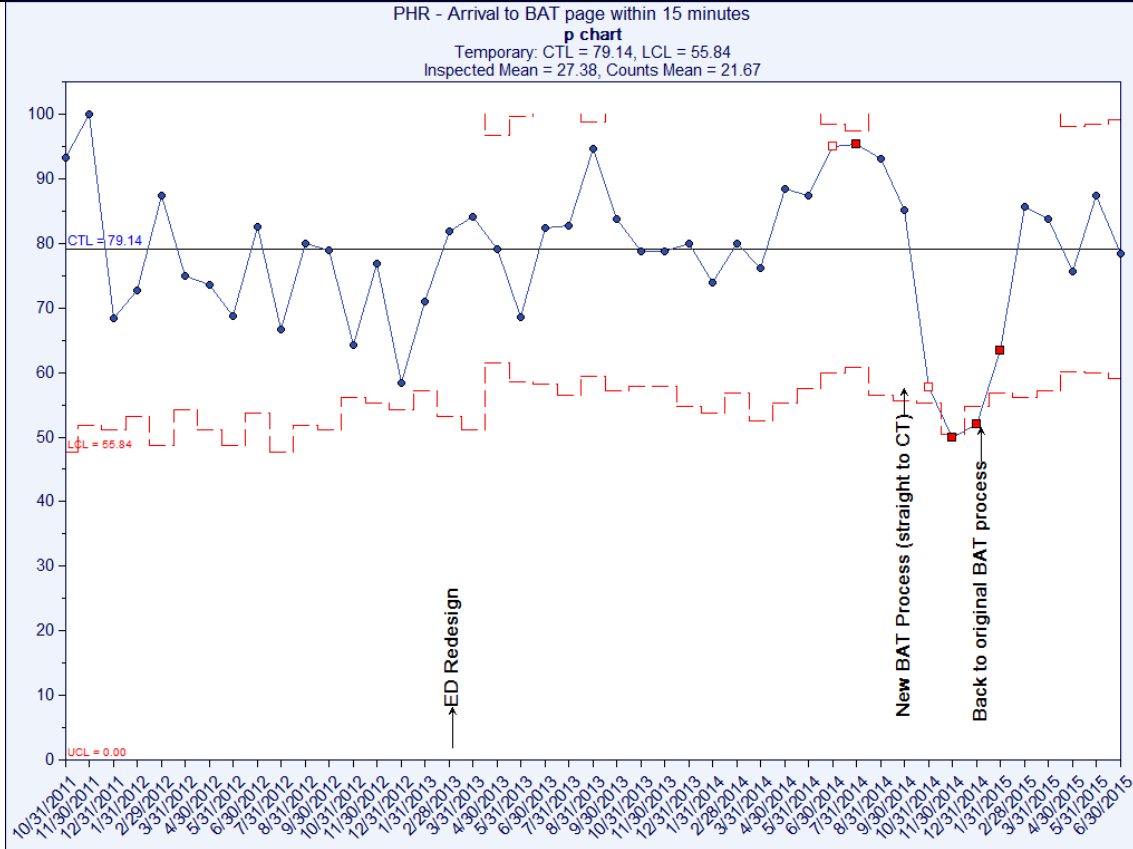
Arrival to Physician within 10 minutes



Arrival to BAT Page within 15 minutes

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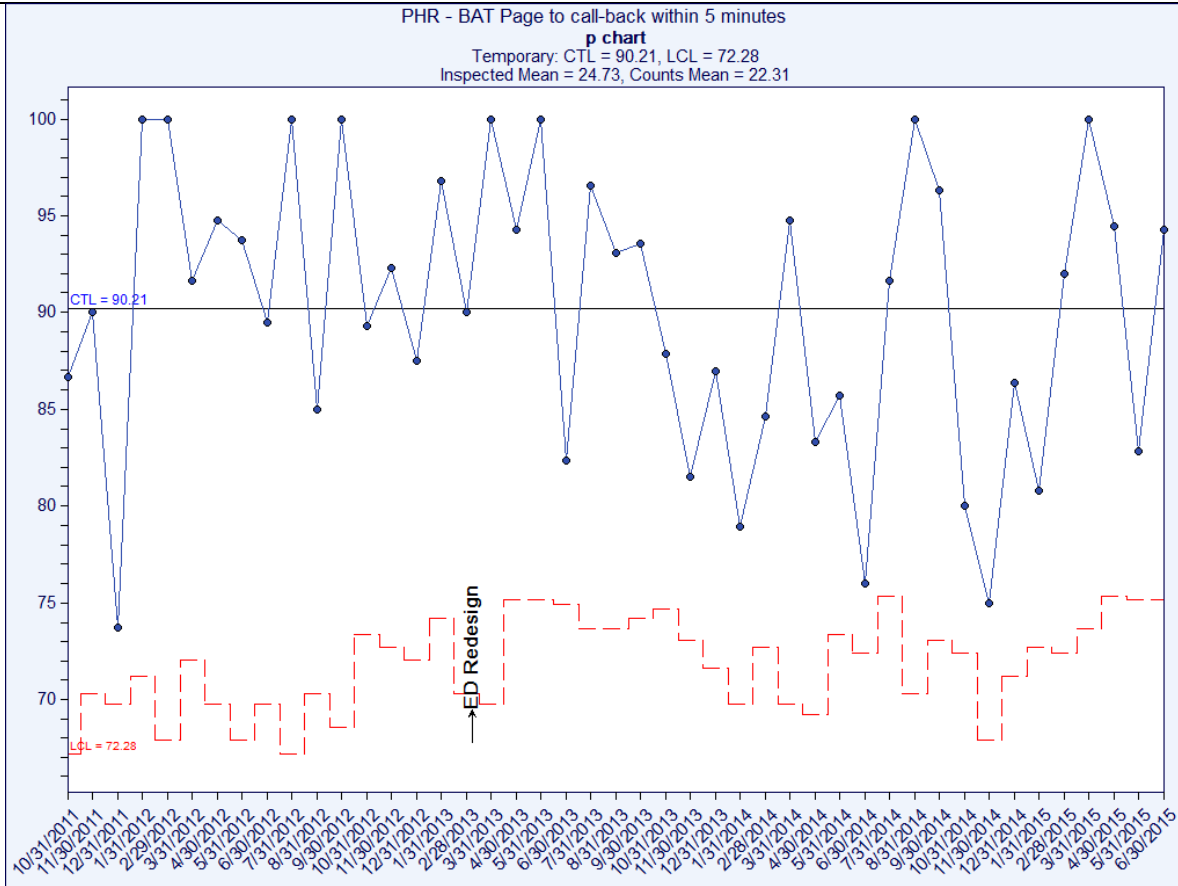
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BAT Page to Neuro call-back in 5 minutes

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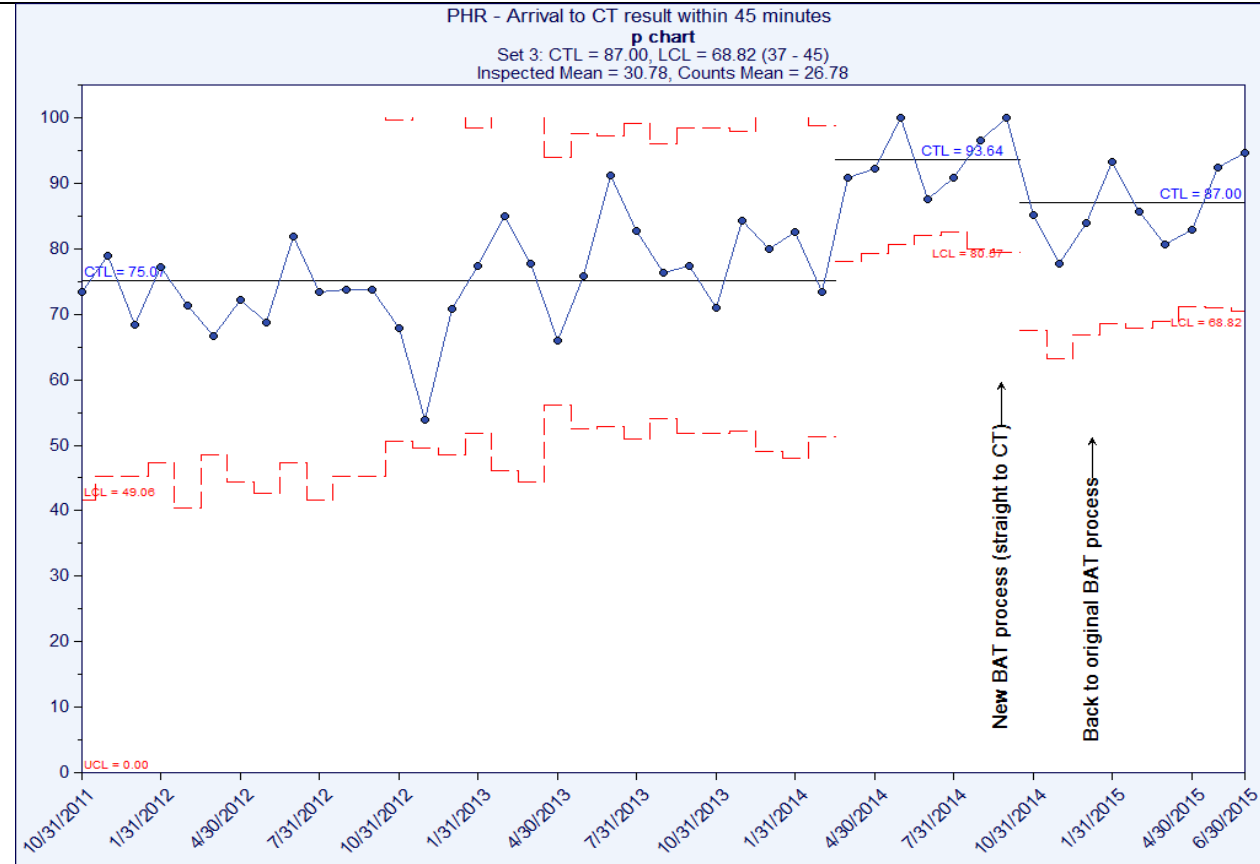
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CT Arrival to Result within 45 minutes

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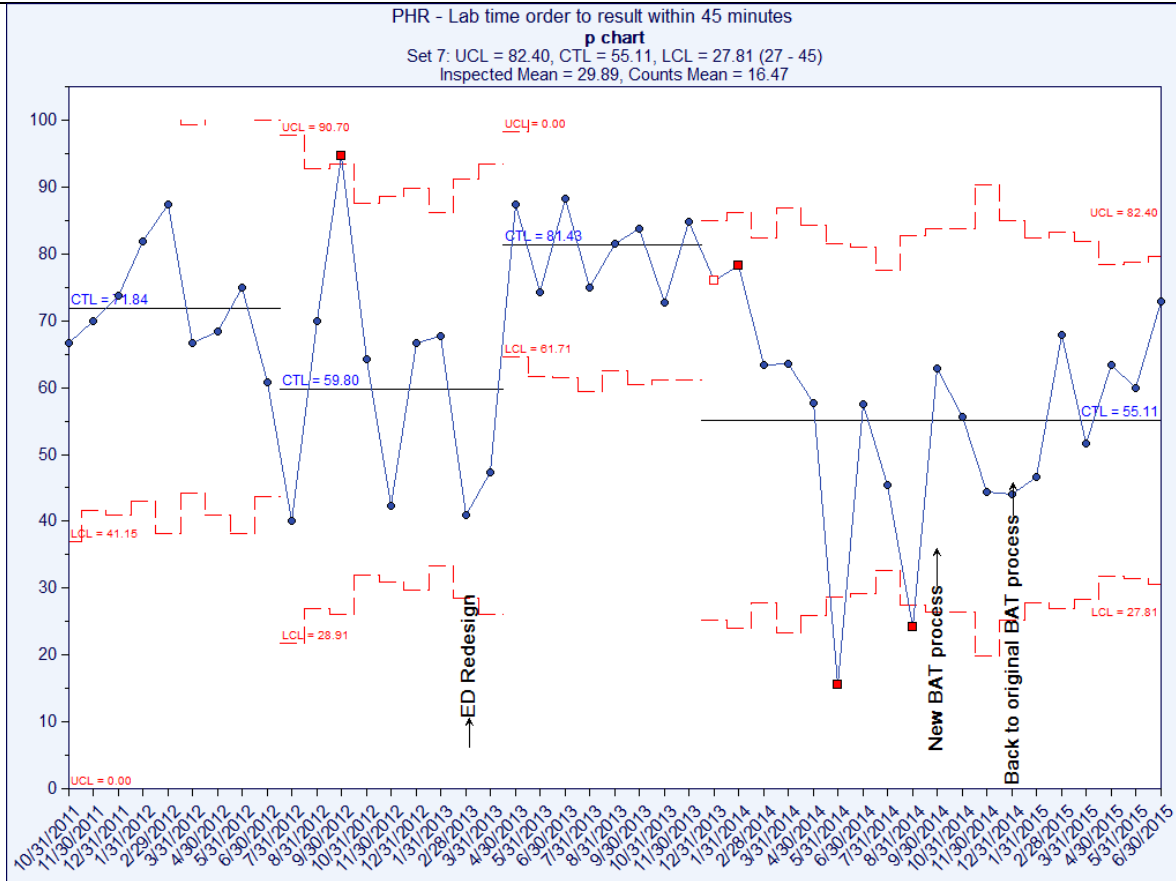
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Lab Time Order to Result in 45 Minutes

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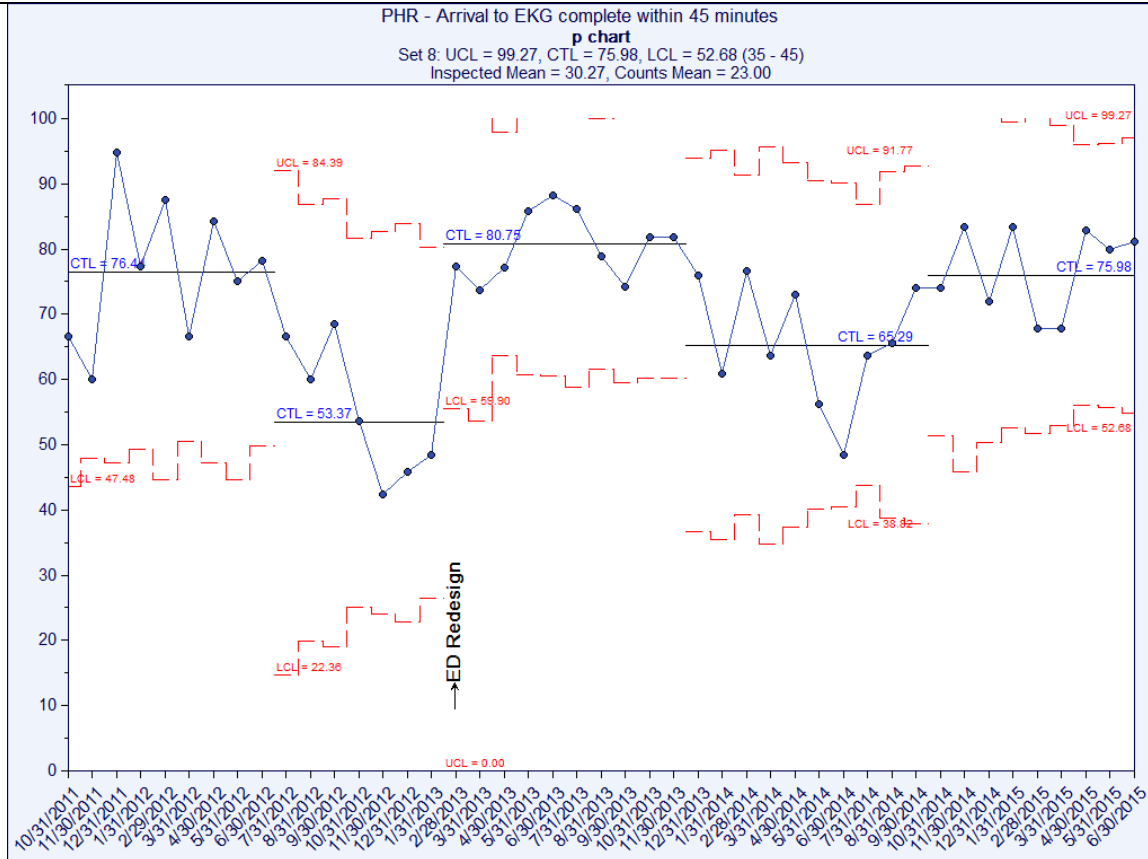


EKG – Arrival to complete within 45 minutes



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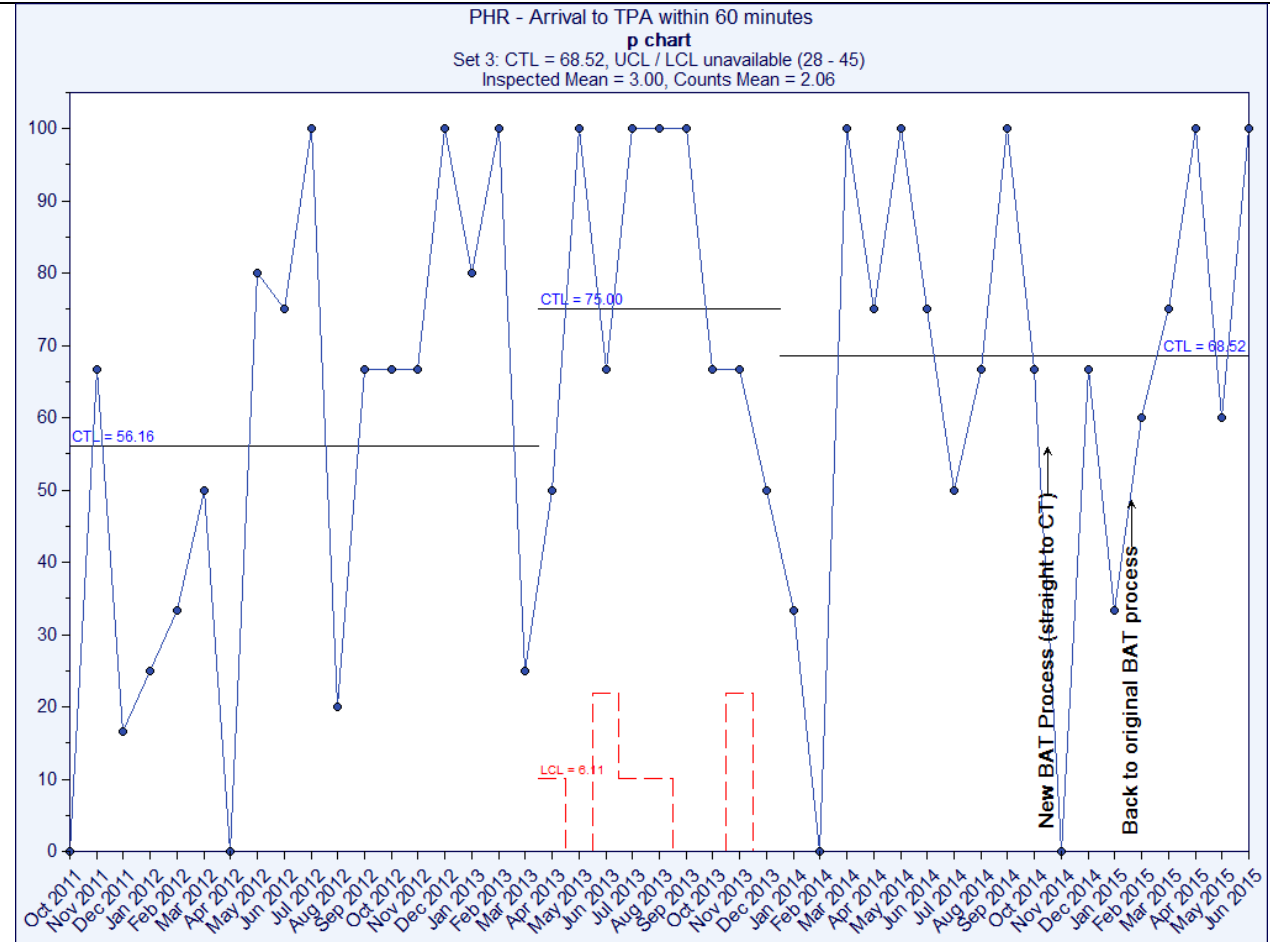
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Arrival to t-PA within 60 minutes for eligible patients

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RESOURCES

American Heart Association. Heart Disease and Stroke Statistics—2008 Update. Dallas, TX: American Heart Association; 2008. - See more at: http://www.ajmc.com/journals/issue/2010/2010-07-vol16-n07/ajmc_10demaerschalkburdn_525/P-3#sthash.FVJLjw6j.dpuf

Del Zoppo, G. J., Saver, J.L., Jauch, E.C., & Adams H.P. (2009). Expansion of the time window for treatment of acute ischemic stroke with intravenous tissue plasminogen activator: A science advisory from the American Heart Association/American Stroke Association. *Stroke*, doi: 10.1161/STROKEAHA.109.192535

Jauch, E. C., Saver, J.L., Adams, H.P., Bruno, A., Connors, J.J., Demaerschalk, B.M., ...Yonas, H. (2013). Guidelines for the early management of patients with acute ischemic stroke: A guideline for healthcare professionals from the American Heart Association/American Stroke Association. *Stroke*, doi: 10.1161/STR.0b013e318284056a/-/DC1

Powers, W. J., Derdeyn, C. P., Biller, J., Coffey, C. S., Hoh, B. L., Jauch, E. C., ...Yavagal, D. R. (2015). 2015 AHA/ASA focused update of the 2013 guidelines for the early management of patients with acute ischemic stroke regarding endovascular treatment: A guideline for healthcare professionals from the American Heart Association/American Stroke Association. *Stroke*, doi: 10/1161/STR.0000000000000074

For Additional Information

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This Care Map presents a model of best care based on the best evidence available at the time of publication. It is not a prescription for every patient, and it is not meant to replace clinical judgment. Although physicians are encouraged to follow the Care Map to help focus on and measure quality, variation from the pathway may occur as clinical freedom is exercised to meet the needs of the individual patient. Send feedback to Elizabeth Sheridan, Manager of Clinical Integration for the Palmetto Health Quality Collaborative (PHQC) at Elizabeth.sheridan@palmettohealth.org or 803 434-6906