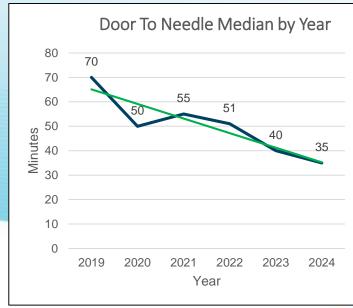
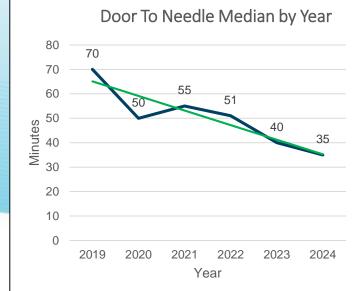
Decreasing Door Times

Adoption of Target Stroke III Recommendations

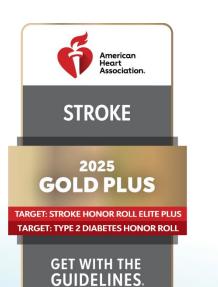




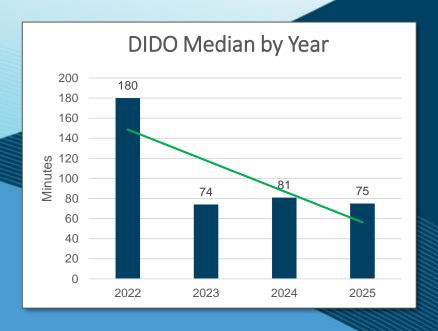












Timeline of Progression

2019

- Adopted the 2018 Guidelines for the Early Management of patients with acute ischemic stroke
- Identified key stake holders of stroke committees
- Written pathways for ED & Inpatient code strokes to include drip/ship of post tPA patients
- tPA given in ED room after noncontrast CT then returning to CT if CTA is needed

2020

- Admitting post Alteplase patient to our ICU
- Entering data into GWTG
- Door to Needle Median 50 mins
- Door to Telestroke notification 13 mins

2021

- August 2021- TJC survey resulted with PSC certification
- Silver Plus
- Door to Needle Median 55 mins
- Door to Notification 10 mins
- Thrombolytic decision to administration 21 mins



Timeline of Progression

2022

- May 2022- Initiated a Top Team award for quickest Door to Needle
- August- Gold Plus- Target Stroke HR Elite
- September 2022- Changed our Hospital D2N Goal to ≤45mins
- Added a 2nd robot to our ED fleet
- Median Door to TS notification-12mins
- Median Door to Needle- 51mins
- Decision to Administer- 10 mins
- DIDO MER eligible- 180 mins

2023

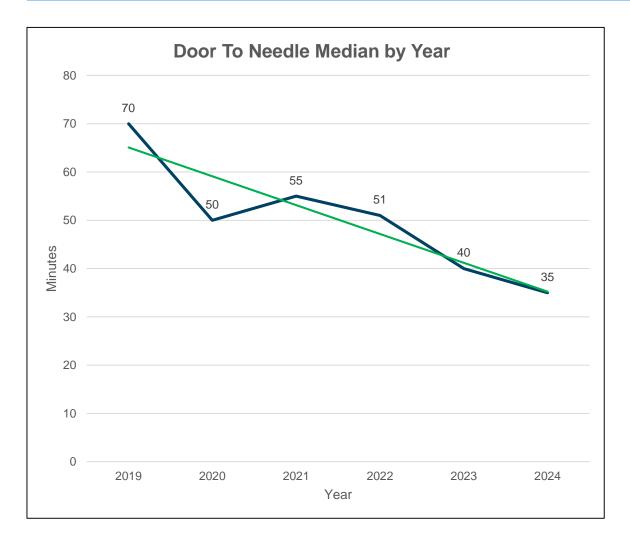
- March- EMS changed destination plans to no longer bypass our PSC
- Target Stroke III recommendations were adopted
 - Bypass ED to CT with EMS
 - Stroke Robot to CT with team
 - Stroke kit containing tPA, Labetalol and dosing card
- August 2023 Tenecteplase replaced Alteplase
- August 2023- Administration in CT before CTA
- Median Door to Needle- 40 mins
- Median Door to TS Notification- 7 mins
- DIDO 74 mins utilizing our EMS partners

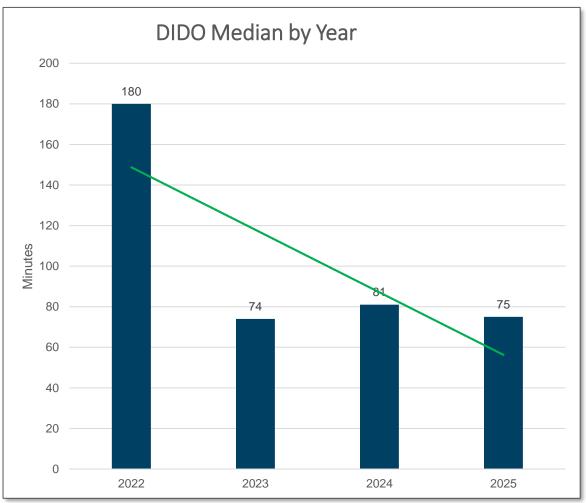
2024

- Special focus on POV patients
- BEFAST assessment then Code initiation by triage RN
- FSBS, Actual weight, VS then CT
- Median Door to TS 7 mins
- Median Door to Needle 35 mins
- DIDO 75 mins

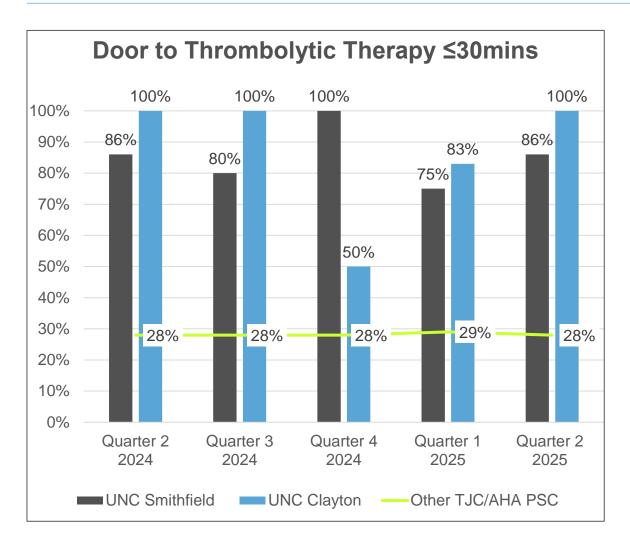


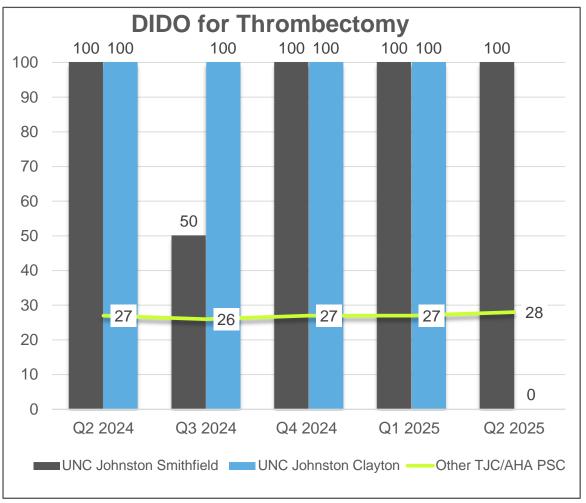
Target Stroke III Outcomes





Target Stroke III Outcomes







Thank you