The Road to Target: Stroke Honor Roll Elite Plus

Jayme Strauss  
*Baptist Hospital of Miami, Baptist Neuroscience Center*, jaymes@baptisthealth.net

Andrew Waisbrot  
*Baptist Hospital of Miami*, AndrewWa@baptisthealth.net

Daniel Hartnett  
*Baptist Hospital of Miami*, DanielH1@baptisthealth.net

Amy Starosciak  
*Baptist Health South Florida*, amyst@baptisthealth.net

Follow this and additional works at: https://scholarlycommons.baptisthealth.net/se-all-publications

Citation

Strauss, Jayme; Waisbrot, Andrew; Hartnett, Daniel; and Starosciak, Amy, "The Road to Target: Stroke Honor Roll Elite Plus" (2017).  
*All Publications*. 2876.  
https://scholarlycommons.baptisthealth.net/se-all-publications/2876
**INTRODUCTION**

One minute of brain ischemia kills 2 million neurons and 14 billion synapses. Longer treatment times decrease the likelihood of good functional recovery. The American Stroke Association implemented the Target: Stroke Elite Plus campaign to reduce treatment delays and improve outcomes. For a center to win this Elite Plus Award, patients must receive IV t-PA within 60 minutes of hospital arrival 75% of the time, and treated within 45 minutes 50% of the time.

**PURPOSE**

Early in fiscal year 2015, the Door-To-Needle (D2N) and Door-To-Reperfusion (D2R) times at our comprehensive center rose to 78 min and 154 min, respectively. The rate of IV t-PA administration in 60 min decreased to 17%. Therefore, the stroke team used lean methodology (Teams Refocus Imagine Measure; TRIM) to reduce DTN and DTR, improve outcomes, and achieve Elite Plus status.

**METHODS**

TRIM and Plan-Do-Check-Act methods, value stream mapping, A3 problem solving and real-time observations were used to identify barriers, duplications and wasted time. The following major changes were made over the last 2 years:

- All strokes to Trauma Room 49
- Quick bleeding risk checklist
- Quick registration
- EDP educate on t-PA
- Glucose and EKG accepted from EMS
- Do not insert Foley
- “One page” alert system
- Elevating care through discovery (right panels)

**RESULTS**

Table 1. Average Door to Needle, Door to Intervention Times

<table>
<thead>
<tr>
<th>Measurements</th>
<th>FY14</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan 15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Door to Needle (D2N) time</td>
<td>60 min</td>
<td>57 min</td>
<td>66 min</td>
<td>58 min</td>
<td>58 min</td>
</tr>
<tr>
<td>Percent of patients treated w/t PA ≤ 60 min</td>
<td>&gt;75</td>
<td>76%</td>
<td>60%</td>
<td>80%</td>
<td>56%</td>
</tr>
<tr>
<td>Door to Groin</td>
<td>&lt;105 min</td>
<td>109 min</td>
<td>119 min</td>
<td>124 min</td>
<td>108 min</td>
</tr>
<tr>
<td>Door to Reperfusion (1st Pass)</td>
<td>&lt;120 min</td>
<td>146 min</td>
<td>156 min</td>
<td>165 min</td>
<td>146 min</td>
</tr>
<tr>
<td>Door to Full Reperfusion</td>
<td>N/A</td>
<td>175 min</td>
<td>197 min</td>
<td>172 min</td>
<td>154 min</td>
</tr>
</tbody>
</table>

Figure 1. Average ± SD for D2N (top panels) and percent compliance with D2N ≤ 60 min (middle panels) or D2N ≤ 45 min (bottom panels). Results before TRIM process was initiated (left panels) and after TRIM (right panels).

Table 2. Average Times before and after the TRIM process

**CONCLUSIONS**

Through an organized multidisciplinary team approach using standardized process improvement methods, identified best practices, stroke treatment was faster, we achieved Elite Plus status for 2017, and we improved patient outcomes.

**ACKNOWLEDGMENTS**

Thank you to the Baptist Hospital Stroke TRIM Committee for their tremendous hard work and persistent pursuit of excellence.