

**Door to Needle Delays
Emergency Department Provider Update**

Objectives

- ❑ Define the GWTG/Coverdell/PSS door-to-needle measure.
- ❑ Explain the use of the door-to-needle measure.

DTN Data Change

- ❑ Report “Time to Intravenous Thrombolytic Therapy”
 - Rate of acute ischemic stroke patients receiving IV-tPA therapy
 - Time from arrival to initiation of IV-tPA of 60 minutes or less.
 - EXCLUDES patients with documented eligibility or medical delays.

- ❑ There must be a documented reason for the delay
 - Documentation of a physician/NP/PA or **pharmacist**
 - Documentation must be linked to the delay in administration.

- ❑ Abstractor can't infer.....

Eligibility Reasons for Delay

❑ Social/Religious

- Initial refusal due to religious/social reasons. But, after discussion with clergy, the patient/family changes the original decision.

❑ Initial refusal – other than social or religious reasons

- Initial refusal due to religious/social reasons. But, after discussion, the patient/family changes the original decision.
- The patient is unable to make health care decisions, and there is an initial delay in contacting the health care proxy.

❑ Care-team unable to determine eligibility

- Diagnosis of stroke was made but eligibility could not be established or verified by the clinician. For example, the patient is not a good historian and no one is available to provide a medical history; timing of a procedure could not be verified initially or, time of onset could not be initially established.
- **IT IS NOT**, clinician did not diagnosis stroke during initial assessment.

Care Team Unable to Determine Eligibility

Examples

- ❑ Time of onset could not be clearly established at initial assessment in the ED or time of LKW is unknown
- ❑ Timing of a recent procedure/surgery could not be established.
- ❑ A lack of an accurate history or concern about the presence of a preexisting medical condition raises concern.
- ❑ Multiple episodes of transient neurologic dysfunction, or TIAs, which have fully resolved clinically, but imaging or other features of the history make it uncertain as to when the stroke actually started.

Medical Reasons for Delay

- ❑ Hypertension requiring aggressive control with IV medications.
- ❑ Further diagnostic evaluation to confirm stroke for patients with hypoglycemia (blood glucose < 50), seizures, or major metabolic disorders.
- ❑ Management of concomitant emergent/acute conditions such as cardiopulmonary arrest, respiratory failure (requiring intubation).
- ❑ Investigational or experimental protocol for thrombolysis.

Benefits of Exclusion

- ❑ Accurate reflection of the cases the providers could impact in a positive way.
- ❑ Better guide for QI activities.
- ❑ Focus QI efforts to make a meaningful change.

Other Ideas!

