Souhel Najjar, M.D.
Director of Neuroscience and Stroke Program
Staten Island University Hospital

Reach for the Stars...
Building a Dream Team of Physicians

Financial Disclosure: Nothing to Disclose
Unlabeled/Unapproved Uses Disclosure: Nothing to Disclose
Optimizing in-Hospital Stroke Care

• **Buy-in from neurologists, emergency medicine physicians, hospitalists and radiologists**
  - Team approach
  - Evidence based practice (BP, Hyperglycemia, etc.)
  - Commitment to adhere to DOH time targets for acute stroke (<6 hours)
  - Commitment to implement GWTG program

• **Understanding the problems preventing effective implementation of in-hospital emergency stroke care**
  - Despite the fact that stroke is a major cause of death and leading cause of disability in the United States, less than 5-7% of acute stroke patients receive IV t-PA

• **Reducing pre-hospital delays that affect in-hospital stroke care**
Barriers to Emergency Stroke Care/Thrombolysis
Suggested articles for review


Challenges with Effective Implementation of in-Hospital Emergency Stroke Care

• 1) Some physicians remain skeptical about the benefits and risks of thrombolytic treatment
• 2) Some emergency medicine physicians and hospitalists feel as though “they are in the hot seat” concerning the issue of “whether to treat or not treat acute stroke patients with a thrombolytic agent” due to lack of formal neurologic training in:
  - Recognition of the subtleties of acute strokes
  - Proper patient selection for thrombolytic therapy
  - Safety issues with thrombolytic therapy
  - NIHSS assessment
• 3) Lack of adequate resources for proper triage of stroke patients, especially in an overcrowded ED
• 4) Inadequate support from neurology and neuroradiology services
• 5) Inefficient team approach for in-hospital emergency stroke care
• 6) Delays in obtaining neuro-imaging
• 7) Pre-hospital delays: contacting primary care physicians, mode of arrival to the hospital, lack of knowledge regarding stroke
Steps to Improve in-Hospital Emergency Stroke Care

• Buy-in from all stroke team members (neurologists, emergency medicine physicians, hospitalists and radiologists)
• Establishing an organized team approach: “dream team”
• Establishing stroke protocols and effective stroke code activation program
• Implementing effective stroke surveillance systems to better understand and correct the inefficient processes of acute stroke care and GWTG program
• Providing ongoing stroke education for all stroke team members (EMS personnel, medical house staff, nursing staff, hospitalists, emergency physicians, intensivists, and neurologists)
• Reducing pre-hospital delays that affect in-hospital stroke care. Better EMS-ED-Neurology interactions