

INTRODUCING TARGET: STROKE PHASE II

Target: StrokeSM is a national quality improvement initiative focused on improving acute ischemic stroke care and outcomes by reducing door-to-needle times for eligible patients being treated with intravenous tPA. A study published in *The Journal of the American Medical Association* indicated the positive impact of Target: StrokeSM Phase I*:

- Participating hospitals dropped average door-to-needle times from 74 minutes to 59 minutes a 15-minute improvement.
- Overall, the percentage of patients treated within 60 minutes increased from less than 30 percent to more than 50 percent.
- Patients treated within 60 minutes experience improved outcomes, including lower in-hospital mortality and reduced long-term disability.

Now the American Heart Association/American Stroke
Association is launching Target: Stroke Phase II to continue
eliminating treatment delays for patients who suffer acute
ischemic strokes. The association is challenging hospitals to
provide tPA to eligible patients in an even more timely fashion.

The primary goal for Target: Stroke Phase II is for hospitals to achieve door-to-needle times within 60 minutes in 75 percent or more of acute ischemic stroke patients treated with tPA. The secondary goal is for hospitals to achieve door-to-needle times within 45 minutes in 50 percent or more of acute ischemic stroke patients treated with tPA.

All Get With The Guidelines®-Stroke hospitals are encouraged to participate in Target: Stroke Phase II. Each hospital will receive a detailed toolkit, including the 11 key strategies, protocols, stroke screening tools, order sets, algorithms, time trackers, patient education materials and other tools.

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WHAT IS TARGET: STROKE?

Target: Stroke, launched by the American Heart Association/ American Stroke Association in 2010, is a national quality improvement initiative focused on improving acute ischemic stroke care and outcomes by reducing door-to-needle times for eligible patients being treated with tPA.

The benefits of tPA in patients with acute ischemic stroke are time-dependent, and guidelines recommend a door-to-needle time of 60 minutes or less. However, studies had found that less than 30 percent of U.S. patients prior to 2010 were treated within this window. Evidence also suggested disparities in timely treatment in patients who were older. African-American or female.*

In its first year, Target: Stroke enrolled more than 1,200 U.S. hospitals. Participating hospitals committed to reaching the Target: Stroke performance goal of 50 percent or more of eligible patients treated with tPA within 60 minutes of hospital arrival. Ten key strategies were employed to meet this goal, including EMS prenotification of hospitals, activating the stroke arrival team with a single call, rapid acquisition and interpretation of brain imaging, use of specific protocols and tools, premixing tPA, a stroke-team-based approach and rapid performance data feedback.

WHY JOIN?



TARGET: STROKE WORKS

Data shows the impact of Target: Stroke on care and outcomes. It's critical that hospitals actively participate in Target: Stroke Phase II to continue eliminating treatment delays and improving outcomes for acute ischemic stroke patients.



YOU AREN'T ALONE

Participating hospitals gain access to an extensive network of support that includes more than 1,200 other Target: Stroke hospitals.



GAIN SUPPORT

The American Heart Association/ American Stroke
Association supports participating hospitals by providing
expert consultation, clinical tools, webinars, workshops
and research.



BE RECOGNIZED FOR ACHIEVEMENT

Quality healthcare deserves recognition. Hospitals that meet the Target: Stroke award criteria will receive public recognition at conferences, in national publications and on the American Heart Association website.

Starting in January 2015, hospitals will have an opportunity to achieve two new Target: Stroke Honor Roll levels. The existing and new Target: Stroke Honor Roll Levels include:

- Target: Stroke Honor Roll: Time to thrombolytic therapy within 60 minutes in 50 percent or more of acute ischemic stroke patients treated with IV tPA (current criteria and same volume thresholds).
- New Target: Stroke Honor Roll-Elite: Time to thrombolytic therapy within 60 minutes in 75 percent or more of acute ischemic stroke patients treated with IV tPA (current criteria and same volume thresholds).
- New Target: Stroke Honor Roll-Elite Plus: Time
 to thrombolytic therapy within 60 minutes in 75%
 or more of acute ischemic stroke patients treated
 with IV tPA AND door-to-needle time within 45
 minutes in 50 percent of acute ischemic stroke
 patients treated with IV tPA (current criteria and
 same volume thresholds).

^{*} GC Fonarow, et al. Door-to-Needle Times for Tissue Plasminogen Activator Administration and Clinical Outcomes in Acute ischemic Stroke Before and After a Quality Improvement Initiative: Journal of the American Medical Association. 2014; 311(16):1632-1640. doi:10.1001/jama.20143203.