

Study examines out-of hospital stroke policy at Chicago hospitals

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Implementing an out-of hospital stroke policy in some Chicago hospitals was associated with significant improvements in emergency medical services use and increased intravenous tissue plasminogen activator (tPA) use at primary stroke centers, according to a study published by *JAMA Neurology*.

The study evaluated the relationship between a citywide policy recommending pre-hospital triage of patients with suspected stroke to transport them to the nearest primary stroke center and use of intravenous tPA use. The therapy is used to restore blood flow through blocked arteries in [acute ischemic stroke](#) (IS).

The study by Shyam Prabhakaran, M.D., M.S., of Northwestern University, Chicago, and colleagues included all admitted patients with stroke and transient ischemic attack (also known as a "mini-stroke" or "warning stroke,") at 10 primary stroke center hospitals in Chicago. The study was conducted from September 2010 to August 2011, which was six months before and six months after the intervention began March 1, 2011.

There were 1,075 admissions for stroke and [transient ischemic attack](#) in the pre-triage periods and 1,172 admissions in the post-triage period. Compared with the pre-triage period, use of [emergency medical services](#) increased from 30.2 percent to 38.1 percent and emergency medical services pre-notification increased from 65.5 percent to 76.5 percent after implementation. Rates of intravenous tPA use were 3.8 percent and 10.1 percent and onset-to-treatment times decreased from 171.7 to 145.7 minutes in the pre-triage and post-triage periods, respectively, according to the study results.

"A citywide stroke system of care that includes a preferential triage policy and paramedic and public education can have a significant, immediate, sustainable impact on IV tPA use," the study

concludes.

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