A Fractious Practice or Stroke of Genius?

What Are the Outcomes for Comprehensive Stroke Care Triaging

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Benefits of Comprehensive Centers

- Interventional procedures provide benefit to large vessel occlusions
- But the vast majority of strokes are not candidates for these procedures
- Are Comprehensive Stroke Centers better at the bread and butter of stroke care?
Objective: Retrospective cohort study reviewing frequency of tPA administration, “door-to-tPA” time and “door-to-CT” time in stroke alert patients presenting to ORMC when it was a Primary Stroke Center compared to after it became a Comprehensive Stroke Center.
Door-to-CT” time decreased from 30 (95%CI 19-41) [Range 8-114] minutes at the PSC to 20 (95%CI 18-21) [Range 0-249] at the CSC (p=0.023)
Administration of Thrombolytics

tPA was administered SIX TIMES more frequently after transition to Comprehensive (2% vs. 12%, \( p=0.003 \)) without an increase in adverse events.

“Time-to-tPA” decreased from 130 (95%CI 0-359) to 62 (95%CI 54-70 minutes of arrival (\( p=0.003 \))
Conclusions

Transitioning to a Comprehensive Stroke Center

- Decreased time to CT scan
- Increased administration of TPA
- Decreased time to TPA delivery

Increased focus on stroke care improves the entire algorithm
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