

Hospitals often overestimate their ability to deliver fast stroke care

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Hospitals often overestimate their performance in providing fast delivery of anti-clotting medication to stroke patients, according to new research in the *Journal of the American Heart Association*.

Researchers surveyed staff in 141 hospitals who treated 48,201 [stroke](#) patients in 2009 and 2010. They found that hospital staff perception did not match up with [stroke care](#) performance.

Data on patients—including the onset of their stroke symptoms, hospital arrival time, treatments, initiation of the intravenous drug called tissue plasminogen activator (tPA), and complications from the drug—were compared with hospital staff survey responses. Hospitals were categorized as high-, middle- or low-performing based on the percentage of time they appropriately administered tPA.

Hospital performance was based on "door-to-needle" time, which is how quickly the drug is administered from the time the patient arrives at the hospital. Guidelines recommend delivering tPA within 60 minutes of the patient's arrival to the hospital because the drug has proven to reduce both the short- and long-term effects of a stroke.

Among the researchers' findings:

- Only 29 percent of hospital staff accurately identified their door-to-needle performance.
- Forty-two percent of middle-performing hospitals and 85 percent

of low-performing hospitals overestimated their abilities to quickly administer tPA.

- Nearly 20 percent of low-performing hospitals believed their door-to-needle time was above the national average.
- Hospitals that overestimated their performance had lower volumes of tPA administration.

The surveyed hospitals all participated in the American Heart Association's Get With the Guidelines-Stroke national quality improvement program designed to ensure consistency in timely stroke care.

Factors affecting the disparity between hospital perception and performance included stroke patient volume, whereas hospital size or region did not appear to be a major factor.

"Institutions at any performance level could benefit from making protocol changes that would better align performance with perception" said Cheryl Lin, M.D., lead study author and a former researcher at Duke Clinical Research Institute in Durham, N.C. "This would have a significant impact on the quality of stroke care delivered across the U.S."

Stroke is now the fifth-leading cause of death in the United States, claiming a life once every four minutes.

Provided by American Heart Association

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