

Workforce processes prior to mechanical thrombectomy vary widely, new study finds

26 July 2016

Mechanical thrombectomy, a leading type of neurointerventional stroke treatment where a device can remove a blood clot in minutes, is essential for people experiencing a stroke, who stand to lose 2 million neurons every minute the artery is blocked. Equally essential is access to a hospital or health care system with a successful workflow in place that can deliver such treatment.

A new study finds that there are wide variations among institutions in workflow processes related to triage, team activation, transport and case preparation.

Planning for Efficiency: Survey of Technical and Workflow Practices before Mechanical Thrombectomy, presented today at the Society of NeuroInterventional Surgery's (SNIS) 13th Annual Meeting, revealed that broader dissemination of best practices and successful workflows may allow institutions to develop more [efficient systems](#) of care that could help save more lives.

The study found that 86% of institutions contacted the neurointerventional physician before the presence of a treatable stroke was confirmed. However, only 43% of institutions allowed the time saving step of moving the patient to the procedure room while the neurointerventional team was en route to the hospital. Additional findings include:

- More than half of hospitals designate non-physician staff, such as a designated stroke nurse familiar with relevant care protocols, to respond to stroke codes with the express purpose of coordinating rapid triage in the emergency department;
- Two-thirds of hospitals are able to routinely utilize anesthesiologists to provide support during thrombectomies; and
- Most hospitals have a mandated response time for neurointerventional team members, most commonly 30 minutes.

"Mechanical thrombectomy has proven benefit in selected patients with acute ischemic stroke, but the degree of benefit depends on how quickly thrombectomy can be successfully performed," said the study's lead author, Dr. Akash Kansagra, Assistant Professor of Radiology, Washington University School of Medicine, who also serves as Medical Director of the Endovascular Acute Stroke Committee at Barnes-Jewish Hospital. "Systems need to evolve so that appropriate patients can undergo thrombectomy in a timely fashion."

Nearly 130,000 people in the U.S. die from stroke each year. The vast majority of strokes—87 percent—are ischemic strokes, caused by a blocked artery in the brain. Rapid access to stroke surgery (endovascular treatment) for patients having an ischemic stroke can reduce [stroke](#) mortality and serious disability by half.

Provided by Society of NeuroInterventional Surgery

APA citation: Workforce processes prior to mechanical thrombectomy vary widely, new study finds (2016, July 26) retrieved 27 November 2020 from <https://medicalxpress.com/news/2016-07-workforce-prior-mechanical-thrombectomy-vary.html>

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