

Learning collaborative model cuts door-to-needle times

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In adjusted analyses, the researchers found that within one quarter of implementation the reduction in DTN time was 15.5 minutes at Chicago sites ($P = 0.046$), compared with 1.17 minutes at St. Louis sites ($P = 0.601$).

"Using a learning collaborative [model](#) at Chicago's 15 primary [stroke](#) centers, we observed major reductions in DTN times within one quarter of implementation," the authors write. "Regional collaboration and best practices sharing should be a model for rapid and sustainable system-wide quality improvement."

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More information: [Abstract](#)
[Full Text \(subscription or payment may be required\)](#)

(HealthDay)—A learning collaborative model can reduce door-to-needle (DTN) times in patients with acute ischemic stroke treated with tissue-type plasminogen activator, according to a study published online Sept. 13 in *Circulation: Cardiovascular Quality and Outcomes*.

Shyam Prabhakaran, M.D., from the Northwestern University Feinberg School of Medicine in Chicago, and colleagues analyzed data from all adult patients with out-of-hospital ischemic stroke who received tissue-type plasminogen activator in the emergency department at 15 primary stroke centers in Chicago and 15 in St. Louis. In quarter one of 2013, a structured learning collaborative was implemented in Chicago that included a quality improvement leader, stroke content expert, multidisciplinary teams for each site, a targeted goal for the program, and face-to-face meetings with on-site visits. The authors compared the impact of the learning collaborative on DTN times pre-and post-implementation in Chicago and concurrently versus St. Louis.

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