Learning collaborative model cuts door-to-needle times

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(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.

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)