



American Heart Association®

Target: Stroke



PHASE III

TARGET: STROKESM

HIGHER GOALS FOR GREATER GOOD



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Target: StrokeSM has helped hospitals nationwide achieve improved stroke outcomes through reduced door-to-needle times for eligible ischemic stroke patients.

Phase III of this American Heart Association/American Stroke Association initiative further raises the bar by setting more aggressive targets for timely treatment with IV alteplase.

But the aim goes beyond faster door-to-needle times. Phase III introduces a second type of intervention into the mix, setting the first-ever targets for prompt treatment with endovascular therapy.



BUILDING ON SUCCESS

In 2010, the American Heart Association/American Stroke Association launched Target: StrokeSM to improve stroke care and outcomes. A key focus was helping health care professionals streamline their processes to achieve shorter door-to-needle times for eligible patients with acute ischemic stroke.

In the first year, 1,200 hospitals committed to the Target: Stroke performance goal of treating 50 percent of eligible stroke patients with IV alteplase within 60 minutes or less of arrival.

A 2014 study¹ published in the *Journal of the American Medical Association* underscored the effectiveness of Target: Stroke. The study found that:

- Participating hospitals dropped average door-to-needle times from 74 minutes to 59 minutes, a 15-minute improvement.
- Overall, the percentage of patients treated within 60 minutes increased from less than 30 percent to more than 50 percent.
- Patients treated within 60 minutes experienced improved outcomes, including lower in-hospital mortality and reduced long-term disability.

Propelled by evidence of the initiative's success, the AHA/ASA introduced Target: Stroke Phase II in 2015.

IN TARGET STROKE PHASE II WE INCREASED THE GOAL FOR 60-MINUTE DOOR-TO-NEEDLE TIMES FROM 50 TO 75 PERCENT OF ELIGIBLE STROKE PATIENTS.

ENDOVASCULAR THERAPY, A SIGNIFICANT ADDITION TO TARGET: STROKESM

Updates to the acute ischemic stroke guidelines released in 2015 marked an important change in the treatment landscape, notably the inclusion of endovascular therapy as a recommended intervention for eligible patients. Thrombectomy using stent retrievers is now credited with leading to faster and more complete reperfusion for certain patients and is considered a mainstay of stroke care.

THE VALUE OF EVT IS REFLECTED IN THE TARGET: STROKE PHASE III PRIMARY GOALS: INITIAL USE OF A THROMBECTOMY DEVICE WITHIN 90 MINUTES FOR DIRECT-ARRIVING PATIENTS (60 MINUTES FOR TRANSFER PATIENTS) IN 50 PERCENT OR MORE OF ELIGIBLE ACUTE ISCHEMIC STROKE PATIENTS.

NATIONAL GOALS FOR PHASE III

PRIMARY GOALS

- Achieve door-to-needle times within 60 minutes in 85 percent or more of acute ischemic stroke patients treated with IV thrombolytics.
- Achieve door-to-device times (arrival to first pass of thrombectomy device) in 50% or more of eligible acute ischemic stroke patients within 90 minutes (for direct arriving patients) and within 60 minutes (for transfer patients) treated with endovascular therapy (EVT).

SECONDARY GOALS

- Achieve door-to-needle times within 45 minutes in 75 percent or more of acute ischemic stroke patients treated with IV thrombolytics.
- Achieve door-to-needle times within 30 minutes in 50 percent or more of acute ischemic stroke patients treated with IV thrombolytics.



SHARING BEST-PRACTICE STRATEGIES AND EXPERTISE

Target: StrokeSM does more than set standards for improved stroke care. It helps hospital teams put those standards into practice by providing actionable strategies and tools.

Incorporating Target: Stroke strategies and tools into hospital protocols can help streamline care processes and eliminate delays. In fact, a 2014 study² showed that hospitals adopting the best-practice strategies could save 1.3 minutes on average for each strategy implemented. This represents a potential to reduce door-to-needle time by 14 minutes or more if all strategies were implemented.

TARGET: STROKE HOSPITALS ALSO BENEFIT FROM ACCESS TO WORLD-CLASS STROKE EXPERTS AND EDUCATIONAL OPPORTUNITIES SUCH AS WEBINARS AND WORKSHOPS.



RECOGNITION BEFITTING THE GOALS

Target: StrokeSM sets high performance goals for participating hospitals. Those that meet the challenge are recognized on the Target: Stroke Honor Roll website. It's a way to publicly acknowledge hospital teams — within the professional community and in the community at large — for their concentrated efforts to improve stroke patient outcomes.

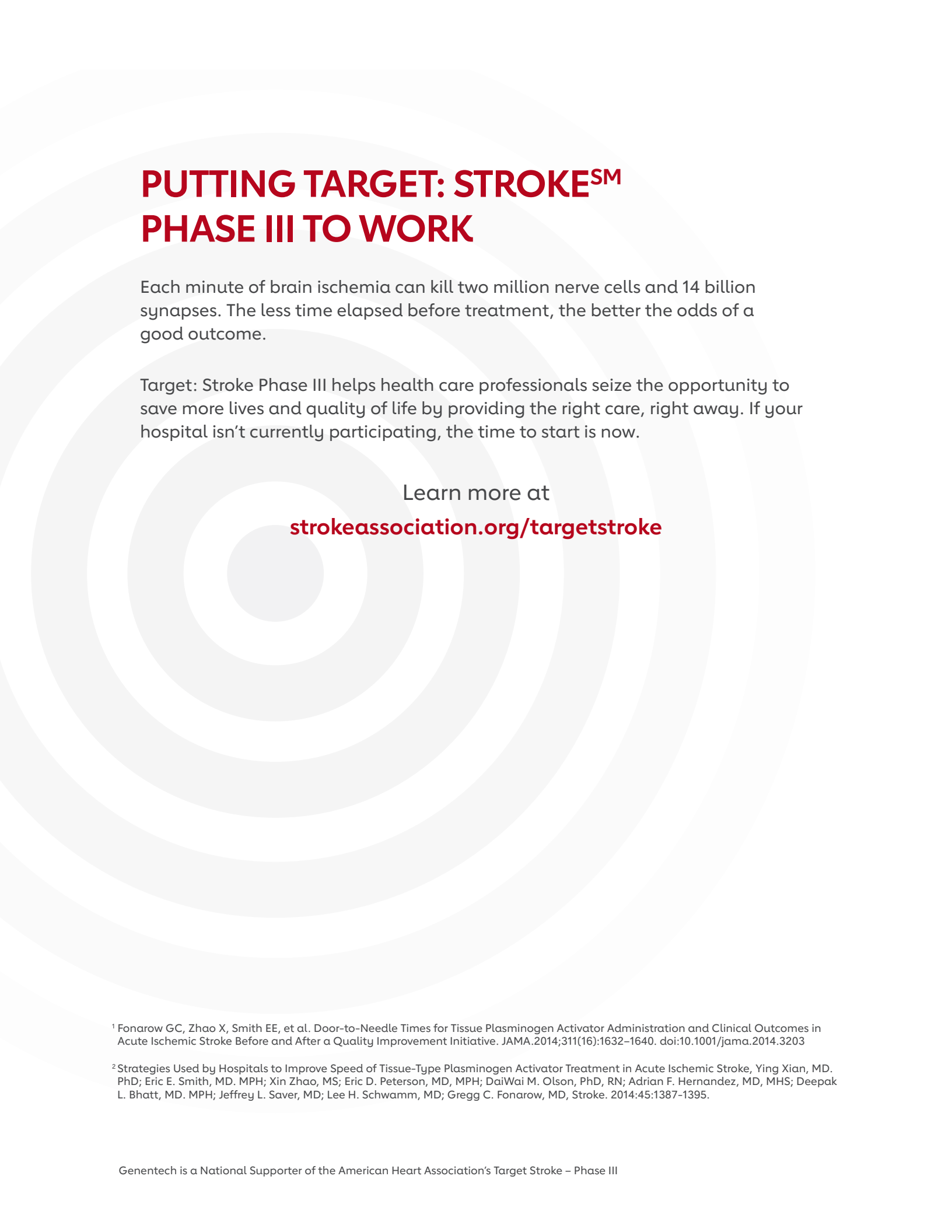
Phase III introduces Honor Roll Advanced Therapy, a new recognition level for hospitals that achieve Target: Stroke goals for timely delivery of endovascular therapy.

PHASE III RECOGNITION LEVELS

- **Honor Roll:** door-to-needle times within 60 minutes for at least 75 percent of applicable patients
- **Honor Roll Elite:** door-to-needle times within 60 minutes for at least 85 percent of applicable patients
- **Honor Roll Elite Plus:** door-to-needle times within 45 minutes for at least 75 percent of applicable patients and door-to-needle times within 30 minutes for at least 50 percent of applicable patients
- **Honor Roll Advanced Therapy:** door-to-door times in at least 50% of applicable patients within 90 minutes for direct arriving and within 60 minutes for transfers

ELIGIBILITY

A hospital must currently hold Gold, Silver or Bronze performance achievement status in Get With The Guidelines®-Stroke to be eligible for the Target: Stroke Honor Roll. It must also have DTN/DTD times that meet the criteria above for consecutive applicable patients (minimum six) for at least one calendar quarter for initial awards and four calendar quarters for renewal. Additionally, a hospital must complete the Target: Stroke Phase III survey.



PUTTING TARGET: STROKESM PHASE III TO WORK

Each minute of brain ischemia can kill two million nerve cells and 14 billion synapses. The less time elapsed before treatment, the better the odds of a good outcome.

Target: Stroke Phase III helps health care professionals seize the opportunity to save more lives and quality of life by providing the right care, right away. If your hospital isn't currently participating, the time to start is now.

Learn more at
strokeassociation.org/targetstroke

¹ Fonarow GC, Zhao X, Smith EE, et al. Door-to-Needle Times for Tissue Plasminogen Activator Administration and Clinical Outcomes in Acute Ischemic Stroke Before and After a Quality Improvement Initiative. JAMA. 2014;311(16):1632-1640. doi:10.1001/jama.2014.3203

² Strategies Used by Hospitals to Improve Speed of Tissue-Type Plasminogen Activator Treatment in Acute Ischemic Stroke, Ying Xian, MD, PhD; Eric E. Smith, MD, MPH; Xin Zhao, MS; Eric D. Peterson, MD, MPH; DaiWai M. Olson, PhD, RN; Adrian F. Hernandez, MD, MHS; Deepak L. Bhatt, MD, MPH; Jeffrey L. Saver, MD; Lee H. Schwamm, MD; Gregg C. Fonarow, MD, Stroke. 2014;45:1387-1395.



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