

Inputs	Activities	Outputs	Outcomes	Impacts
• Clinical resources (ED, neurology, tele-stroke) • Neuroimaging capabilities • Electronic health record resources for reliable capture of arrival and thrombolytic initiation time • Chart-abstractors • Updated clinical guidelines from the American Heart Association/American Stroke Association	• Rapid triage and recognition of Acute Ischemic Stroke • Assessment, imaging, labs, and treatment decision • Abstraction and data input • Measure fallout review	• Patients treated in compliance with clinical practice guidelines • Performance score • Quality improvement targets	<u>Short Term</u> • Increased awareness of process steps contributing to overall door-to-needle time <u>Intermediate Term</u> • Measure focus: Sustained improvement on door-to-needle-time • Reduced disparities in door-to-needle time <u>Long Term</u> • Reduced stroke morbidity and mortality • Improved efficiency for stroke triage	Decreased time from patient arrival to administration of IV thrombolytics among eligible patients, resulting in reduced morbidity and mortality, higher quality of life for patients, and increased productivity
Feedback mechanisms				
Performance dashboards, debriefs, case reviews, American Heart Association recognition and awards.				
Assumptions				

Systems have access to high-quality electronic health record data and computational resources to support the capture of IV thrombolytic initiation and patient arrival at the ED. Neuroimaging and accurate time reports of last known well identify appropriate patients for early intervention. Clinicians accept timely intervention as effective for increasing optimal stroke outcomes. Feedback to accountable entities will reduce treatment times.
External Factors
Patient comorbidities, on-site stroke capabilities, sufficient staffing