The First, First Responders

Call Takers Helping Hospitals Meet Stroke Alert Standards

Activating the hospital stroke alert process from the point of call intake is helping hospitals meet defined standards of 60 minutes from arrival at the hospital to medication administration.

Materials and Methods

This was a retrospective, descriptive study collected and analyzed of three years data gathered by the call audit process on both the EMD and the ambulance patient care reports. Data gathered from the Stroke Certified receiving hospitals were also collected while collaborating with the hospital Stroke Coordinator. The collected data comes from the quality auditor during the quality review process; alert times were compared with call-taker contact time to the ED and the transporting ambulance contact time to the ED. When analyzed by the continuous quality improvement team, the data reveal the amount of time saved, accuracy of call taker assessment and patient outcomes once at the hospital.

Objective

The purpose of this study is to measure the impact of implementing call-taker initiated ED notifications, or Stroke Alerts.

Results

When implementing this process in 2014, the hypothesis was that ED notification could be reduced by 18 minutes on average for each call-taker activated stroke alert. By the end of 2017, this hypothesis had been reasonably confirmed with average times saved of:

- 15 minutes and 45 seconds on average in 2015
- 16 minutes and 08 seconds on average in 2016
- 14 minutes and 14 seconds on average in 2017

Impact

With 1.9 million neurons lost for every minute of delay, the impact is 0.5 cm of brain tissue damaged per 12 minutes. 2016 yielded 919 billion neurons saved, or 29.77 inches (484 minutes). An NCAA basketball is 29.5 inches in circumference.