

# New Jersey Stroke Coordinators Consortium (NJSCC) Survey: Analysis of Acute Stroke Care in NJ



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## Purpose & Background

- New Jersey is dense in both Primary and Comprehensive State designated Stroke Centers (SCs).
- There are 71 acute care hospitals; 66 are designated SCs; 52 PSCs and 13 CSCs.
- The State DOH recommends Stroke Centers seek certification by any national accreditation organization to maintain the designations
- This analysis will review acute care across all types of centers
- It is crucial to determine the status of acute stroke care processes; best practices; treatment utilization and deficiencies in treatment decision processes to help direct statewide guidelines for optimal outcomes.

## Objectives

The goal is to identify the current trends in Stroke Center certification and best practices in acute stroke care delivery from NJSCC participating hospitals in New Jersey.

## Design & Methods

NJSCC Board members are the investigators and members of NJSCC are the participants of the study. The methodology is an online survey questionnaire consisting of 9-multiple choice questions and two free text questions. The survey was sent to the emails of NJSCC members. The investigators developed the questionnaire and methods for improving the number and accuracy of responses to the surveys. The time frame was 2 months and one survey response per organization. A qualitative analysis of the survey responses data was done.

## Results/Discussions

A survey was sent to **49 acute care facilities** with a **57% a response rate**. Low response rate was due to: wrong email addresses; and not all acute hospitals representatives emails were available

Survey Metric	Percentage of acute care facilities endorsing response (n = 28)
Participants who have transfer agreements	92%
Treatment decision is made by:	
ED physician	7%
Tele neurologist	39%
Hospital based neurologist	35%
LIP collaborating with neurologist	17%
Participants have update Alteplase inclusion and exclusion criteria	96%

71% of NJ are certified by The Joint Commission or DNV

16% Alteplase Treatment Rate across NJ

64% adopted direct to CT process

64% Participate in AHA/ASA Target Stroke

57% of NJ Hospitals use Telemedicine  
24/7  
28.5% never used

50% teach Stroke using the BEFAST acronym

## Best Practices

- Direct to CT for EMT-P cases
- Update AIS template with revised Alteplase exclusion criteria
- Involvement of ED physicians in Alteplase treatment decision making
- Transition clinic : handoff to outpatient stroke APN
- Pharmacists and APNs involvement in code stroke teams
- Stroke Care Map and Charge nurse checklist for core measures compliance
- Stroke Orders sets
- Ischemic stroke order set with pre-checked statin

**NJ Alteplase treatment rates: 2016 14.2%; %2015 12.5%; 2014 11.3%**

## Conclusions

The implications of this survey identified that despite varying protocols for stroke care among NJ hospitals, a large percentage of hospitals are certified by a national accreditation organization and have adopted current protocols based upon the AHA /ASA guidelines and Target stroke initiatives . NJ State Alteplase treatment rate has increased and is above the national average. Further research is required to elicit a plan to standardized acute stroke care delivery across New Jersey.

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