



Effect of a rapid protocol-based TIA management pathway

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Background

We examined whether implementation of a standardized clinical protocol for suspected Transient Ischemic Attack (TIA) reduces ED length of stay (LOS), hospital LOS, and neuroimaging.



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Conclusions

Implementation of a TIA protocol significantly reduced ED LOS and total hospital LOS. However, it did not significantly reduce neuroimaging. There appear to be continued opportunities to reduce neuroimaging in this population.

Methods

We performed a structured retrospective single center cohort study at MGH. In 7/2012 this hospital implemented a formalized protocol by which patients with suspected TIA were risk stratified to inpatient vs. ED observation unit admission for workup including brain imaging, vascular imaging, cardiology workup, and observation. Data were collected on patients presenting with symptoms suggesting a TIA during a 6 month period before and after implementation of this protocol. Outcomes included ED LOS, hospital LOS and use of neuroimaging.

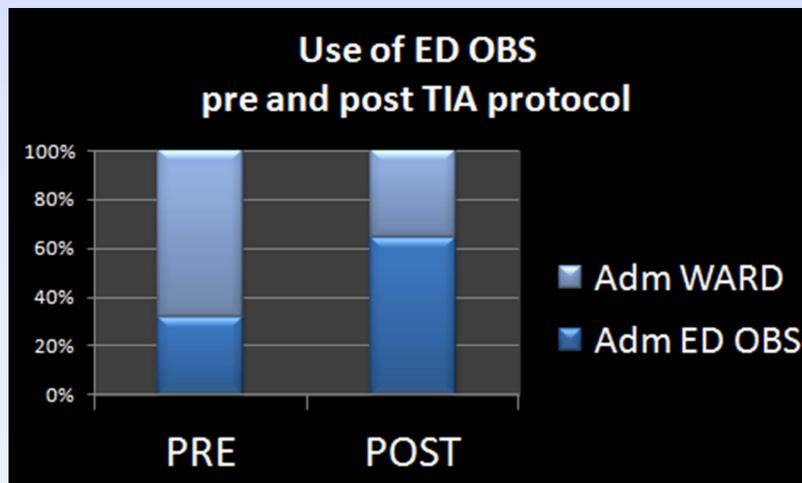
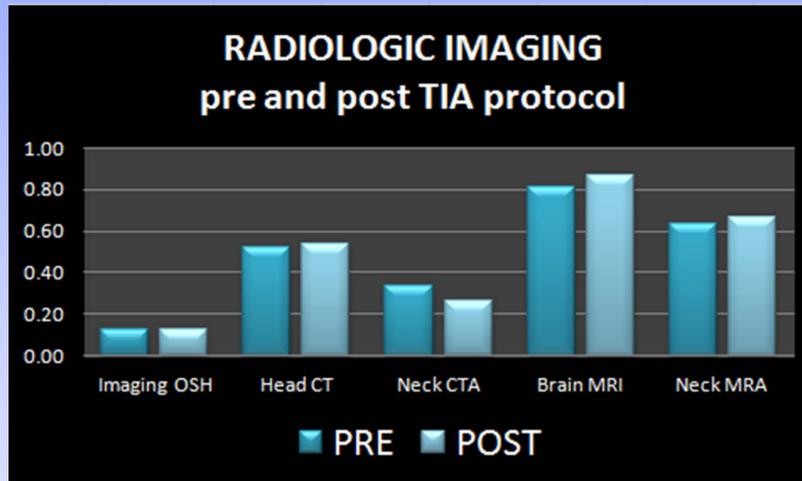
Results

From 01/2012 to 06/2012, 253 patients with applicable symptoms presented to the ED, and from 01/2013 to 06/2013, 272 patients.

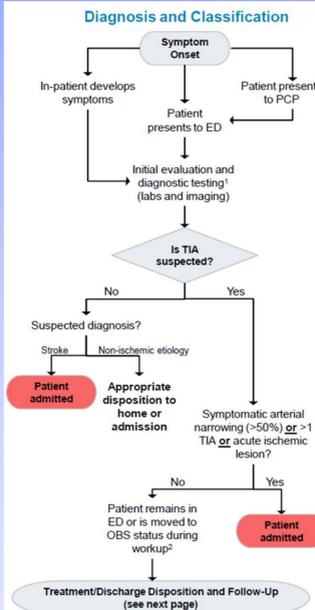
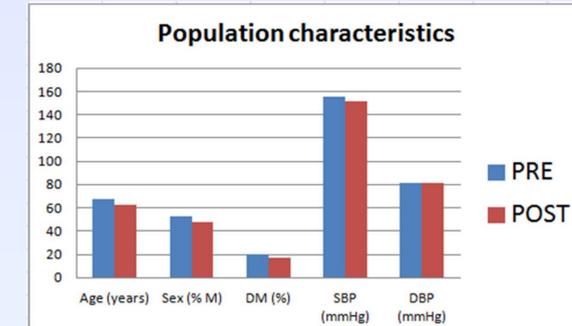
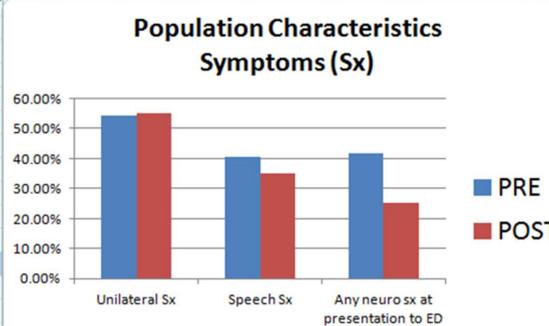
Following the intervention, inpatient admission rate decreased from 70% to 38% (p<0.001), median ED LOS decreased by 0.51 hours (6.41 to 5.9 hours, p<0.011) and median total hospital LOS from 67.7 hours to 47.7 hours (p<0.001).

The proportion of patients receiving head CT went from 52% to 53% (P=0.73), brain MRI from 81% to 86% (p=0.08), CTA of the head/neck from 33% to 26% (p=0.08), and MRA of the head/neck from 64% to 67% (p=0.49).

The percent of patients receiving both brain CT and MRI went from 38% to 41% (p=0.5). Patients receiving both CTA and MRA went from 10 to 6 percent (p=0.1).



TIA protocol effect on LOS (hours)



Disclosures
No investigator has any disclosures to report.