

**Door to Needle Delays**

**Emergency Department Provider Update**

# Objectives

- ❑ Define the door-to-needle measure.
- ❑ Document a “patient-related” delay.

# Door To Needle – Patient-related Delay

- ❑ Report “Time to Intravenous Thrombolytic Therapy”
  - Rate of acute ischemic stroke patients receiving IV thrombolytics.
  - Time from arrival to initiation of IV thrombolytic in 60 minutes or less.
  - EXCLUDES patients with documented contraindications/medical delays.
- ❑ There must be a documented reason for the delay
  - Documentation acceptable by a physician/NP/PA or **pharmacist**.
  - Documentation must be linked to the delay in administration.
- ❑ Documentation Examples
  - “Delay in IV-thrombolytic r/t blood pressure management”
  - “Delay in IV-thrombolytic r/t patient history initially unavailable”
- ❑ Abstractor cannot assume or infer. It must be documented.

# Eligibility Reasons for Delay

## ❑ Social/Religious

- Initial refusal due to religious/social reasons. After discussion with clergy, the patient/family changes the original refusal.

## ❑ Initial refusal – other than social or religious reasons

- Initially the patient/family isn't sure about having the medication. But after discussion, the patient/family changes the original decision.
- The patient is unable to make health care decisions and there is an initial delay in contacting the health care proxy.

## ❑ Care-team unable to determine eligibility

- Diagnosis of stroke was made but eligibility could not be established or verified by the clinician. Stating that the clinician did not diagnose stroke during initial assessment is not an appropriate exclusion.

# Examples: Care Team Unable to Determine Eligibility

- ❑ The patient is a poor historian, and no one is immediately available to provide a medical history.
- ❑ Timing of a procedure could not initially be verified or time of symptom onset could not be established.
- ❑ Time of onset could not be clearly established at initial assessment in the ED or time of LKW is unknown but soon becomes available.
- ❑ Timing of a recent procedure/surgery could not be established but becomes available after a delay.
- ❑ A lack of an accurate history or concern about the presence of a preexisting medical condition raises concern and it takes time to find the information.

# Medical Reasons for Delay

- ❑ Hypertension requiring aggressive control with IV medications.
- ❑ Further diagnostic evaluation to confirm stroke for patients with hypoglycemia (blood glucose < 50), seizures, or major metabolic disorders.
- ❑ Management of concomitant emergent/acute conditions such as cardiopulmonary arrest, respiratory failure requiring intubation.
- ❑ Investigational or experimental protocol for thrombolysis.

# Benefits of Exclusion

- ❑ Accurate reflection of the cases with a delay in IV thrombolytics administration that can be addressed by hospital providers.
- ❑ Better guide for QI activities.
- ❑ Focus QI efforts to make a meaningful change.

# Tele-medicine Consults

- ❑ If the delay is **stated** on the tele-conference by the tele-medicine provider, a nurse can document the delay.
- ❑ For example, "Dr. Jones, tele-medicine consultant, stated there is a hold on IV-thrombolytics due to an initial delay in obtaining patient's medical/surgical history."
- ❑ Be sure it is documented that the information came from the provider (name) and that it was discussed during the tele-medicine consultation.