

To strive for a better Stroke Thrombolysis Service in NTWC through Cluster-Based Team Approach.



**2 Million**  
brain cells die every minute

increasing the risk of permanent brain damage, disability or death.

JL Saver (Stroke 2006;37:263-266)

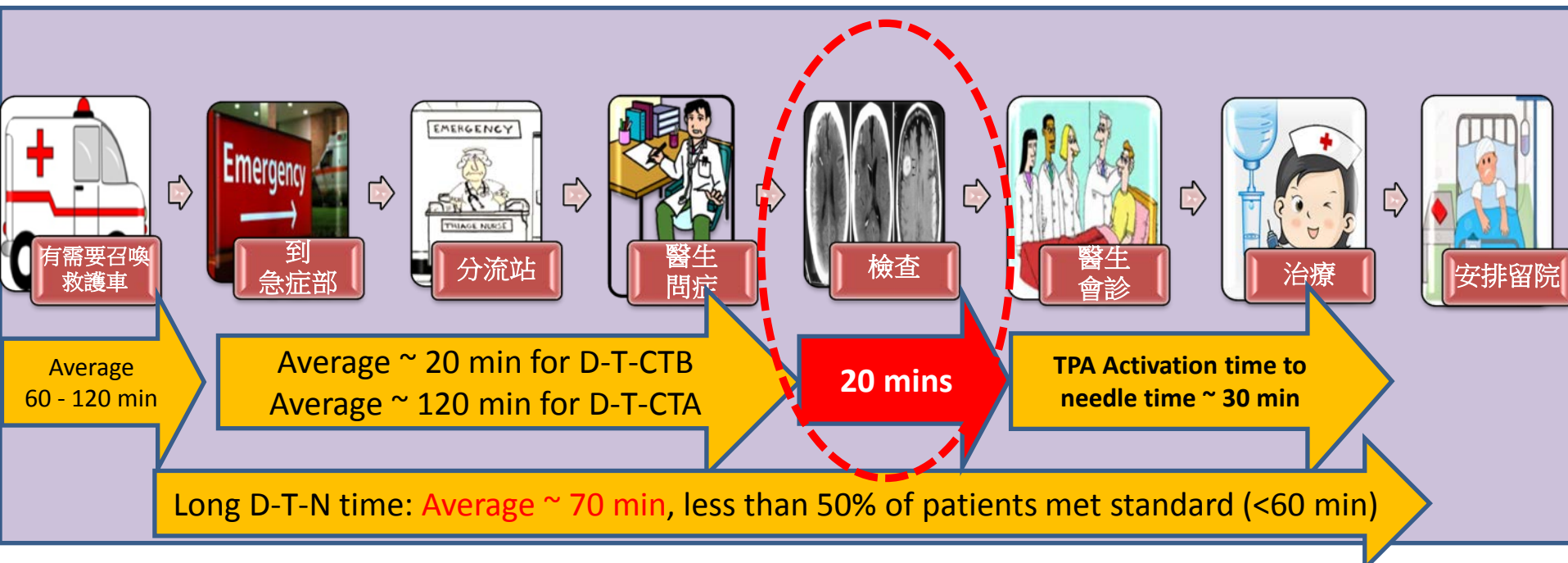
**ACTIVASE<sup>®</sup>**  
**ALTEPLASE**

A RECOMBINANT TISSUE PLASMINOGEN ACTIVATOR

**THE ONE t-PA FOR STROKE**

1<sup>st</sup> phase: Local practice review & data overview

2<sup>nd</sup> phase: List out problems for discussion

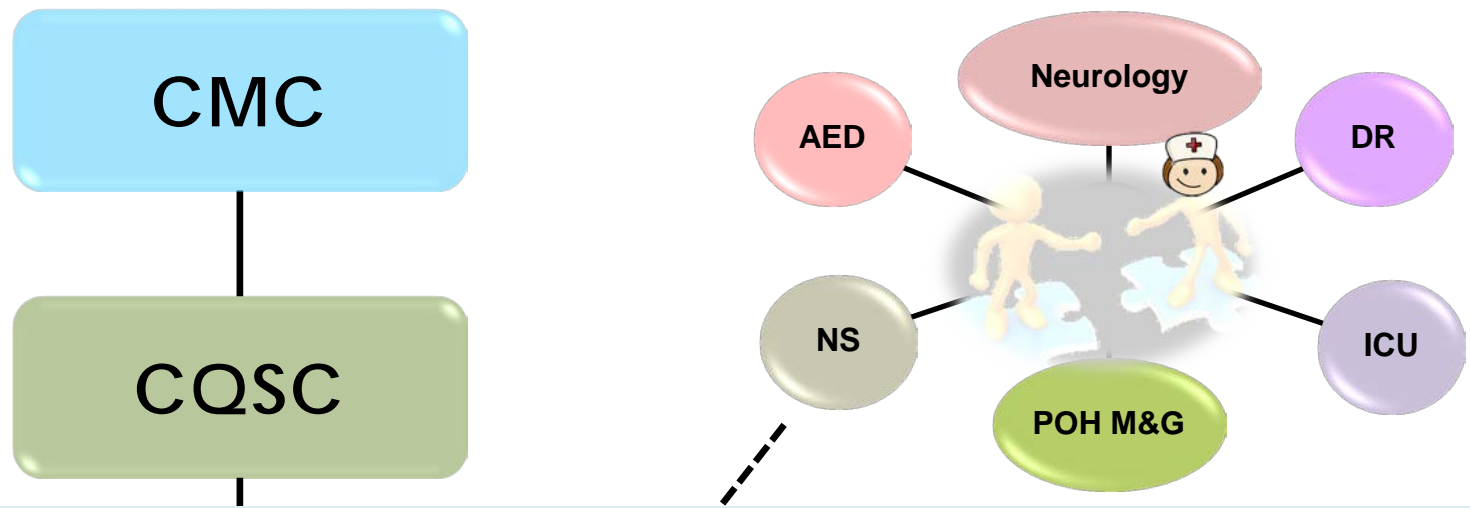


Different triggered time (onset to door) in different hospitals  
**(3/2/1.5 hours)**

**NOT** standardized in screening for eligibility of tPA

Service discrepancy in different hospitals → **DELAY** led to decrease treatment possibility

# To seek Stakeholders support

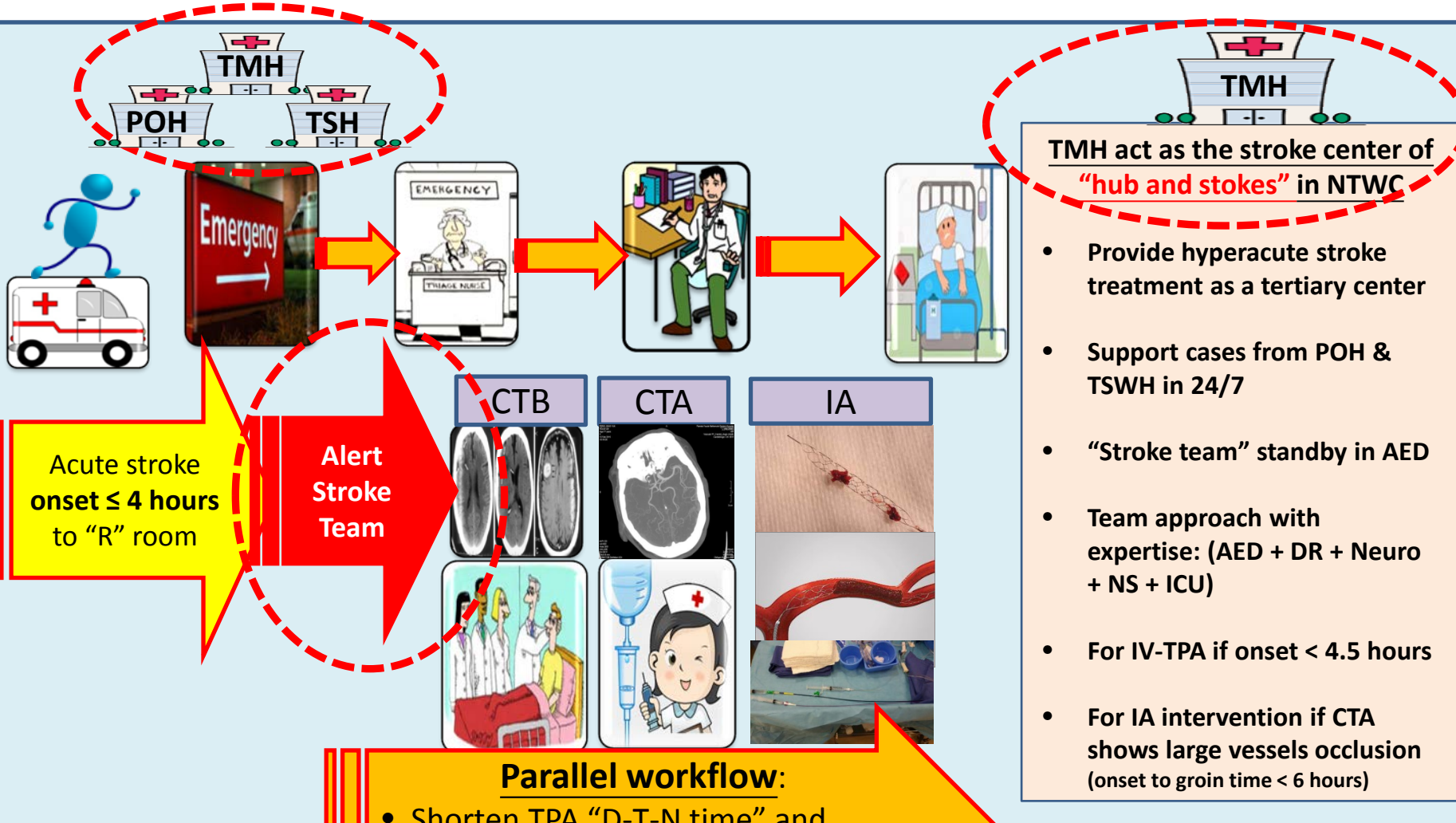


**Motivate change → Manage  
Transition → Sustain Momentum**

Stroke Nurse

# New Model

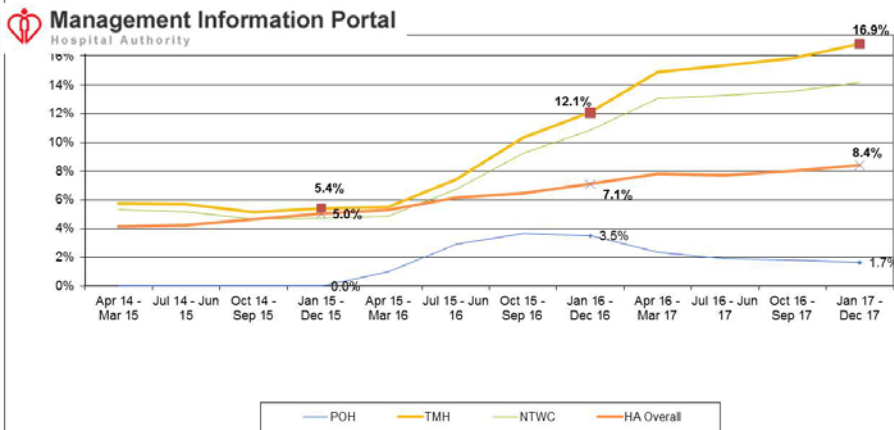
- Reduce door-to-needle time by early “stroke call”
- Standardize triage model among A&E



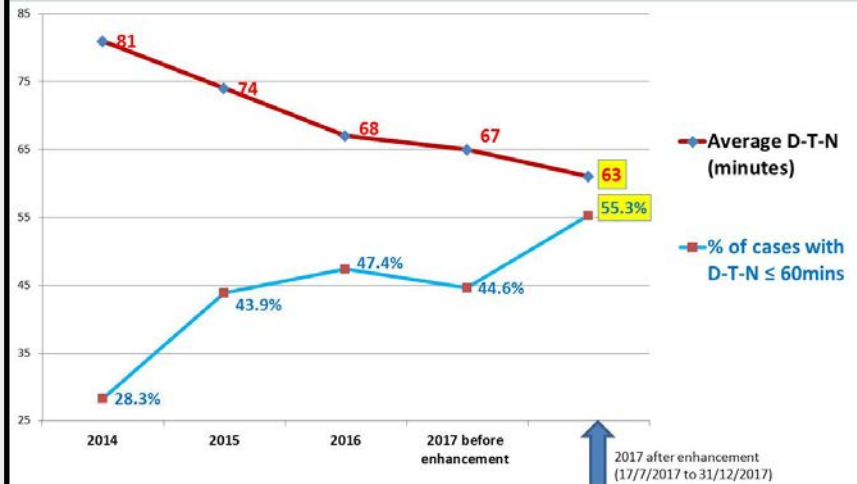
# The Key to success – Team work!

## NTWC enhanced areas: Trend of % of AIS patients received IV-thrombolysis

KPI - Trend of Percentage of Acute Ischaemic Stroke Patients Received IV Thrombolytic (tPA) Treatment  
[POH, TMH, NTWC, HA Overall, Apr 2014 - Dec 2017]



## TMH Enhanced areas: Trend of D-T-N time for IV-tPA (TMH AED)



Total **420** Non-ICH patients transferred from **POH/TSWH** to **TMH ASU**

% of these patients with time window extended to < 3 hours (POH/TSWH) received IV/IA therapy :  
**20.54% → 31.18%**

% of TMH stroke team screening rate for these patients with time window extended to < 3 hours :  
**39.72% → 48.38%**