

Targ troke

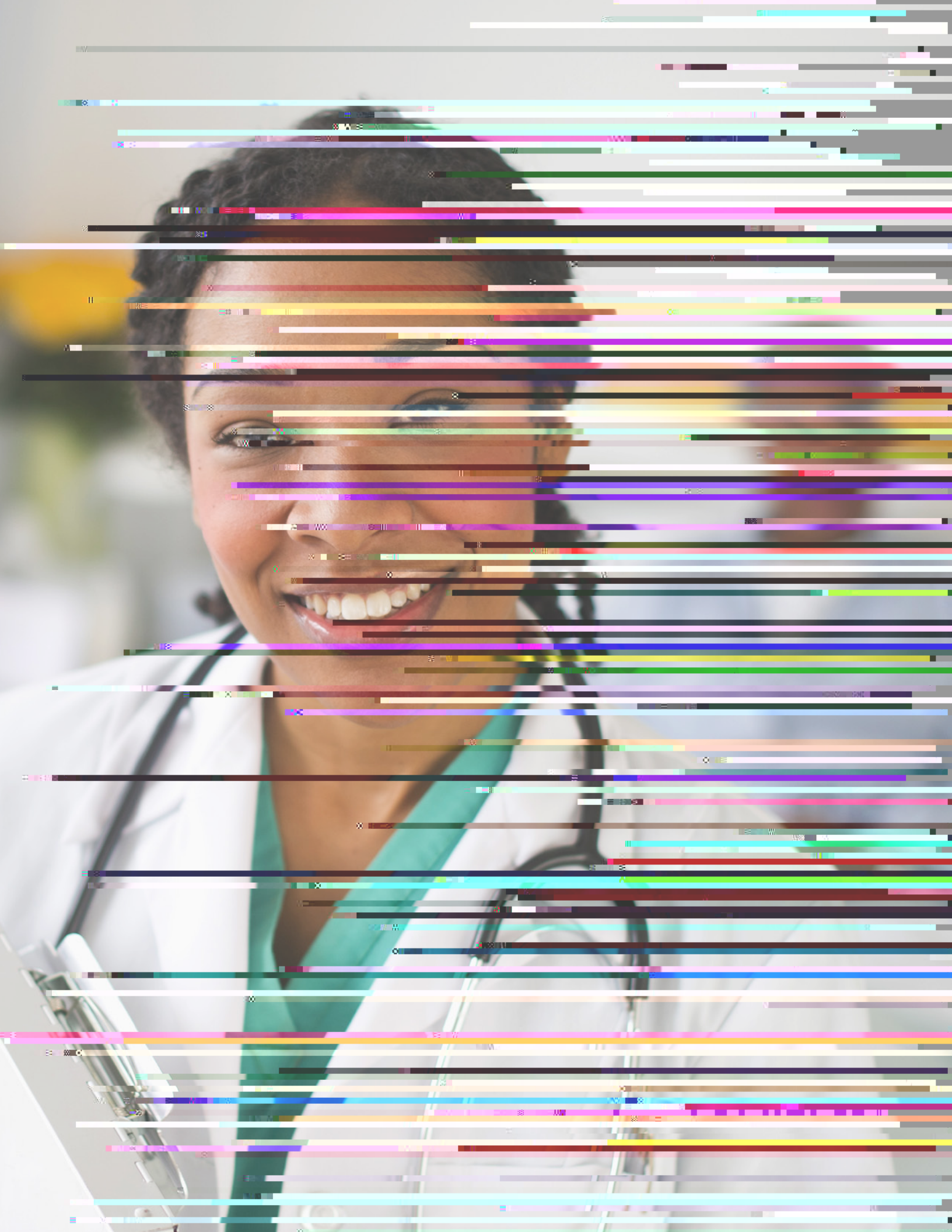




Target: StrokeSM has helped hospitals nationwide achieve improved stroke outcomes through reduced door-to-needle times for eligible ischemic stroke patients.

Phase III of this American Heart Association/American Stroke Association initiative further raises the bar by setting more aggressive targets for timely treatment with IV alteplase.

But the aim goes beyond faster door-to-needle times. Phase III introduces a second type of intervention into the mix, setting the first-ever targets for prompt treatment with endovascular therapy.



BUILDING ON SUCCESS

In 2010, the American Heart Association/American Stroke Association launched Target: StrokeSM to improve stroke care and outcomes. A key focus was helping health care professionals streamline their processes to achieve shorter door-to-needle times for eligible patients with acute ischemic stroke.

In the first year, 1,200 hospitals committed to the Target: Stroke performance goal of treating 50 percent of eligible stroke patients with IV alteplase within 60 minutes or less of arrival.

A 2014 study¹ published in the *Journal of the American Medical Association* underscored the effectiveness of Target: Stroke. The study found that:

- Participating hospitals dropped average door-to-needle times from 74 minutes to 59 minutes, a 15-minute improvement.
- Overall, the percentage of patients treated within 60 minutes increased from less than 30 percent to more than 50 percent.
- Patients treated within 60 minutes experienced improved outcomes, including lower in-hospital mortality and reduced long-term disability.

Propelled by evidence of the initiative's success, the AHA/ASA introduced Target: Stroke Phase II in 2015.

IN TARGET STROKE PHASE II WE INCREASED THE GOAL FOR 60-MINUTE DOOR-TO-NEEDLE TIMES FROM 50 TO 75 PERCENT OF ELIGIBLE STROKE PATIENTS.

ENDOVASCULAR THERAPY, A SIGNIFICANT ADDITION TO TARGET: STROKESM

Updates to the acute ischemic stroke guidelines released in 2015 marked an important change in the treatment landscape, notably the inclusion of endovascular therapy as a recommended intervention for eligible patients. Thrombectomy using stent retrievers is now credited with leading to faster and more complete reperfusion for certain patients and is considered a mainstay of stroke care.

THE VALUE OF EVT IS REFLECTED IN THE TARGET: STROKE PHASE III PRIMARY GOALS: INITIAL USE OF A THROMBECTOMY DEVICE WITHIN 90 MINUTES FOR DIRECT-ARRIVING PATIENTS (60 MINUTES FOR TRANSFER PATIENTS) IN 50 PERCENT OR MORE OF ELIGIBLE ACUTE ISCHEMIC STROKE PATIENTS.

NATIONAL GOALS FOR PHASE III

PRIMARY GOALS

- Achieve door-to-needle times within 60 minutes in 85 percent or more of acute ischemic stroke patients treated with IV thrombolytics.
- Achieve door-to-device times (arrival to first pass of thrombectomy device) in 50% or more of eligible acute ischemic stroke patients within 90 minutes (for direct arriving patients) and within 60 minutes (for transfer patients) treated with endovascular therapy (EVT).

SECONDARY GOALS

- Achieve door-to-needle times within 45 minutes in 75 percent or more of acute ischemic stroke patients treated with IV thrombolytics.
- Achieve door-to-needle times within 30 minutes in 50 percent or more of acute ischemic stroke patients treated with IV thrombolytics.





RECOGNITION BEFITTING THE GOALS

Target: StrokeSM





PUTTING TARGET: STROKESM PHASE III TO WORK

Each minute of brain ischemia can kill two million nerve cells and 14 billion synapses. The less time elapsed before treatment, the better the odds of a good outcome.

Target: Stroke Phase III helps health care professionals seize the opportunity to

