

NEWS RELEASE

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NEW STROKE DIAGNOSTIC PROTOCOL SAVES TIME AND MONEY; COULD LEAD TO FEWER HOSPITAL ADMISSIONS

Washington, DC — A new emergency department diagnostic protocol shows potential for saving money and time, as well as for dramatically reducing the number of hospital admissions for patients diagnosed with transient ischemic attack (TIA), or stroke. The study appears online in the *Annals of Emergency Medicine* (“An emergency department diagnostic protocol for patients with transient ischemic attack: a randomized controlled trial”).

“Because TIAs tend to be so predictive of future, more serious strokes, many within a couple of days, emergency physicians hospitalize most TIA patients,” said lead study author Michael A. Ross, MD, of William Beaumont Hospital in Royal Oak, Michigan. “By managing TIA patients using an accelerated diagnostic protocol in the emergency department, we were able to cut most patients’ length of stays and costs in half without compromising their 90-day clinical outcomes. Besides freeing up inpatient beds, this should lead to greater patient satisfaction.”

The accelerated diagnostic protocol was developed in concert by physicians in several related specialties, including emergency medicine, neurology and internal medicine. Following a diagnosis of TIA, patients admitted to the study were assessed with four different tools: cardiac monitor, serial neurological checks, Doppler carotid imaging and echocardiography. Upon completion of the protocol, study patients were discharged if they had no recurrent deficits, negative testing or negative evaluations, and were clinically stable for discharge home with adequate home support and medications. Eighty-five percent of patients admitted to the study were discharged and instructed to follow up with their primary care physicians or neurologists in one to three days.

Funding for the study was provided by a 2003-2004 \$50,000 grant for directed research in neurological emergencies by the Emergency Medicine Foundation and Foundation for Education and Research in Neurological Emergencies.

“We evaluated our protocol principally for the patient’s length of stay and then secondarily for direct costs and clinical outcomes,” said Dr. Ross. “Patients in our study group had a median length of stay of 25.6 hours versus the inpatient length of stay of 61.2 hours. The median cost for study patients was also significantly less: \$864.00 versus \$1,528.00. Were this cost and time savings multiplied across even a small percentage of all the TIA patients in the United States – currently approximately 300,000 – the savings could be astronomical.”

This new diagnostic protocol for TIA patients closely follows a chest pain protocol currently used in some chest pain observation units. Study authors emphasize that for both chest pain and stroke patients “timeliness of testing is critical,” which can present difficulties in overcrowded emergency departments.

“Emergency departments today are overburdened and the situation will worsen because of an aging population who are much more prone to having strokes,” said Brian F. Keaton, MD, president of the American College of Emergency Physicians. “This study is yet another example of emergency physicians playing a key role in the continuum of care, and in the absence of outside intervention, developing strategies for improving health care for their patients. Innovative approaches to the evaluation of patients with a possible stroke that identify those patients who do not require acute hospitalization should make things better for other patients as well. When inpatient beds are at a premium, avoiding ‘unnecessary’ admissions makes more inpatient beds available for those who need them.”

Annals of Emergency Medicine is the peer-reviewed scientific journal for the American College of Emergency Physicians, a national medical society with more than 25,000 members. ACEP is committed to advancing emergency care through continuing education, research, and public education. Headquartered in Dallas, Texas, ACEP has 53 chapters representing each state, as well as Puerto Rico and the District of Columbia. A Government Services Chapter represents emergency physicians employed by military branches and other government agencies. For more information visit www.acep.org.

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