

**“Does your hospital admit TIA's for a stroke work-up? Coverdale requires that we track TIA's who are admitted, Joint Commission does not. My ED physicians are stating that the organization frowns on admitting TIA's for work up because of the lack of reimbursement for that DRG. I do not see anywhere in the current BAC/AHA/ASA guidelines that we must admit TIA's for a full stroke work-up. Am I correct in this assumption?”**

#### *RESPONSES*

There are varying views on to admit or not admit across the nation to my understanding. There are guidelines for the prevention of stroke in patients with previous TIA (Feb 06) from AHA/ASA but is not the answer to this particular question. JC does not have specific guidelines on this stroke w/u that I am aware of.

The guru on TIA management is S. Claiborne Johnston and he has published definitions and guidelines through the NSA (attached). Look at page 16 and 18. That should help. He has published in the past but I can't locate the document. This is the most recent & concise one.

All of our doctors agree that admission is required for the evaluation and to ensure that the proper work up is completed which includes the usual stroke w/u (page 18) -20. Our UR case managers use (MCAP which is similar to interqual) criteria on admission to determine if observation status can be applied.

The literature suggest a higher risk of stroke following TIA. This was published in his first article probably 2002?? - I can't recall the exact percentage but it is significant. We can't always rely on patients to complete their w/u outpatient especially if they are without symptoms and think that they are fine. That is why we admit and complete here and work to d/c within 2 days or less. If surgery is suggested of course we often times go ahead with it while here.

Debby Bridgeman, RN, BSN, Stroke Clinical Case Manager

I think the answers depends on if your facility can provide a complete work-up for TIA in a ED or clinical decision unit setting prior to the patient going home. Discharging TIA's home from ED with partial work-ups and a plan for outpatient follow-up is frowned upon at most hospitals. Missing a new onset a-fib, PFO or other stroke causing risk factor is too high a risk. Again clinical decision/observation units can be a way to complete the work-up for TIA's. Quality of care should take priority over reimbursement with this scenario.

Dave Knapp RN, BS, Case Manager/Stroke Center Program Coordinator  
Metro Health Hospital

At Beaumont Hospital RO we do both admits for TIAs & 23 hour observation (physician choice). There is an article published within the past 2 years by Michael Ross, MD who did a study regarding this issue. Also Sue Wehner & colleagues at Michigan State U presented a poster re: this issue at last week's International Stroke Conference,

Barbara Coslow, RN, MS, NP, William Beaumont Hospital

This is a complex issue and the answer cannot be a simple yes or no. A TIA is a warning, similar to unstable angina, that a major stroke could occur at any time. The risk of recurrence is highest, the closer in time you are to the TIA. If a patient presents to the ER with a neurological deficit that

subsequently resolves, I would most definitely admit them. A certain percentage of these patients will have a stroke within the next 24 hours and unfortunately we don't know which patients they are. If, however, someone presents hours or days after the event, it may be appropriate to arrange the bulk of their workup as an outpatient.

Elizabeth L. Hamilton-Byrd, MD, Medical Epidemiologist

We admit the patient for a work up. The physicians feel that the patient is very much at risk for stroke for the first days after a TIA. Once testing is complete, they are discharged with follow up in the office.

Shar Dunlap, Neuroscience Clinical Specialist

We tend to admit pts w an acute TIA if it sounds real.....and if it is w/i 48 hrs

Mark Alberts, MD

The need to hospitalize TIA cases is an area of hot controversy. While there are no clinical guidelines advocating such an approach, more and more TIA cases are being hospitalized - which is an over reaction to the widely publicized short term stroke risk. Most decisions to hospitalize are based on the fact that it is difficult to complete needed diagnostic tests in the Emergency room (such as carotid artery ultrasound) and follow-up care post discharge is difficult to organize. That said, I believe that hospitalizing all TIA cases is unnecessary.

If you want more specific information (this is area of interest of mine) - let me know.

Mat Reeves, Epidemiology, Michigan State University

It depends upon the situation, the sx's, the time of week and the availability of a quick access to an outpt work-up. However, we have a lot threshold to admit pt for TIA evaluation.....

Hollace Chastain, MD

Whether or not TIA's get admitted or not is not really the issue, and no published guideline makes a specific recommendation in this regard. The issue is the timeliness of their TIA work-up. For example, if a hospital can get Carotid dopplers performed on a TIA patient in the ED, and they are normal, and the EKG does not show Afib, and the patients does not exhibit Afib while monitored in the ED, it is probably reasonable to start or advance that patient's anti-platelet therapy, arrange for a prompt outpatient echocardiogram, and discharge the patient from the ED. Many hospitals just admit the patient, because they cannot perform such an expedited work-up out of the ED. If you discharge the patient home without this initial work-up and the patient has a stroke before their work-up is performed, even if their stroke was not preventable, the care provider will be at high medicolegal risk.

Andrew Asimos, MD

We do generally admit TIA patients and do a stroke work-up. Although reimbursement is not the same as for stroke co-morbidities also make a difference. This work-up and treatment can make a difference in preventing a future devastating stroke.

Marie Welch, RN, MSN CRRN, Clinical Nurse Specialist

At Ingham we have several disciplines that admit stroke and TIA but for the most part a TIA diagnosis is admitted to OBV with tele. The tests most commonly ordered prior to discharge are CT scan, possibly MRI, carotid dopplers and 2D echo.

Christine S. Bossenbery, R.N. B.S.N, Stroke Nurse Clinical Coordinator

We admit TIA patients and complete a stroke work up including carotid duplex, MRI/MRA, echocardiogram, lipid profile etc. Anxious not to miss a potential reversible stroke risk so prefer not to rely on patients going to outpatient testing too late.

Janet MCNaughton, Mount Carmel Medical Centre

In response to your question from February- I work at Evanston Hospital; we admit our TIA pts- DRG is for a little over 2 days. We admit- complete our workup and try and discharge by next day. We also admit these pts to high acuity module with q2h vs and neuro checks with NIHSS q shift for the time in the hospital.

Deborah Maudlin Lynch, RN, MSN

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