

COMPILED LISTSERV RESPONSES

QUESTION #1 I am looking for info from other facilities on percent of speech therapy patient's that receive a videoswallow study. I have tried other methods to obtain this info from other facilities and have not had much luck. I was hoping there may be someone that receives your emails that may be able to help me. Criteria:

- To determine number of adult patents that have videos I looked at the number of videos billed in a year divided by the number of clinicals billed in a year. This is not an exact number of how many patients get videos but it gives me a good idea.

-Looking for the data from 400 plus acute care hospitals, but a 300 plus bed facility is okay too.

RESPONSES

We typically only do a video swallow study if there are unclear or equivocal findings on the other studies and assessments.

Dr. Mark Alberts, Northwestern University

About 60-70% of our speech therapy patients receive a videoswallow study. Approximately 80% of the stroke patients they follow receive a videoswallow as well. (200+ bed facility)

Sara Johnson

Total patients receiving evals for speech dept in 2007 2335. 877 of those were videos so 37.5% were videos

Mary Ann Cashier

At Beaumont Hospital- Royal Oak, MI I have been told that approx 15-20% of stroke pts (R CVAs & brainstem CVAs) get video swallow studies. Non of the L CVAs get video evals.

Barbara Coslow, RN, MS, NP

William Beaumont Hospital

QUESTION #2 Our stroke team is interested in hearing from others in the group if they are considering expanding the time for administering tPA or if they are aware of other studies looking to replicate the recent findings from the NEJM article titled "Thrombolysis with Alteplase 3 to 4.5 hours after Acute Ischemic Stroke", (Hacke, et al, 2008)

RESPONSES

In terms of the new ECASS-3 study, this is something that is under active discussion.....

We know a few things based on ECASS-3 and other studies:

1. IV TPA likely has some modest efficacy beyond 3 hours up to 4.5 hr
2. The risk of Sx ICH, as defined by the NINDS protocol, is about 8% when used up to 4.5 hr
3. The FDA has not yet, and may never, expand the label indication for IV TPA beyond 3 hr for stroke
4. The AHA/ASA and AAN guidelines that address this important issues have not been written or revised.....yet.....

My personal take of all these data is that if you have someone that is a good TPA candidate but just misses the current 3 hr window, but otherwise meets the ECASS-3 protocol for inclusion/exclusion (which is a little different from the 3 hr protocol), then I might consider treating them at 3 hr 10 min, 3 hr 15 min, etc.....but not out to 4.5 hr.....yet.....again, this is my personal take on this.....nothing official has been written yet.....

Dr. Mark Alberts, Northwestern University

Our MDs felt the evidence for expansion to 4.5 hours was strong enough so we have updated our IVtPA orders to reflect that. A couple of caveats:

- 1) Our neurologists are always involved in the decision making so we worded the order set to allow for clinical judgment and did not imply that IV tPA had to be given if the patient is within the interval
- 2) We continue to emphasize the door to lytic 60 minutes benchmark and underemphasize the 4.5 hours. The psychology of battling the mentality that "we had 3 hours and now we have 4.5 hours" is powerful. We strongly say Time is Brain at every opportunity.

*Tess L Sierzant, MS, RN, ACNS-BC, CNRN, HealthEast Care System

We will not be expanding the t-pa window at our facility at this time. It is still FDA approved only for the 3 hours window. More study needs to be done.

Elaine Siwec, Northern Michigan Regional Hospital

We are staying at the 3 hr window until new guidelines are released and 4.5 hrs becomes the FDA approved treatment. Our stroke team is interested in hearing from others in the group if they are considering expanding the time for administering tPA or if they are aware of other studies looking to replicate the recent findings from the NEJM article titled "Thrombolysis with Alteplase 3 to 4.5 hours after Acute Ischemic Stroke", (Hacke, et al, 2008)

*Susan Savastuk MED, BSN,RN,CDE,CRRN, Bloomington Hospital

At this time we are not extending our tPA window.

I don't think our MDs are comfortable giving it out to 4.5 hours, but they may be more lenient giving TPA to the pt that comes in at 2hours and 45 minutes.

Andrea Korsnack, RN, CNRN, CCRC , University of Toledo, College of Medicine

Not expanding the time for administering tPA to 4.5 hrs until approved/recommended.

Sarah Johnson

We are going to meet, neurology, neurovascular and neurosurgeons to discuss the literature. You may need to pose the question in a month.

Connie F. Parliament RN, MSN, CNRN

NorthShore University HealthSystems- Evanston Hospital- our Stroke Neurology Team at our monthly discussion meetings 2 weeks ago. We have decided to expand our timeframe for IV tPA but it will be done on a case by case method.

Our Stroke Medical Director just presented on the article and we are looking at extending the tPA time out. However, he noted that in the new study...there were some differences (like no one over the age of 80). Therefore, we are planning to move the time out....but amend the contra-indications for those falling between the 3 and 4.5 hour window!

Jeff Williams RN, BSN

At Beaumont hospital, Royal Oak, MI a committee has met & are considering expanding the time window for administering tPA based on the ECASS II study.

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