NYC Health + Hospitals/ Kings County Stroke Center

Performance Improvement and Quality Data

With the collaboration from Kings County's Quality department and our clinical partners (ED, nursing, Radiology, NeuroIR), our top 3 2022 performance improvement goals are door to CT scan performance, door to IV thrombolysis, and door to groin puncture time.

Door to CT scan performance time

We have collaborated with nursing education, emergency department, and radiology on median to door to CT scan performance less than 25 minutes for acute strokes with onset of symptoms less than 6 hours. In Q1 2020, the median time of door to CT performance of 19 minutes. Our goal in 2020 and 2021 to maintain median time of door to CT performance less than 25 minutes. In Q4 2022, median door to CT performance time was 17 minutes.

IV thrombolysis administration

During Q1 2020, our eligible ischemic stroke patients at NYC Health and Hospitals / Kings County was 38 minutes. We have provided goals to maintain our median DTN times median times below 60 minutes. We were able to maintain our time to IV thrombolysis less than 60 minutes in Q4 2022 37 minutes. In fact, we recently were able to provide IV thrombolysis within 21 minutes!

Door to Groin puncture time

We have collaborated with nursing education, emergency department, and radiology on median to door to groin puncture less than 90 minutes for acute ischemic stroke eligible for mechanical thrombectomy. The median time of door to NeuroIR consultation is 46 minutes. Our goal in 2022 to maintain median time of door to groin puncture time within 90 minutes.

Thrombectomy Outcome: (YTD 2023)

+ TICI 2b or greater recanalization rate: **82%**
+ Thrombectomy related symptomatic hemorrhage rate: **0%**

Stroke Clinical Research:

Kings County Hospital is dedicated to improving the quality of stroke care for our patients now and to carry out scientific research to develop breakthroughs for the future. NYC Health and Hospitals / Kings County has been a participating site for the following National Institutes of Health (NIH) and National Institutes of Neurological Disorders and Stroke (NINDS) sponsored research. This includes StrokeNet, a network of 25 regional coordinating centers across the US to service as the infrastructure and pipeline for exciting new potential treatment for patients with stroke and those at risk for stroke.

Our neurology research coordinator, Monique Tita, MS understands the importance of rebuilding trust in the community we serve and research "Mistrust in clinical trial and healthcare system in general is a deep-rooted problem in our community. Our goal is not only to carry out these clinical trials in an ethical and safe manner but also to help rebuild trust among minority population."

+ **Anticoagulation in ICH Survivors for Stroke Prevention and Recovery (ASPIRE).**
  - Randomized controlled clinical trial to test the hypothesis that apixaban is superior to aspirin for prevention of the composite outcome of any stroke (hemorrhagic or ischemic) or death from any cause in patients with recent ICH and atrial fibrillation (AF).
+ **Comparison of Anti-coagulation vs. Anti-Platelet Therapies for Intracranial Vascular Atherostenosis (CAPTIVA).**
  - Randomized controlled clinical trial to test the hypothesis that low dose rivaroxaban (2.5mg bid) + aspirin (81mg qday) compared to best dual antiplatelet therapy in preventing one-year symptomatic cerebral infarct or death in patients with symptomatic 70-99% intracranial stenosis.

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