

standard of care to apply sequential compression devices (SCD) to all patients with stroke that are non-ambulatory. At some facilities, dysphagia screening was addressed in the Emergency Department (ED) to ensure screening was performed prior to any medication administered in that setting. In addition, some institutions required dysphagia screening on patients with stroke when admitted to the stroke unit. Involvement of the Speech/Swallow Team has also been identified as a significant factor. Door to drug treatment time involves not only administration of IV thrombolytics within a 60 minute period, but also includes the activation of the stroke team, turn around time for CT scan and laboratory, as well as the identification of all potential stroke patients to receive expeditious care in the emergency setting. All of these are factors to improve emergency treatment for stroke patients and were discussed. The workgroup shares protocols and resources by bringing them to meetings as well as posting on the NJSCC web-site. The workgroup also reviews and discusses the quality of the data and strategies for data collection and reporting. understood.

As the group expect that the indicators will effort and keep able to sustain

Quality Indicator (% compliance 2008)	January	February	March	April	May	June
DVT Prophylaxis	89%	91.3%	86.9%	87.4%	88.7%	88.6%
Door to Drug	27.1%	27.7%	28.2%	27.2%	28.2%	27.2%