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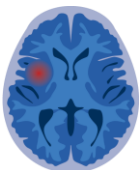
The T³ Trial: Triage, Treatment and Transfer of patients with stroke in Emergency Departments

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On behalf of the T³ Investigators team

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Aim and Method

To evaluate the effectiveness of a nurse-initiated, organisational intervention to improve ED care for patients with acute stroke

Design

Cluster Randomised Controlled Trial; single blind

Setting

26 hospital in 3 states plus Australian Capital Territory

Site eligibility

EDs delivering thrombolysis in hospitals with a stroke unit

Patient eligibility

- English-speaking, aged ≥ 18 years
- Admitted within 48 hours of symptom onset
- Clinical diagnosis of stroke and not for palliation

Outcome measures

Primary Outcome: 90-day death or dependency (mRS ≥ 2)

Secondary Outcomes: 90-day Barthel Index (BI \geq 95); SF-36 ; 11 ED quality of care outcomes

Clinical protocols

- Triage
- Treatment with tPA; fever, hyperglycaemia, and swallowing management
- Prompt transfer to stroke unit

Evidence-based Implementation Strategy

- Multidisciplinary workshops to assess barriers and enablers and develop action plans
- Didactic and interactive education
- Clinical opinion leaders and site champions
- Reminders

Results

- 26 EDs in three Australian states and the Australian Capital Territory
- 1879 patients (pre intervention: n=574; post intervention n=1305)
- No significant differences between groups for primary outcome of 90-day mRS or secondary patient outcomes (Barthel Index, Health Status)
- No significant differences between groups for 11 secondary ED quality of care outcomes

- Evidence from ED implementation trials is sparse...other ED behaviour change trials have been neutral
- Stroke is low volume in the ED @ <1% presentations
- Code Stroke protocol broadly implemented nationally
- Common belief '*We are already doing it...*'
- ED is complex:
 - large, constantly changing workforce
 - many competing clinical priorities

Is it unreasonable to expect highly specialised care for every condition in ED?

Triage Treatment and Transfer in Stroke Trial

