F.A.S.T. Alert!
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Problem:
The 2006 Louisiana Health Report Card states that strokes are the third leading cause of death for both men and women in all racial and ethnic groups in Louisiana and the U.S. The survivors of this devastating disease will have their lives changed forever, requiring medications and often left with severe permanent disabilities.

Evidence:
The Brain Attack Coalition is dedicated to reduce the occurrence, death and disabilities associated with stroke. Other organizations like The American Heart Association (AHA), The National Institute of Neurological Disorders and Stroke (NINDS) & The Joint Commission Disease-Specific Care Certification (TJC DSCC) Requirements for Primary Stroke Center have also identified evidence based guidelines for the care and prevention of people with strokes.

Strategy:
The strategy is to develop a process for the rapid diagnosis and treatment of acute stroke patients utilizing the evidenced based guidelines.

Practice Change:
The Stroke team established and implemented a process called “F.A.S.T. Alert”. When a patient presents with stroke symptoms the F.A.S.T. (Face, Arms, Speech, and Time) evaluation is completed and a chain of events is initiated to get the diagnostic testing completed and treatment administered.

Evaluation:
The Brain Attack Coalition recommendations and the American Stroke Association guidelines are the clinical practice indicators utilized to measure the implementation and ongoing evaluation of the F.A.S.T. Alert process.

Results:
Since the implementation of the process in September 2008, the volume of stroke patients has doubled. Specific stroke guidelines have not only been met but exceeded with “Door to CT Completion” times <25 min and “Door to tPA administration” <60 min.

Recommendations:
The F.A.S.T. Alert process was implemented over 6 months with administrative support and a passionate multidisciplinary team that still meets weekly to make continuous process improvements.
**Lesson Learned:**
1. Involve staff at all levels and all departments.
2. Weekly meetings to discuss case scenarios, process implementation

**Bibliography:**

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