

Measure at a Glance

CBE #1952: Time to Intravenous Thrombolytic Therapy – 60 Minutes

Measure Summary (Where does this measure seek to improve care?)

This measure looks at how quickly hospitals treat patients with acute ischemic stroke (a stroke caused by a blocked blood vessel). It tracks the percent of patients who receive intravenous (IV) thrombolytic therapy (medicine given through a vein to break up blood clots) within 60 minutes of arriving at the hospital. The goal is to measure how often hospitals meet this time target for treatment.

The measure includes patients who are 18 years and older with a diagnosis of ischemic stroke who receive IV thrombolytic therapy at the hospital. The measure excludes some patients, such as those with missing time data, those treated more than 4.5 hours after they were last known to be feeling well. A higher score means better performance, showing that more patients received timely treatment.

Meaningfulness (Why does this matter to patients, and how could it improve their care?)

This measure focuses on how fast patients with ischemic stroke receive treatment after arriving at the hospital. Stroke is a serious condition and causes many deaths in the United States. In 2023, it caused about one out of every 19 deaths, and a person died from stroke every 3 minutes and 14 seconds. About 795,000 people experience a new or repeat stroke each year.

Research shows that faster treatment with IV thrombolytic therapy is linked to better outcomes. Every minute without treatment destroys about 1.9 million brain cells. Studies also show that faster care is linked to lower death rates, fewer complications, and better recovery. Feedback from stroke survivors supports this measure, with 100% of patients surveyed saying it is meaningful and that treatment within 60 minutes is important. These findings suggest the measure may reflect care that matters to patients.

Usability (How will providers use this measure to improve care delivery?)

This measure is used at the facility (hospital) level to track how quickly patients receive IV thrombolytic therapy after arrival. Hospitals already collect these data as part of care, so they can calculate how often treatment happens within 60 minutes. A higher score means more patients received timely care, so, for this measure, a higher score is better.

Hospitals may use the results of this measure to review and adjust their processes. For example, staff can track each step from arrival to treatment and identify delays. The measure may support hospitals in monitoring their performance over time and comparing results across facilities. This allows hospitals to identify differences in care and consider changes that may help improve treatment timing.

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Feasibility (How can this measure be implemented without adding burden for providers and patients while still improving care?)

This measure uses data that hospitals already collect during usual care, including the time of arrival, the time treatment begins, and the stroke diagnosis. Hospitals record many of these data in structured fields (for example, pre-designed software forms), which supports consistent data collection. These systems help reduce missing data. For example, staff must complete all required fields when they enter data before they can mark forms as complete. Data quality programs also review accuracy and consistency.

Hospitals may collect data in different ways. Staff may review patient charts by hand, enter data one record at a time, or upload many patient records at once from electronic health records using files. Some hospitals may also use third-party tools to send data. Hospitals have used these data review and transmission methods for about 20 years. The developers describe them as feasible, valid, and reliable.

Manual chart review requires staff time and training. Some hospitals may need to set up processes to upload data from electronic records. Even so, the measure uses information already collected during usual care and does not require changes to clinical workflow.

Impact (How will using this measure improve patient experiences and outcomes?)

Guidelines state that treatment for acute ischemic stroke should begin as soon as possible, and evidence shows that earlier treatment provides greater benefit. For example, every 15-minute reduction in treatment time is linked to lower odds of death. Faster treatment is also associated with improved long-term outcomes, such as more time spent at home and a lower chance of hospital readmission within 1 year. These findings suggest that improving treatment times may have an important impact on patient outcomes.

Performance Gap (Based on current performance, where and how much care can improve?)

This measure shows differences in how quickly hospitals provide treatment. Data from 2024 to 2025 include 912,661 patients across 1,390 facilities. The average performance score was 89.18%. This means that, on average, hospitals treated 89.18% of eligible patients with intravenous (IV) thrombolytic therapy within 60 minutes of arrival.

Scores ranged from 19.05% to 100.00%. This range shows that some hospitals treat patients much faster than others.

The data also show differences across hospital and patient groups, including:

- Smaller hospitals with fewer than 50 beds had a performance rate of 83.40%, while larger hospitals with more than 100 beds had a rate of 91.98%.
- Patients aged 18 to 29 had a performance rate of 82.17%, while patients aged 80 and older had a rate of 93.11%.

These results show variation in performance across hospitals and patient groups. The measure may help identify the hospitals where treatment times may be improved.

Disclaimer: Battelle used generative artificial intelligence in the initial drafting of this document. Actual humans with relevant expertise subsequently validated and revised the content.