



สายธารแห่งคุณค่า R2R ครบวงจร

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คณะแพทยศาสตร์ศิริราชพยาบาล

ผู้ป่วยโรคหลอดเลือดสมองไทยได้รับการดูแลรักษา
อย่างไร

Quality of Care

“The degree to which health services for individuals and population increase the likelihood of **desired health outcomes** and, are **consistent with current professional knowledge**”

Quality of Acute Stroke Care Indicators (clinical tracers)

- **Structure:**

- Hospital facilities

- **Process:**

- Time: Door to 1st MD, blood result, CT, needle, admission
- Acute stroke fast track and t-PA best-practice protocol
- Rate of acute stroke unit admission
- Antithrombotics at discharge

- **Outcome:**

- complication, disability, death

Demographic data (TSR-I, June08-Mar09, N=1521)

Characteristics	N=1,521
Age (yr)	64.38 _± 13.16
Sex (% male)	55.29
Ethnicity (% Thai)	99.14
BMI (kg/m ²)	23.87 _± 9.15
Type of Insurance (%)	
- UC	60.91
- SSS	2.38
- CSMBS	27.38
- Others	9.33
Diagnosis (%)	
- ischemic	80.28
- hemorrhagic	19.72
Initial NIHSS-T	
- mean	9.5
- median	7

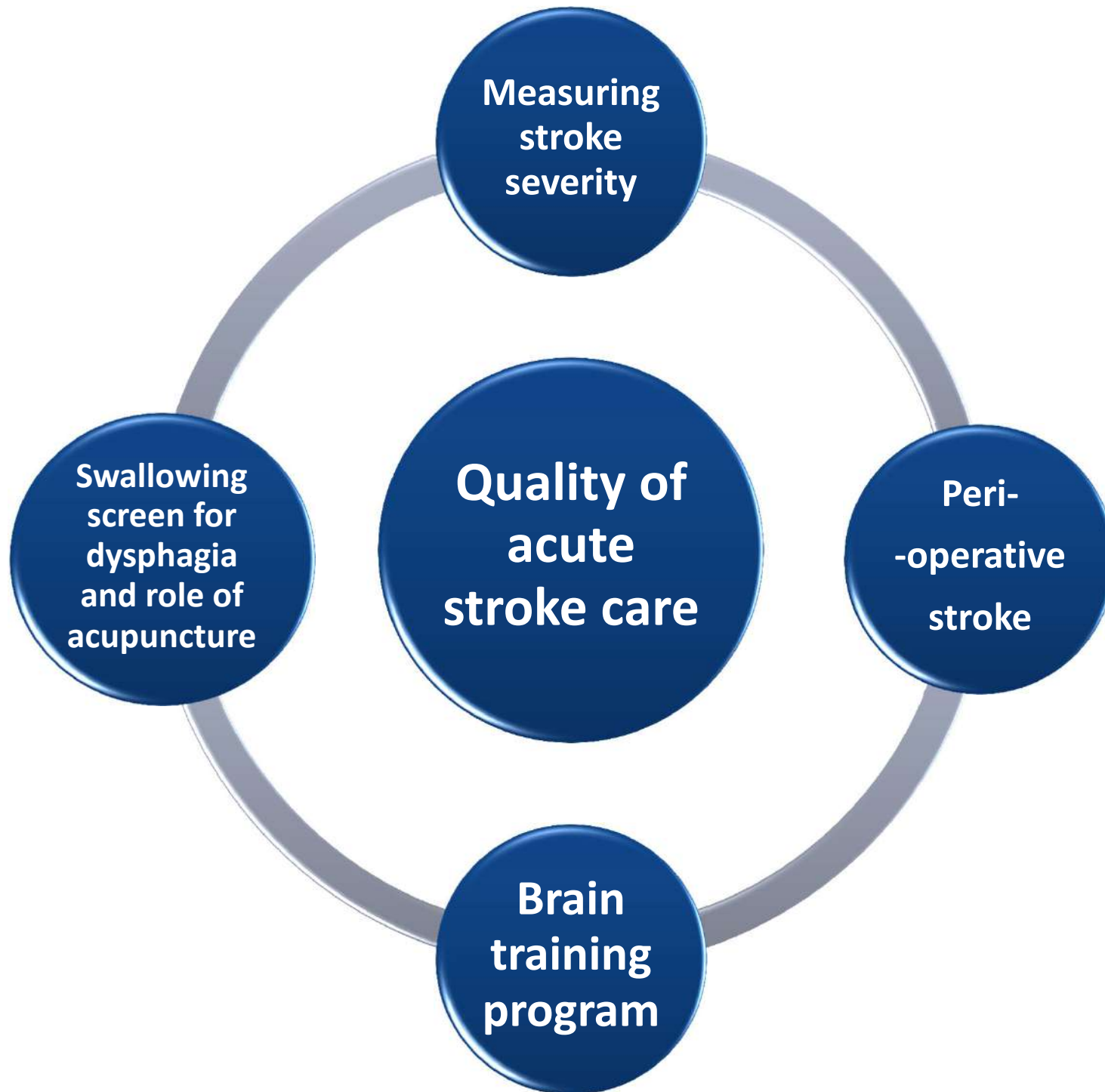


- 10 medical schools: 464
- 27 regional hosp: 678
- 39 community hosp: 379

Acute Stroke Care and Outcome in Thailand

Thai Stroke Registry, June 08 – Mar 09 (n=1,521)

- Stroke unit/bed admission (%)	22.49
- ASA within 48 hrs (%)	70.93
- IV thrombolysis (%)	3.77
- LOS (d)	7.16, 4
- mRS 0 at D/C (%)	24.28
- Death at d/c (%)	4.99
-Cost (per admission, bth)	25,669/10,013



Quality of
acute stroke
care in
Thailand:
in press (IJS)

Establishment of the Thai version of National Institute of Health Stroke Scale (NIHSS) and a Validation Study

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The Canadian Neurological Scale and the NIHSS: Development and Validation of a Simple Conversion Model

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Thank you

Thank you

