

A Multisite Qualitative Analysis of Barriers and Facilitators to Adopting Tenecteplase

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BACKGROUND

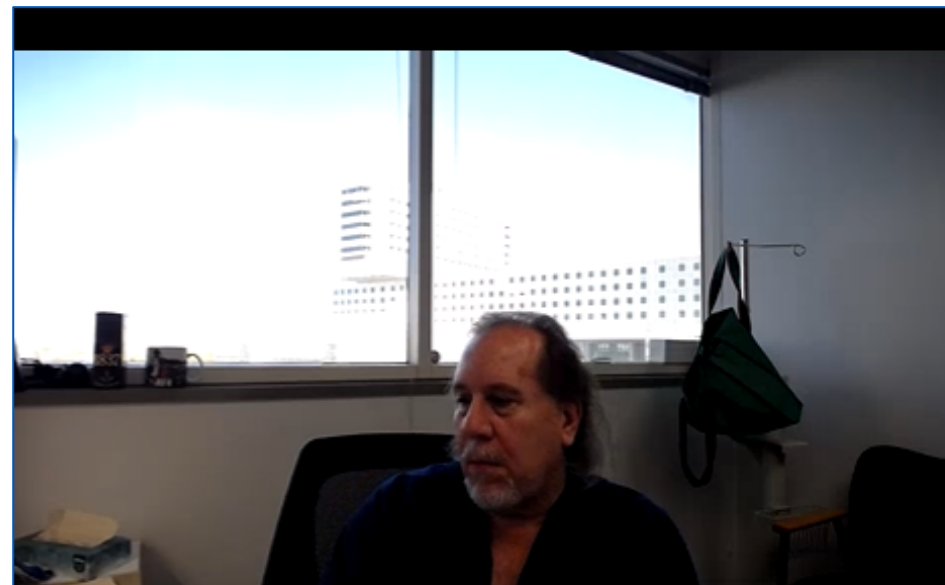
Tenecteplase (TNK) is an emerging treatment for acute ischemic stroke (AIS) being adopted in place of alteplase (ALT). Compared to ALT, TNK has a longer half-life, shorter administration time, lower cost, and similarly high efficacy in treating large vessel occlusion. Nevertheless, there are barriers to TNK adoption as a treatment for AIS.

OBJECTIVE

The objective of this study is to identify thematic barriers and facilitators to TNK implementation at hospitals within the state of Texas.

METHODS

This qualitative research study uses a phenomenological approach with hermeneutic cycling. After initial question development, subsequent questions were identified during each hermeneutic cycle in preparation for the next interview. Using purposive sampling, we interviewed stroke coordinators and physicians associated with the Lone Star Stroke Research Consortium, a statewide research network in Texas. The consortium is comprised of participants from 6 hub hospitals and 34 spoke hospitals including both community-based facilities to Comprehensive Stroke Centers. Interviews lasting 20-40 minutes were recorded and transcribed verbatim. Transcribed material was dissected and grouped into cohesive themes. At each stage of thematic analysis required consensus from the research team to proceed to the next interview. Sampling ended when saturation was reached.



these are the set up for errors. if you slowly roll it out and you leave the option for more than one dose. So if you're going to do it, they recommended.

do it.

at all of our hospitals at the same time and just choose one dose you want.

and I actually was pleased with that response because you know, it made it easier. and then I went back to the neurology groups and made that argument again.

and then we, you know, we went to all the groups and then eventually it went to the national.

PNT Committee for ascension.

and made the argument and they did their own.

critical analysis of literature came to their own conclusion and they approved.

that ascension Texas could do this as a pilot project.

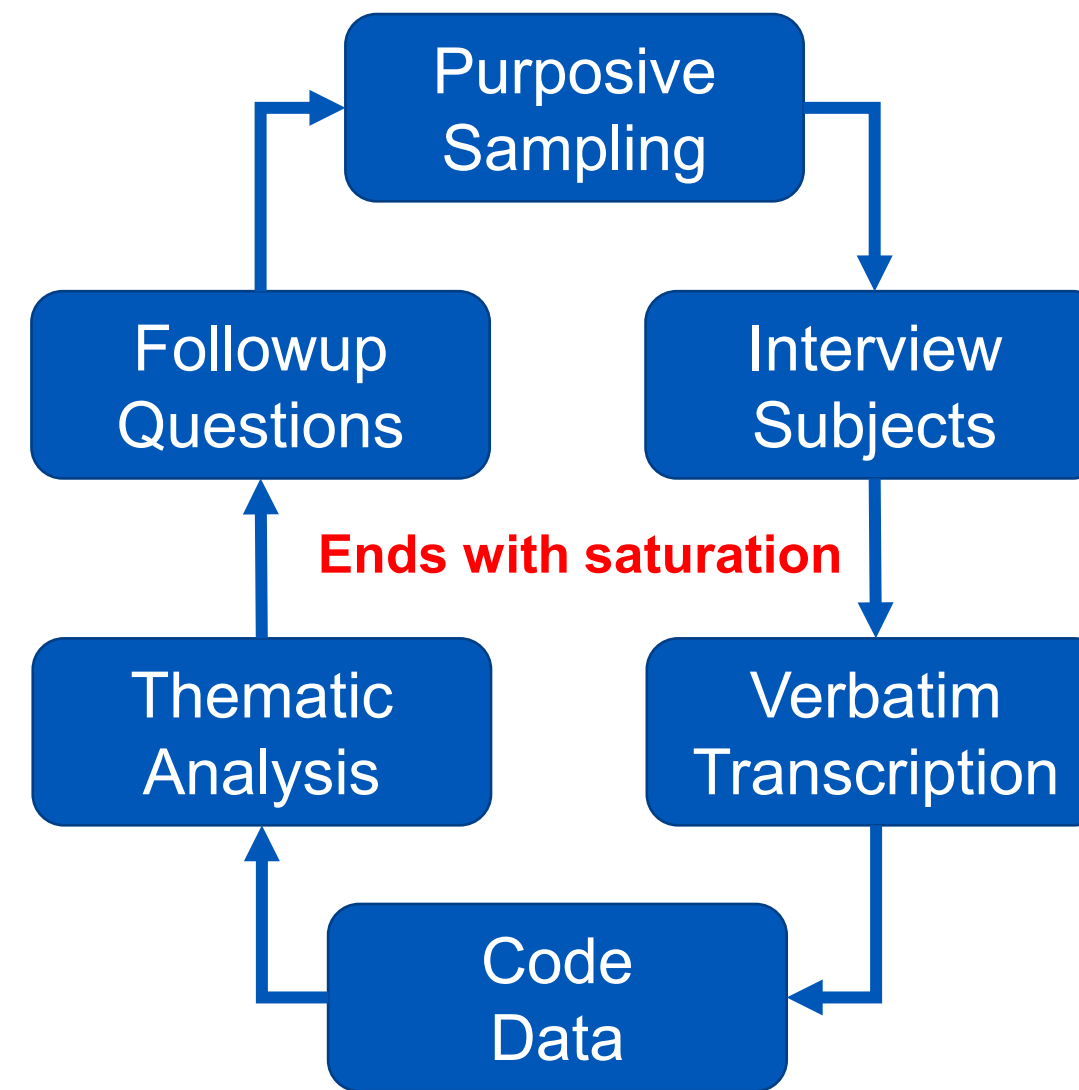
and so, they approved. we could put it on formulary for our hospitals.

and then.

they asked us to report back to them at regular intervals about how we're doing. Was it, you know, was it living up to our expectation? What would the safety outcomes, what would the timing? So every three months or so, we would report back and, you know, the plan was we were actually going to design



RESULTS



DISCUSSION

- There needs to be a faster and more efficient way to adopt evidence-based practice therapeutics. Although get with the guidelines was considered successful.
- Looking at the results, there's some common themes. Everybody was saying the same thing, and everyone has the same barriers. Everyone who overcomes those barriers did it using pretty much the same facilitators.
- So, if we tell people the barriers that they are going to see and the facilitators that have to be overcome before they get to them, that should theoretically result in faster rates of adoption.

CONCLUSION

Through qualitative interviewing, we identified themes and sub-themes in an effort to understand barriers and facilitators faced by hospitals when transitioning from ALT to TNK. The next study will use implementation science techniques and will involve designing an implementation toolkit informed by the data from this study. It is anticipated that this toolkit will be used in a prospective interventional block randomized study.

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