Drip-and-ship or mothership for optimal use of endovascular therapy: real-world evidence from Québec

The efficacy of endovascular therapy for stroke (EVT) depends on the timeliness of access to the intervention from the start of symptoms. In Québec, a province-wide field evaluation is providing information about processes of care and the delays associated with different patient pathways. Herein we compare results for drip-and-ship (transferred patients) and mothership (direct admissions to EVT centres) in the province of Québec.

**Methods**

Data were collected for all patients treated with EVT in any of Québec's EVT centres active during 2017-18 or 2018-19. Each clinical team collaborated with a designated medical archivist from INESSS to facilitate data entry into a secure, centralized website.

**Results**

In both 2017-18 and 2018-19:
- The majority of patients treated with EVT were transferred in from a referral (NT) centre.
- A substantial proportion of transferred patients did not receive t-PA prior to departure from the referral (NT) centre.

Compared to EVT patients treated after an interhospital transfer, those treated after direct admission to an EVT centre had similar clinical characteristics but tended to be older.

**Conclusion**

This real-world evidence indicates that a substantial proportion of EVT patients in Québec are transferred from a referral centre and experience longer treatment delays than those admitted directly to an EVT centre.

The more recent results from 2018-19 provide further support for the development of protocols that favour transport by ambulance, of patients suspected to have had a major ischemic stroke, directly to the closest EVT centre.