PROGRAM OVERVIEW

- Funded by the Centers for Disease Control and Prevention (CDC) as part of the Paul Coverdell National Acute Stroke Registry.
- Named in honor of the late Senator Paul Coverdell of Georgia who died of a massive stroke in 2000.
- First established in 2001 as a prototype project involving 46 hospitals in Georgia.
- Full implementation and incorporation into the Georgia Department of Human Resources, Division of Public Health (DHR-DPH) began in 2005.
- Partnership among Georgia DHR-DPH, Emory University, American Heart Association/American Stroke Association, Georgia Medical Care Foundation, Georgia Hospital Association, CDC, and participating hospitals.

GOALS

- Reduce stroke case fatality, disability due to stroke, and the incidence of recurrent stroke in Georgia by monitoring and improving the quality of acute stroke care in the hospital setting.
- Encourage collaboration between hospitals and other institutions in Georgia relating to stroke care quality improvement.

QUALITY IMPROVEMENT ACTIVITIES

- Individualized hospital consultation by quality improvement directors.
- Monthly registry-wide telephone conference calls and bimonthly newsletters sharing best practices between hospitals.
- Annual meetings to exchange best practices.
- Acute Stroke Life Support training using curriculum from the University of Miami.
- Focus of participating hospitals’ quality improvement efforts during first year was on deep vein thrombosis (DVT) prophylaxis.

HOSPITAL SAMPLING AND PARTICIPATION

- Randomly selected hospitals invited to participate to represent state as a whole.
- Volunteer hospitals also welcomed to participate.
- 49 currently participating hospitals, representing over half of stroke admissions in Georgia.

DATA COLLECTION

- The purpose of data collection is to monitor the quality of stroke care delivered at hospitals in the state and guide quality improvement efforts.
- Data relating to stroke patient characteristics and care received during the hospital stay are collected by participating hospitals on patients admitted with an acute stroke or transient ischemic attack.
- Data are entered into a Coverdell-modified version of the American Heart Association/American Stroke Association’s “Get With the Guidelines” stroke patient management tool.

REGISTRY STROKE CASE DATA

- Data were received for 5,132 stroke hospitalizations during the first full year of registry operation (11/1/2005 through 10/31/2006).
- Analysis to date includes data from 19 randomly selected hospitals and 7 volunteer hospitals that participated in the registry during year 1.
QUALITY INDICATORS

- Care received by patients is compared with a set of “Quality Indicators” that identify care processes that have been shown to be beneficial to stroke patients, and have been included in clinical recommendations.

- Quality indicator calculations include identification of patients for whom a care process would have been recommended, and a determination of how many of those patients received the recommended care.

- “Defect-free care”: delivery of care meeting all quality indicators for which patient is eligible.

QUALITY INDICATOR PERCENTAGES*

<table>
<thead>
<tr>
<th>Quality Indicator</th>
<th>Overall Weighted % of Eligible Patients Receiving Recommended Care (11/1/2005-10/31/2006)*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deep Vein Thrombosis Prophylaxis (DVT)</td>
<td>83%</td>
</tr>
<tr>
<td>Dysphagia Screening</td>
<td>79%</td>
</tr>
<tr>
<td>Stroke Education</td>
<td>73%</td>
</tr>
<tr>
<td>Smoking Cessation Counseling or Treatment</td>
<td>86%</td>
</tr>
<tr>
<td>Lipid Profile Measurement</td>
<td>69%</td>
</tr>
<tr>
<td>Antithrombotic Medication Prescribed at Discharge</td>
<td>96%</td>
</tr>
<tr>
<td>Antithrombotic Medication Administered within 48 hours of Hospitalization</td>
<td>95%</td>
</tr>
<tr>
<td>Anticoagulation Prescribed for Atrial Fibrillation</td>
<td>70%</td>
</tr>
<tr>
<td>Rehabilitation Assessment</td>
<td>88%</td>
</tr>
<tr>
<td>Receipt of Tissue Plasminogen activator (tPA)</td>
<td>37%</td>
</tr>
<tr>
<td>Defect-Free Care</td>
<td>45%</td>
</tr>
</tbody>
</table>

QUALITY INDICATOR TRENDS (YEAR 1)†

- Trend in percentage of patients receiving DVT prophylaxis

- Trend in percentage of patients receiving defect-free care

DEFINITIONS

- **Stroke**: brain tissue death- can be the result of a thrombus (blocked artery) or a hemorrhage (ruptured artery) which prevents blood flow to the brain.

- **Transient ischemic attack**: a temporary blockage of cerebral blood flow, that causes a short-lived neurological deficit.

- **Deep Vein Thrombosis (DVT)**: “blood clot” located in a large vein. DVT is a potential complication of stroke.

- **Dysphagia**: problems swallowing. Dysphagia is a potential complication of stroke that can lead to pneumonia.

- **Antithrombotic**: medication administered to prevent platelets or clotting factors in the blood from forming a blood clot.

- **Anticoagulation**: administration of medications to prevent clotting of the blood.

- **Tissue plasminogen activator (tPA)**: a medication that can be administered to some acute ischemic stroke patients to help reestablish blood supply to the brain.

ANALYSIS NOTES

*Overall Quality of Care in State: Analysis performed for randomly selected hospitals only (excluding volunteer hospitals) using weighted analysis to reflect sampling methodology and to partially account for hospital non-participation.

†Trends in Quality Indicator Data: Analysis included all hospitals participating during year 1 (selected and volunteer hospitals) and was an unweighted analysis.

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Visit [http://health.state.ga.us/epi/cdiee/strokeregistry.asp](http://health.state.ga.us/epi/cdiee/strokeregistry.asp) for more information about the Georgia Coverdell Acute Stroke Registry.