

2008 Georgia Data Summary: Georgia Coverdell Acute Stroke Registry



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 (DHR), Division of Public Health (DPH) began in 2005
- Partnership between Georgia DHR-DPH, Emory University, American Heart Association/American Stroke Association, Georgia Medical Care Foundation, Georgia Hospital Association, CDC, and participating hospitals

GOALS

- Reduce fatalities and disability due to stroke and the incidence of recurrent stroke in Georgia by monitoring and improving the quality of acute stroke care in hospitals
- Encourage collaboration between hospitals and between hospitals and other institutions in Georgia relating to stroke care quality improvement

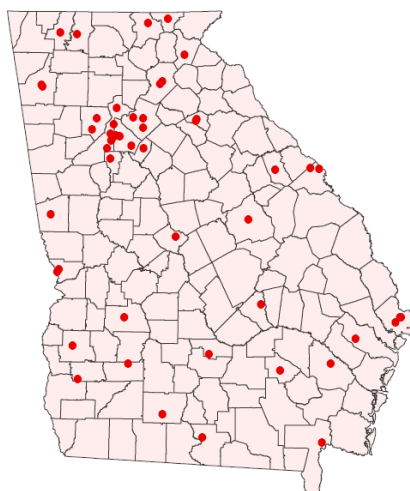
QUALITY IMPROVEMENT ACTIVITIES

- Individualized stroke care quality improvement consultation for participating hospitals
- Monthly registry-wide telephone conference calls and bimonthly newsletters sharing best practices between hospitals
- Annual meetings to exchange best practices in conjunction with the American Heart Association/American Stroke Association
- Acute Stroke Life Support training using curriculum from the University of Miami
- Focus of participating hospitals' quality improvement efforts during first two years was on deep vein thrombosis (DVT) prophylaxis, and is now on dysphagia screening

HOSPITAL SAMPLING AND PARTICIPATION

- Randomly selected hospitals actively invited to participate and volunteer hospitals also welcomed
- Hospitals recruited in three stages:
 - First group (cohort 1) started on 11/1/05
 - Second group (cohort 2) started during 10/1/06-3/30/07
 - Third group (cohort 3) started during 3/1/08-4/30/08
- 50 currently participating hospitals, representing over half of stroke admissions in Georgia

Georgia Coverdell Acute Stroke Registry Participating Hospitals, June 2008



DATA COLLECTION

- Data on stroke patient characteristics and care received during the hospital stay are collected by participating hospitals for 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
- The purpose of data collection is to monitor the quality of stroke care delivered at hospitals in the state and to guide quality improvement efforts

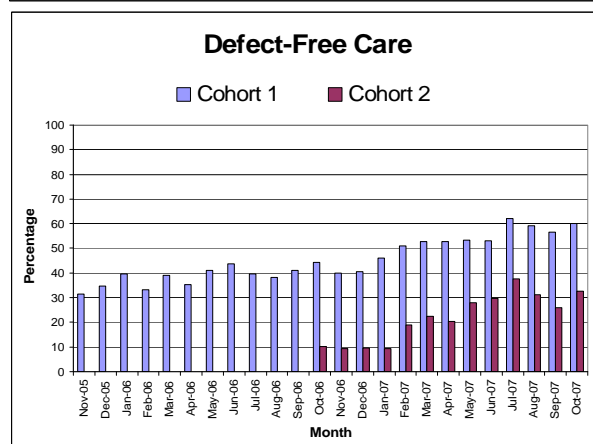
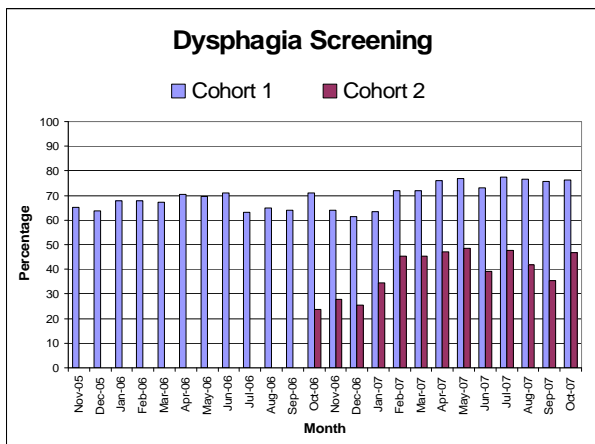
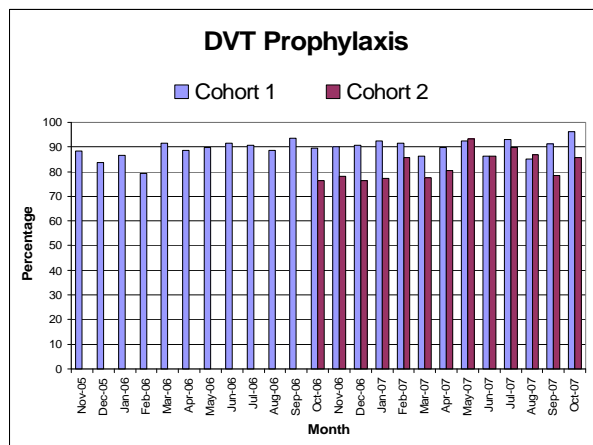
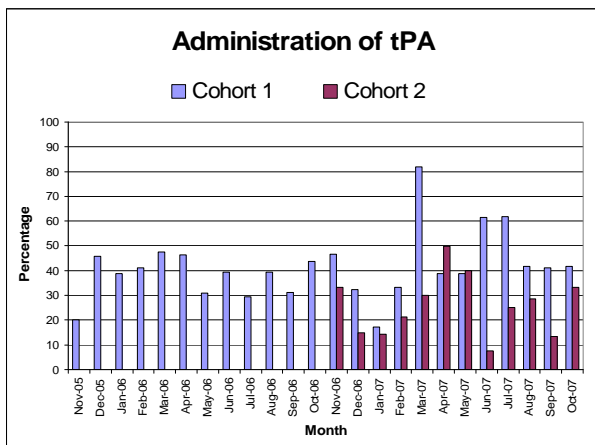
REGISTRY STROKE CASE DATA

- Data received for **12,783** stroke hospitalizations during 11/1/05 through 10/31/07
- Analysis includes data from 24 cohort 1 hospitals and 21 cohort 2 hospitals

QUALITY INDICATORS

- Care received by patients is compared with 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.
- The 10 registry quality indicators during the first two years of operation were:
 - Administration of tPA
 - Dysphagia screening
 - Administration of antithrombotic medication within 48 hours
 - DVT prophylaxis
 - Lipid profile measurement
 - Delivery of stroke education
 - Smoking cessation counseling or treatment
 - Rehabilitation assessment
 - Prescription of antithrombotic medication at discharge
 - Prescription of anticoagulant medication for patients with atrial fibrillation
- Defect-free care is defined as the delivery of care meeting all quality indicators for which a patient is eligible

TRENDS IN SELECTED QUALITY INDICATORS



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:** temporary blockage of cerebral blood flow that causes a short-lived neurological deficit
- Deep Vein Thrombosis (DVT):** blood clot located in a large vein; a potential complication of stroke.
- Dysphagia:** problems swallowing; 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

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Visit <http://health.state.ga.us/epi/cdiee/strokeregistry.asp> for more information about the Georgia Coverdell Acute Stroke Registry.