

## 2009 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
- Partnership between Georgia Department of Community Health's Division of Public Health, 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; and
  - encouraging collaboration between hospitals and between hospitals and other institutions in Georgia concerned with 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

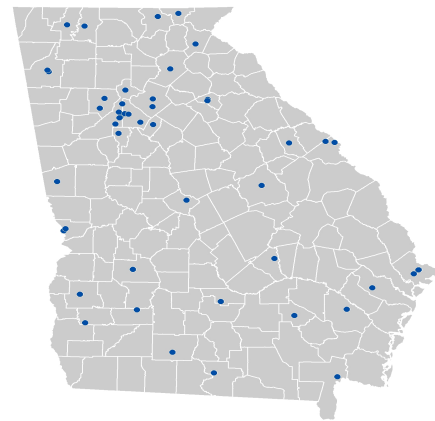
### DATA COLLECTION

- 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
- 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

### HOSPITAL PARTICIPATION

- Hospitals actively recruited in three stages:
  - Cohort 1 started in November 2005
  - Cohort 2 started in October 2006
  - Cohort 3 started in March 2008
- Other hospitals continued to join the registry, and the next recruitment is planned for late 2009
- 52 currently participating hospitals, representing over half of stroke admissions in Georgia

Georgia Coverdell Acute Stroke Registry  
Participating Hospitals, June 2009



Note: Dots represent location and may represent more than one facility

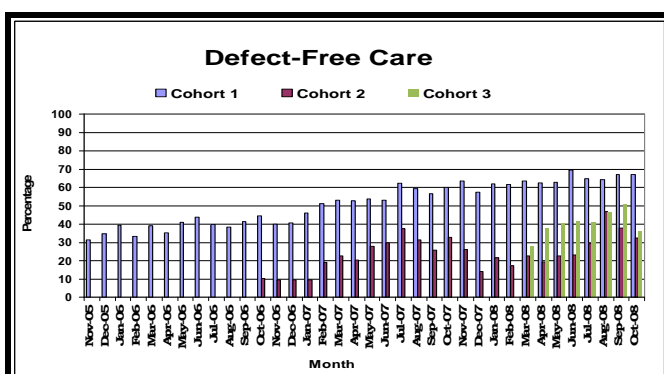
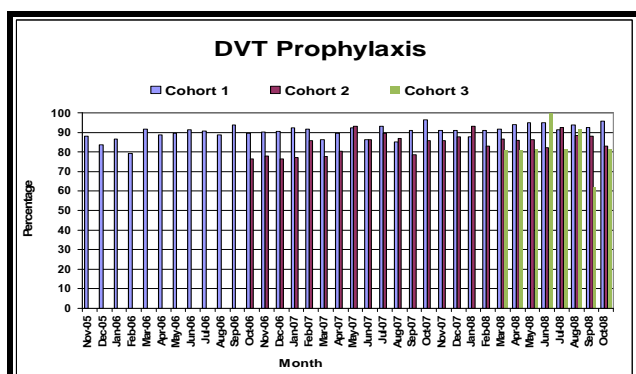
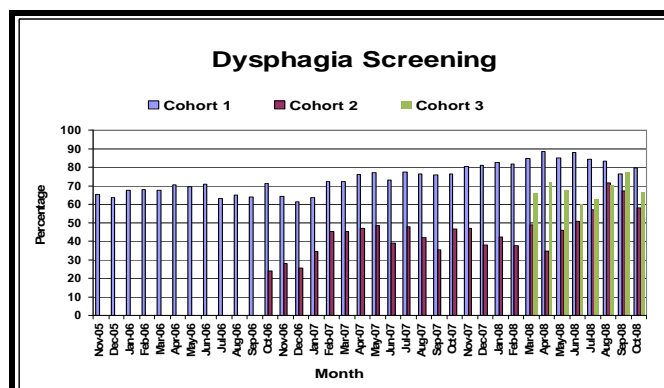
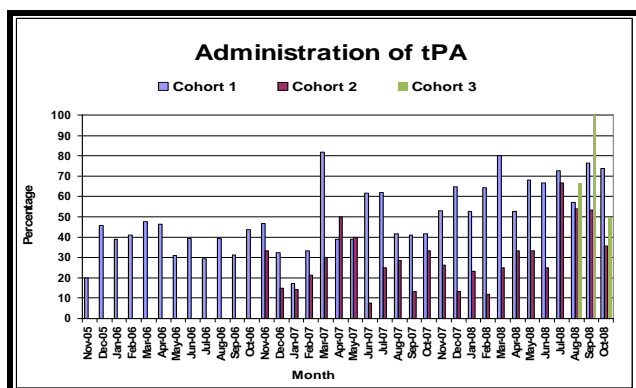
### REGISTRY STROKE CASE DATA

- Analysis included data from 22,737 patients admitted from November 2005 to October 2008
- The majority (58%) had a discharge diagnosis of ischemic stroke, followed by hemorrhagic stroke and transient ischemic attack, at 19% each
- For ischemic stroke, prompt treatment (thrombolysis) is critical for good recovery
  - Of patients admitted with a presumptive diagnosis of ischemic stroke, 19% arrived at the emergency department within 2 hours from the last time they were known to be well
  - Among these, only 52% of eligible patients received thrombolytic treatment within 3 hours after symptom onset

## 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



Notes: \* 23 hospitals comprised Cohort 1, 16 hospitals comprised Cohort 2, and 9 hospitals comprised Cohort 3  
 \* Definitions of some of the variables comprising the defect free care indicator have changed over time

## 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 (TIA):** 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):** 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.