

DISEASE BURDEN

- In 2018, 21,036 Georgians were hospitalized for acute stroke or transient ischemic attack in 123 Georgia hospitals.
- Total stroke hospitalization charges were more than \$1.4 billion, with a median charge per patient of about \$37,570.
- Based on the Georgia Coverdell Acute Stroke Registry and Georgia death data, mortality from acute ischemic stroke and its complications in Georgia during 2018 was estimated to be:
 - 7.3 percent at 30 days post-incident
 - 16.9 percent at 1-year post-incident

- Based on the 2018 hospital discharge data, GCASR-participating hospitals serve about 95 percent of stroke admissions in Georgia.

PROGRAM OVERVIEW

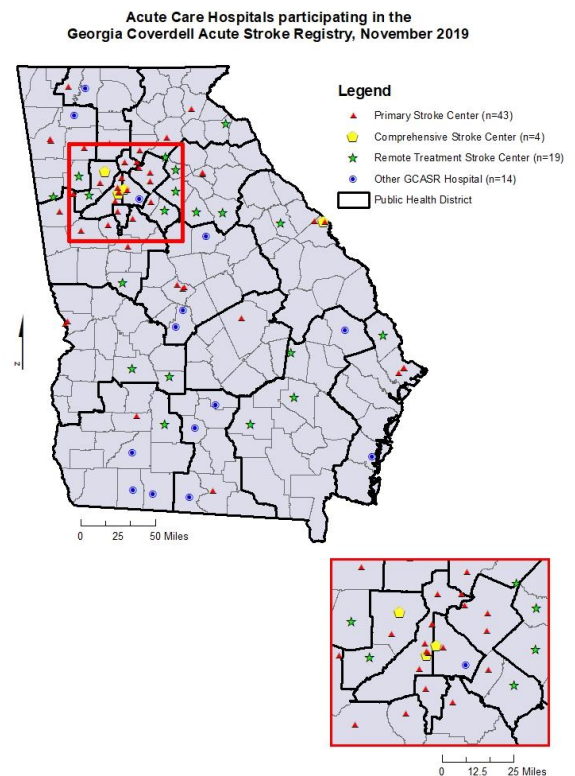
- The Georgia Coverdell Acute Stroke Registry (GCASR) is named in honor of the late Senator Paul Coverdell of Georgia who died of a massive stroke in 2000.
- GCASR is funded by the Centers for Disease Control and Prevention (CDC) as part of the Paul Coverdell National Acute Stroke Program (PCNASP).
- GCASR is a partnership between the Georgia Department of Public Health (DPH) Epidemiology, DPH Office of EMS, Emory University, American Heart Association, Alliant Health Solutions, Georgia Hospital Association, CDC/PCNASP, and the participating hospitals, rehabilitation centers, and Emergency Medical Services (EMS) agencies.

GOALS OF THE GCASR

- Reduce morbidity, mortality, and disability due to stroke and the incidence of recurrent stroke in Georgia by:
 1. Monitoring and improving the quality of pre-hospital, in-hospital, and post-hospital discharge care of stroke patients.
 2. Encouraging collaboration among EMS providers, hospitals, rehabilitation facilities, home health services, and other institutions in Georgia concerned with stroke care quality improvement.

PARTICIPATION

- Hospitals, post-acute care facilities, and EMS agencies join GCASR voluntarily.
- During 2019 in Georgia, 45 EMS agencies and 80 hospitals participated in GCASR, of which 47 were Joint Commission- or Det Norske Veritas-certified comprehensive or primary stroke centers and 19 were Georgia DPH-designated remote treatment stroke centers.



DATA COLLECTION

- Data about stroke patient characteristics and care received are collected by GCASR-participating hospitals for patients admitted with acute stroke or transient ischemic attack.
- Data about EMS performance measures are obtained through the Georgia EMS Information System (GEMSIS).
- The data collection aims at measuring and monitoring the quality of pre-hospital and in-hospital stroke care delivery in Georgia.

QUALITY IMPROVEMENT ACTIVITIES

Hospitals and EMS agencies participating in GCASR receive:

- Individualized stroke care quality improvement consultation.
- Regular educational conference calls and newsletters to share best practices among participating hospitals and EMS providers.

- Regular trainings to enhance skills and exchange best practices.
- Organized mentorship among the participating facilities.
- Acute Stroke Life Support (ASLS) training.
- Quality improvement efforts focused currently on thrombolytic treatment for eligible stroke patients and door-to-needle time.
- Development of tools to strengthen EMS-hospital communication.

QUALITY INDICATORS

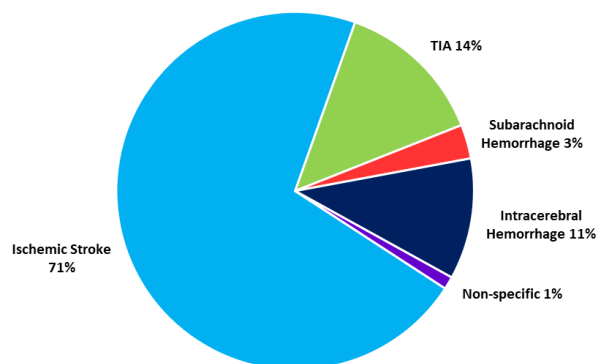
- The quality of care received by stroke patients is measured by indicators representing care processes included in clinical recommendations.
- Quality indicator calculations include identification of patients for whom a care process would have been recommended, and a determination of how many of those patients received the recommended care.
- The 13 GCASR in-hospital care quality indicators are:
 1. Administration of tissue plasminogen activator
 2. Dysphagia screening
 3. Administration of antithrombotic medication within 48 hours
 4. Deep vein thrombosis (DVT) prophylaxis
 5. Prescription for lipid lowering medication
 6. Delivery of stroke education
 7. Smoking cessation counseling or treatment
 8. Rehabilitation assessment
 9. Prescription for antithrombotic medication at discharge
 10. Prescription for anticoagulant medication for patients with atrial fibrillation
 11. NIH stroke scale score recorded
 12. Door-to-image time
 13. Intravenous Alteplase within 60 minutes of hospital arrival
- Defect-free care is defined as the delivery of care meeting all quality indicators for which a patient is eligible.
- Based on GEMSIS data, three performance measures are used to monitor the quality of pre-hospital care:
 1. On-the-scene time < 15 minutes
 2. Transports with a stroke screen completed and recorded
 3. Transports with a blood glucose checked and recorded

STROKE REGISTRY & GEMSIS DATA

- Analysis included data from 97,350 stroke patients' admissions to GCASR-participating hospitals during 2014 to 2018 and 5,608 presumable stroke patients transported by 31 EMS agencies from the field in 2018.

- In Georgia during 2018, among patients transported by EMS with provider impression of stroke/cerebrovascular accident or transient ischemic attack:
 - 47 percent had a stroke screen completed and recorded
 - 60 percent had their blood glucose checked and recorded
 - Median on-the-scene time was 15 minutes, and 47 percent had an on-scene time less than 15 minutes
 - Median travel time from scene to hospital was 15 minutes
 - Median time from 911 call to hospital arrival was 44 minutes

Figure 1. Types of Stroke, GCASR Admissions, 2018 (n=22,400)



- In 2018, among 22,400 acute stroke admissions in GCASR facilities:
 - Ischemic stroke and transient ischemic attack accounted for 85 percent of admissions (Figure 1).
 - Forty-six percent of stroke admissions were for patients brought to the hospital by EMS, 39 percent by private transportation, and 16 percent were transferred from one healthcare facility to another.
 - Hospitals received pre-notification from EMS for 54 percent of the stroke admissions brought by EMS.
 - Of the total 22,400 GCASR patients in 2018, 27 percent were previously admitted with stroke and 9 percent had a previous TIA admission.
 - Eighty percent of stroke admissions had a history of hypertension, of which 77 percent were on antihypertensive medication during the week prior to their admission for acute stroke.

- Of the 22,400 GCASR admissions, 236 were newly diagnosed with diabetes during admission for acute stroke.
- About 56 percent of all stroke admissions in Georgia resulted in discharge to home.

Table 1. Most frequent co-morbidities among stroke patients (n=22,400) and prevalence among adult Georgians, GCASR, 2018

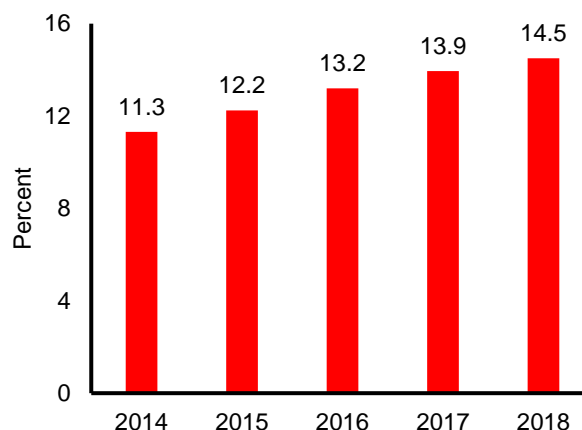
Co-Morbidity	Acute Stroke Patients (%) ^a	Adult Georgians (%) ^b
Hypertension	79.7	33.1*
Dyslipidemia	43.8	31.1*
Diabetes Mellitus	36.2	12.6
CAD ^c /Prior MI	21.8	7.1
Atrial Fibrillation/Flutter	14.4	--
Smoking	21.4	16.1

Note: a - GCASR 2018; b - Georgia Behavioral Risk Factors Surveillance System 2018 (* 2017); c - Coronary Artery Disease

For ischemic stroke patients, prompt thrombolytic treatment, if eligible, is critical for better survival and functional outcomes.

- In 2018, among ischemic stroke patients admitted to GCASR-hospitals with symptom onset time noted, 31 percent (2,648/8,548) arrived at the emergency department within 2 hours from the last time they were known to be well.
- Among these, 67 percent (1,779/2,648) had their brain image taken within 25 minutes of hospital arrival and 40 percent (1,054/2,648) were eligible, without contraindications, for Alteplase.
- Among the Alteplase-eligible patients, 91 percent (957/1,054) received intravenous thrombolytic treatment within 3 hours after symptom onset.
- Among eligible patients treated with a thrombolytic agent, 46 percent (451/986) and 70 percent (689/986) received intravenous Alteplase within 45 minutes and within an hour of arrival at the emergency department, respectively.
- In 2018, the median time to receive Alteplase for eligible ischemic stroke patients arriving within two hours of symptom onset was 48 minutes.

Figure 2. Percentage of ischemic stroke patients receiving intravenous or intraarterial Alteplase treatment, GCASR, 2014-2018 (n=68,329)



Note: In 2008, only 4.9 percent received IV Alteplase.

CHANGES OVER TIME (GCASR HOSPITALS), 2014-2018

- Overall, Alteplase administration among ischemic stroke patients increased from 11.3 percent in 2014 to 14.5 percent in 2018 (Figure 2).
- The percentage of patients who received defect-free care showed no consistent increase from 2014 to 2018 (76 percent) (Figure 3).
- The median time from symptom onset to hospital arrival among patients with ischemic stroke has fluctuated between 2014 and 2018 (Figure 4).
- A stroke alert system expedites in-hospital patient care. However, the percentage of patients transported by EMS with hospital pre-notification decreased from 58 percent in 2014 to 54 percent in 2018, albeit inconsistently (Figure 5).
- The percentage of eligible ischemic stroke patients who received intravenous Alteplase within 3 hours of symptom onset consistently remained at around 90 percent.
- Those who received the treatment within 45 minutes of hospital arrival increased from 32 percent in 2014 to 46 percent in 2018 (Figure 6).
- The median times from hospital arrival to take a brain image and administer Alteplase intravenously (door-to-treatment time) were shortened from 17 and 57 minutes in 2014 to 15 and 48 minutes in 2018, a reduction of 12 and 16 percent, respectively (Figures 7 & 8).

Figure 3. Percentage of acute stroke patients who received defect-free care, GCASR, 2014-2018 (n=77,006)

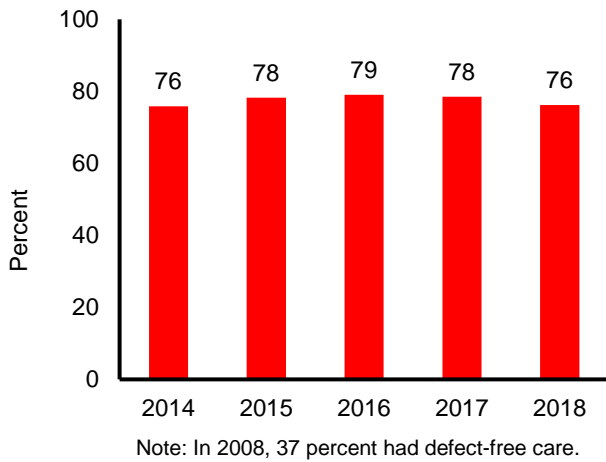


Figure 4. Trend in median symptom onset to hospital arrival time among Acute Ischemic Stroke patients, GCASR, 2014-2018 (n=30,987)

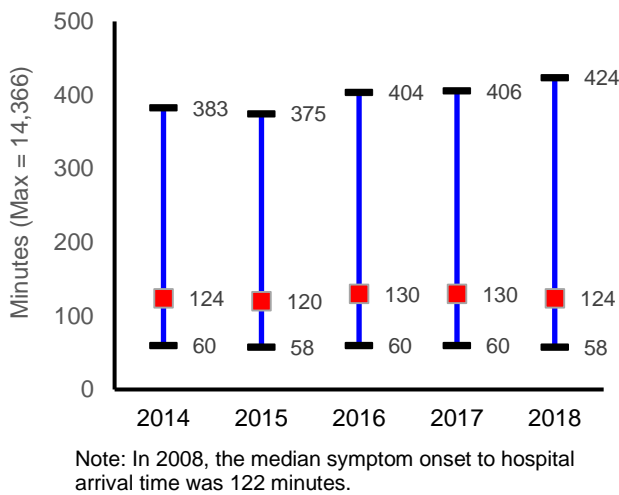


Figure 5. Percentage of stroke patients transported by EMS with hospital pre-notification, GCASR, 2014-2018 (n=45,477)

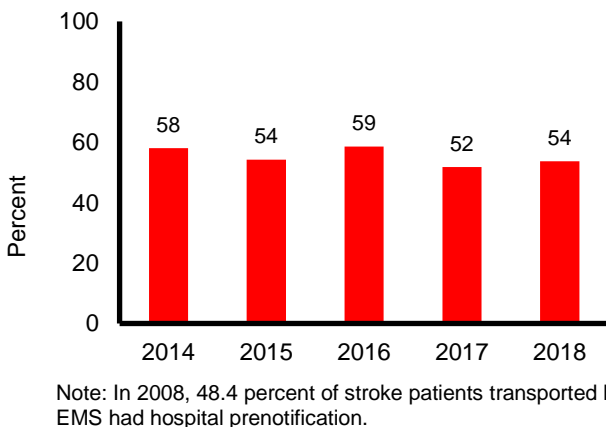


Figure 6. Percentage of eligible ischemic stroke patients treated with intravenous Alteplase within 45 minutes of hospital arrival, GCASR, 2014-2018 (n=4,297)

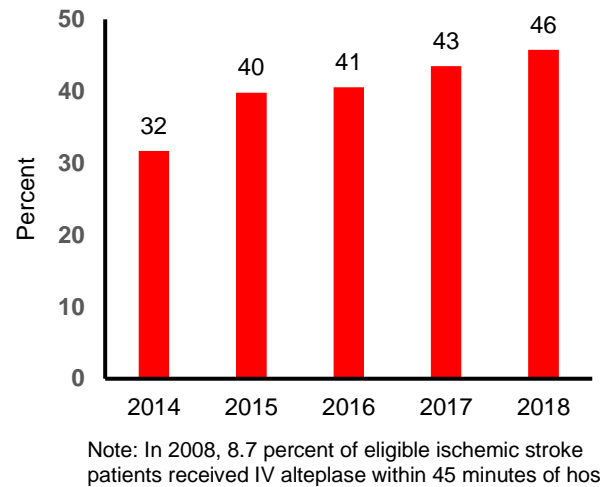


Figure 7. Trend in median door-to-imaging time among ischemic stroke patients who arrived at a hospital within 120 minutes of symptom onset, GCASR, 2014-2018 (n=10,953)

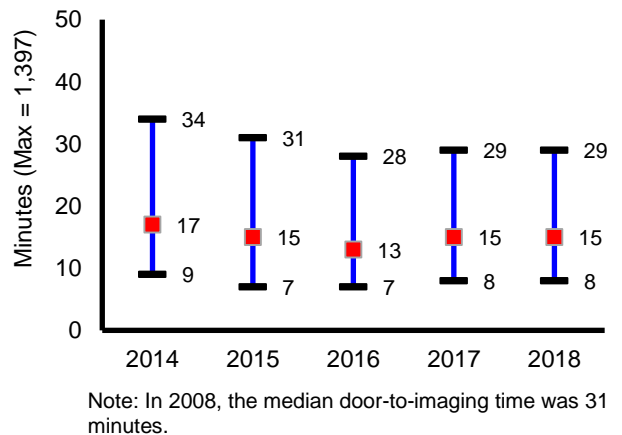
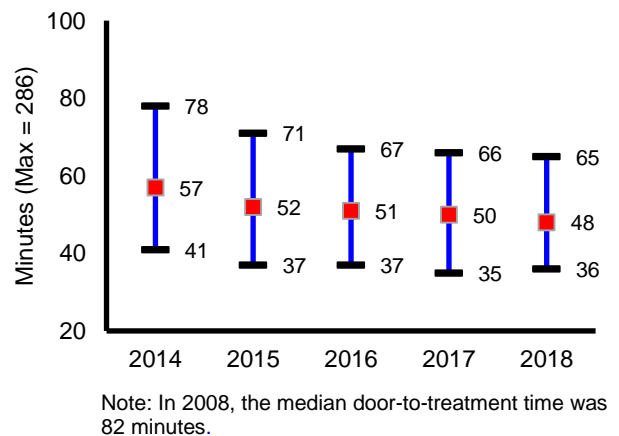


Figure 8. Trend in median door-to-treatment time among eligible ischemic stroke patients treated with intravenous Alteplase, GCASR, 2014-2018 (n=4,297)



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 (Alteplase): a thrombolytic medication administered to eligible acute ischemic stroke patients to reestablish blood supply to the brain

FOR MORE INFORMATION ON GCASR, PLEASE VISIT

<http://dph.georgia.gov/georgia-coverdell-acute-stroke-registry>