



# Stroke View



Georgia Department of Public Health

GA Coverdell Acute Stroke Registry

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## The Georgia LONGID – a required data element

Dr. Moges Ido– GCASR Scientific Advisor

The Georgia Coverdell-Murphy Act passed in 2008 states that State-designated Stroke Centers must submit data to the Georgia Department of Public Health. Recently, DPH has released the list of required data elements, including LONGID, as authorized by the 2016 Georgia General Assembly.

LONGID is a 15-digit alphanumeric, quasi-unique, code which assists GCASR staff in removing duplicate entries but most importantly, link information from different data sources. Data linkage is critical to establish a longitudinal course of patient care from pre-hospital to post-hospital care and to evaluate the impact of our quality improvement efforts. Thirty-day readmission and mortality rates has been used as a measure of quality of care by CMS and other federal agencies. Last year, we started sending hospital specific impact measures so that hospitals could establish their baseline and could monitor their progress through time. The Georgia Coverdell Acute Stroke Registry is the first among all stroke registries to do so and have a statewide baseline. Because the LONGID was not entered properly and completely and because the yield from data linkage wasn't 100%, the estimates are expected to be slightly lower than the actual readmission and mortality rates. So, it is crucial that we have accurate and complete LONGIDs.

All hospitals currently participating and entering data have documented LONGID though the level of completeness varies from hospital to hospital as does the accuracy or correctness of the LONGID. We started entering LONGID in April 2014, currently 89% of the records entered have LONGID of which about 3% were created and entered erroneously. It is encouraging that we have come this far, and we would like to take this opportunity to express our appreciation for all hospitals participating in this endeavor. Now it is time to change the good into a better achievement and ensure that each record has accurate LONGID, thus allowing GCASR to use our data more efficiently.

## Spotlight

### Congratulations to our newest Remote Treatment Stroke Centers!

We would like to congratulate Clearview Regional Medical Center and Upson Regional Medical Center for their recent certification to operate as a Remote Treatment Stroke Center. This designation has been obtained through the Georgia Department of Public Health, Office of EMS and Trauma. Congratulations to everyone at Clearview and Upson for their hard work and dedication to stroke care.

## Quality Improvement Study: Increasing Quality

### IMPROVING THE ADHERENCE TO STROKE TREATMENT GUIDELINE IN RURAL GEORGIA

Teri Newsome, RN; Director Quality/Stroke Coordinator, HMC

As part of the quality-improvement activities conducted by the Georgia Coverdell Acute Stroke Registry (GCASR), the Georgia Department of Public Health monitors participating GCASR hospitals' adherence to the following 10 quality-of-care measures: 1) intravenous tissue-type plasminogen activator administered to the patient who presented to the ED within 2 hours after symptom onset and received the drug within 3 hours of symptom onset; 2) antithrombotic medication administered by end of hospital day 2; 3) deep vein thrombosis prophylaxis administered by end of hospital day 2 to the patient who was nonambulatory at hospital day 2; 4) antithrombotic medication administered at discharge; 5) anticoagulants administered at discharge for any atrial fibrillation; 6) lipid-lowering agent administered at discharge to the patient with low-density lipoprotein (LDL) greater than 100 or those on lipid-lowering agents before admission or those in which LDL was not measured in the past 30 days; 7) counseling or medication provided at or before discharge to help the patient quit using tobacco product(s); 8) screening of dysphagia; 9) educating the patient or his/her caregiver about stroke care; 10) the patient is evaluated for rehabilitation services. When a stroke patient receives all of the measures for which he/she was eligible, he/she received a "defect-free care."

In 2012, Habersham Medical Center (HMC), a primary stroke center located in Demorest, Georgia, experienced a significant decline in its defect-free care. Evaluation of its stroke program revealed a decrease in proportion of patients who received lipid-lowering agent at discharge which resulted in its composite score dropping to 62%. The cause of some patients not receiving the LDL treatment appeared to be due to its medical record upgrades and implementation of computerized physician order entry (CPOE). In depth examination of five cases revealed that hospitalist's computer access did not allow for the documentation of this element. Changes were made so that: 1) the design layout of CPOE screens accessed by the hospitalists were revised to address the elements for lipids and venous thromboembolism; 2) hospitalists were provided with the American Heart Association's latest scientific stroke treatment guidelines and information on Statin, and retrained on the ten quality-of-care measures; 3) cases not meeting defect-free care requirements were peer reviewed by HMC's Medical Staff Quality Improvement Committee/Medical Executive Committee to support hospitalists re-examine them and review requirements for defect-free care; 4) a letter from HMC's Medical Chief of Staff were issued to hospitalists not adhering to the quality of care measures; and 5) cases that failed to meet defect-free care were reviewed every other year, at the time of each hospitalist's reappointment to HMC. Following the changes, HMC had complied 100% on LDL treatment for 2016; increasing its defect-free care to 83%; a 21% increase from the 2012 score.

## **Clayton County Fire & Emergency Services makes Stroke Education a Priority**

Clayton County Fire and Emergency Services (CCFES) began addressing stroke awareness and prevention in the community in January 2017. Clayton County's Emergency Medical Services (EMS) Division along with the department's Public Affairs Division began an aggressive approach in addressing stroke care and education for the citizens of Clayton County.

In the calendar year of 2016, CCFES transported approximately 400 patient's experiencing stroke or "stroke-like" symptoms to multiple stroke centers in and around metro Atlanta. In 2017, Clayton County Fire Department has developed and implemented a new website design that includes Stroke Awareness and identification of someone having a stroke. The webpage, listed under *Medical Emergencies* displays the signs and symptoms of a stroke to include the F.A.S.T. acronym.

During the departments Fire Safety Education events, CCFES provides handouts and magnets to help identify the signs & symptoms of a stroke. Southern Regional Medical Center has collaborated with CCFES and provides staff from the hospital to assist with these events. Southern Regional Medical Center Stroke Coordinators has provided CCFES with reference materials to distribute during these events and has established a coloring contest for middle school students on stroke symptoms. SRMC physicians, nurses, and EMS employees are the official judges for the contest. Contestants are given an opportunity to take a grand tour of the fire station and get an interactive demonstration of fire department equipment.

CCFES continues to push the envelope when it comes to providing quality care and transportation to the citizens in our community. Stroke education is a priority to our agency and we will continue to work in partnership with others to increase our outreach.

Clayton County Fire and Emergency Services was awarded the 2017 EMS Agency of the Year in Region 3.

## Frequently Asked Questions

### Stroke Awareness/Education

**Q: What are some examples of ways to increase Stroke Awareness in my community?**

**A:** FAST education materials can be obtained from the National Stroke Association. NSA is currently working with Georgia sites to collaborate on their “Fast Program in a Box” initiative. Once you sign up to be a site, a package of materials (presentation, posters, wallet cards, brochures, etc.) will be mailed directly to you within a week. These materials can be used during community health fairs, events or in a designated space in the lobby. For more information or to sign up to become a site, contact Denys Fluitt by email at [Denys.Fluitt@dph.ga.gov](mailto:Denys.Fluitt@dph.ga.gov).

### Georgia Coverdell Acute Stroke Registry

**Q: What does the Georgia Coverdell Acute Stroke Registry (GCASR) do?**

**A:** Named in honor of the late Senator Paul Coverdell of Georgia, who died of massive stroke in 2000, GCASR is funded by the Centers for Disease Control and Prevention to:

1. Recruit Emergency Medical Services (EMS) agencies and acute-care hospitals to participate in the collection of data on stroke care in Georgia
2. Establish Georgia’s data system infrastructure to measure, track, and assess quality of stroke care among the participating EMS agencies and hospitals
3. Analyze and use data to guide efforts to improve acute stroke care in Georgia
4. Increase workforce capacity and scientific knowledge for stroke care within stroke systems of care
5. Establish partnership with stroke care professionals and stakeholders
6. Increase public awareness of stroke

### Data

**Q: How are GCASR data collected?**

**A:** Using Quintile’s Get With The Guidelines (GWTG) Patient Management Tool® (PMT®), the GCASR participating hospitals input their patient records into the GWTG stroke database. GCASR accesses the database and using the LONGID created for each patient, links the patient records with electronic patient care report (ePCR) from Georgia Emergency Medical Services Information System (GEMSIS), death records from the Georgia Office of Vital Records, and hospital discharge data from the Georgia Hospital Association.

**Q: What is the purpose of GCASR’s Hospital Data Quality Report?**

**A:** Distributed twice a year, it documents agreements between data abstractors as a way to gauge the accuracy and completeness of the hospital data. In order to utilize data for improving stroke care, the data first must be accurate and complete!

### Post-Hospital

**Q: Who do I contact about improving post-hospital transitions of care?**

**A:** Patricia Hashima, Quality Improvement Consultant, is available to provide technical assistance for improving post-hospital transitions of care. She can be reached by email at [Patricia.Hashima@dph.ga.gov](mailto:Patricia.Hashima@dph.ga.gov) or 404-463-4630.

## Updates

### **NEW Stroke Regulations**

On June 8, 2017 new stroke regulations went into effect which gives the Georgia Department of Public Health, in conjunction with the Georgia Coverdell Acute Stroke Registry, the capability to establish additional levels of stroke centers as necessary based on advancements in medicine and patient care. In addition, in order to ensure that patients are receiving the appropriate level of care and treatment at each level of stroke center in the state, each hospital designated and identified by the department as a stroke center must participate in the Georgia Coverdell Acute Stroke Registry, and shall submit data to the Registry as required by the department. The information required as well as the revised law can be found at the following link. <http://rules.sos.ga.gov/GAC/511-9-2-.04>

## Announcements

### **June Coverdell Call**

We would like to take this opportunity to thank Dr. Diogo Haussen for presenting on the June 12<sup>th</sup> Coverdell call. Dr. Haussen is the Principal Investigator for the DAWN Trial at the Grady Hospital enrollment site and he presented the final results of the DAWN trial.

### **SAVE the DATE: Sept. 28th Remote Treatment Stroke Center Workshop**

GCASR , in collaboration with other agencies, is hosting a “Why and How to” Remote Treatment Stroke Center Workshop at Medical Center Navicent Health (Macon, Georgia) on September 28th, 2017. The purpose of this workshop is for non-stroke designated hospitals to receive information on the business case for developing a stroke system of care and to gain knowledge on how to become a designated Remote Treatment Stroke Center (RTSC) through the Georgia Department of Public Health, Office of EMS and Trauma. If you are interested in attending this very informative workshop, please mark your calendars. Invitations with more information will be sent out in the near future.

### **November 9, 2017 -Statewide Meeting**

The Georgia Coverdell Acute Stroke Registry will be hosting a statewide meeting to include all Systems of Care from EMS, Hospitals, Rehabilitation Facilities and Home Healthcare. We will provide more information in the near future.

### **Spot A Stroke Certification– Bringing awareness into Georgia schools**

This month, we will be collaborating with Georgia’s school nurses to bring stroke education to staff, faculty and students in our schools. The **Spot – A- Stroke** certification will be presented to schools who educate 50 percent of their staff/students using the National Stroke Association’s FAST presentation. If you are interested in training the school nurses in your county or conducting presentations, or need more information please contact Denys Fluitt at (404) 463– 4628.