

## 2007 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, 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 between hospitals and other institutions in Georgia relating to stroke care quality improvement.

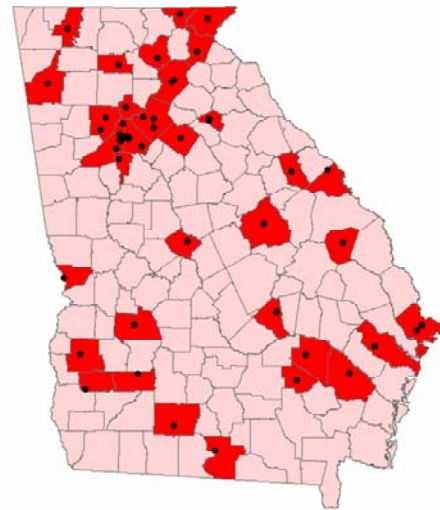
### QUALITY IMPROVEMENT ACTIVITIES

- 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.

#### Georgia Coverdell Hospital Locations, July 2007



### 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

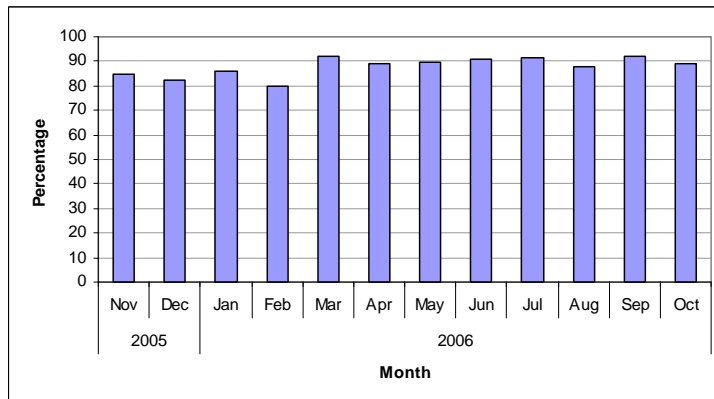
- Care received by patients is compared with a set of “Quality Indicators” that identify care processes that have been shown to be beneficial to stroke patients, and have been included in clinical recommendations.
- Quality indicator calculations include identification of patients for whom a care process 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\*

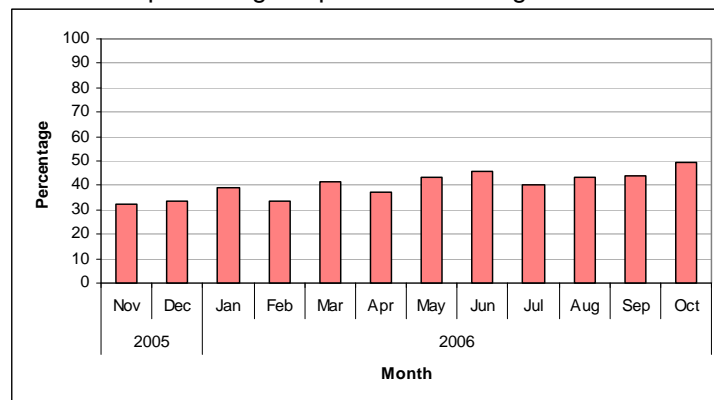
Quality Indicator	Overall Weighted % of Eligible Patients Receiving Recommended Care (11/1/2005-10/31/2006)*
Deep Vein Thrombosis Prophylaxis (DVT)	83%
Dysphagia Screening	79%
Stroke Education	73%
Smoking Cessation Counseling or Treatment	86%
Lipid Profile Measurement	69%
Antithrombotic Medication Prescribed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

### QUALITY INDICATOR TRENDS (YEAR 1)<sup>†</sup>

- 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.

<sup>†</sup>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> for more information about the Georgia Coverdell Acute Stroke Registry.

