Michigan Stroke Registry and Quality Improvement Program
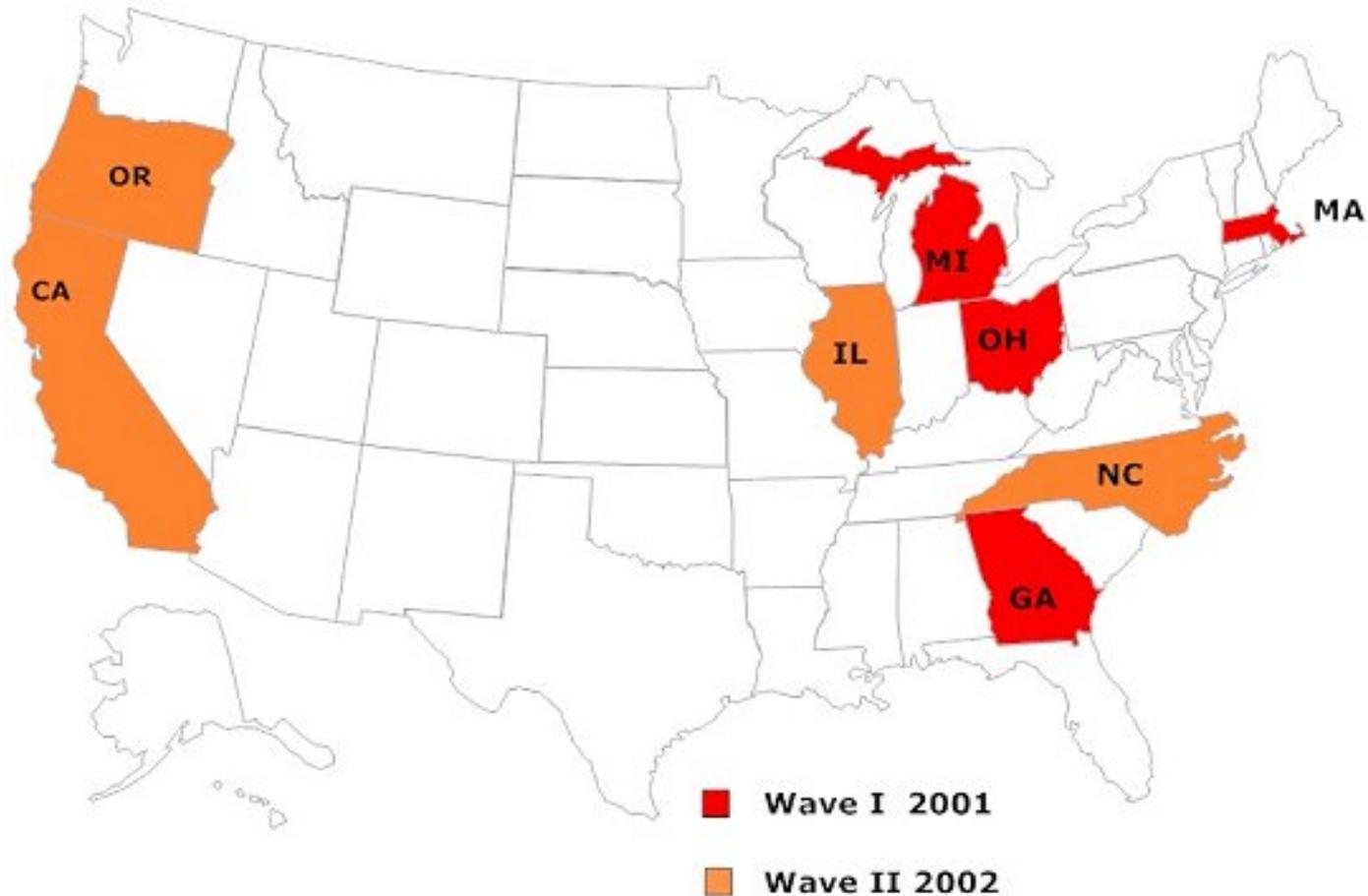
Division Day 2008

PCNSAR History:

- 2001 Congress charged CDC with implementing state-based registries to measure and track acute stroke care.
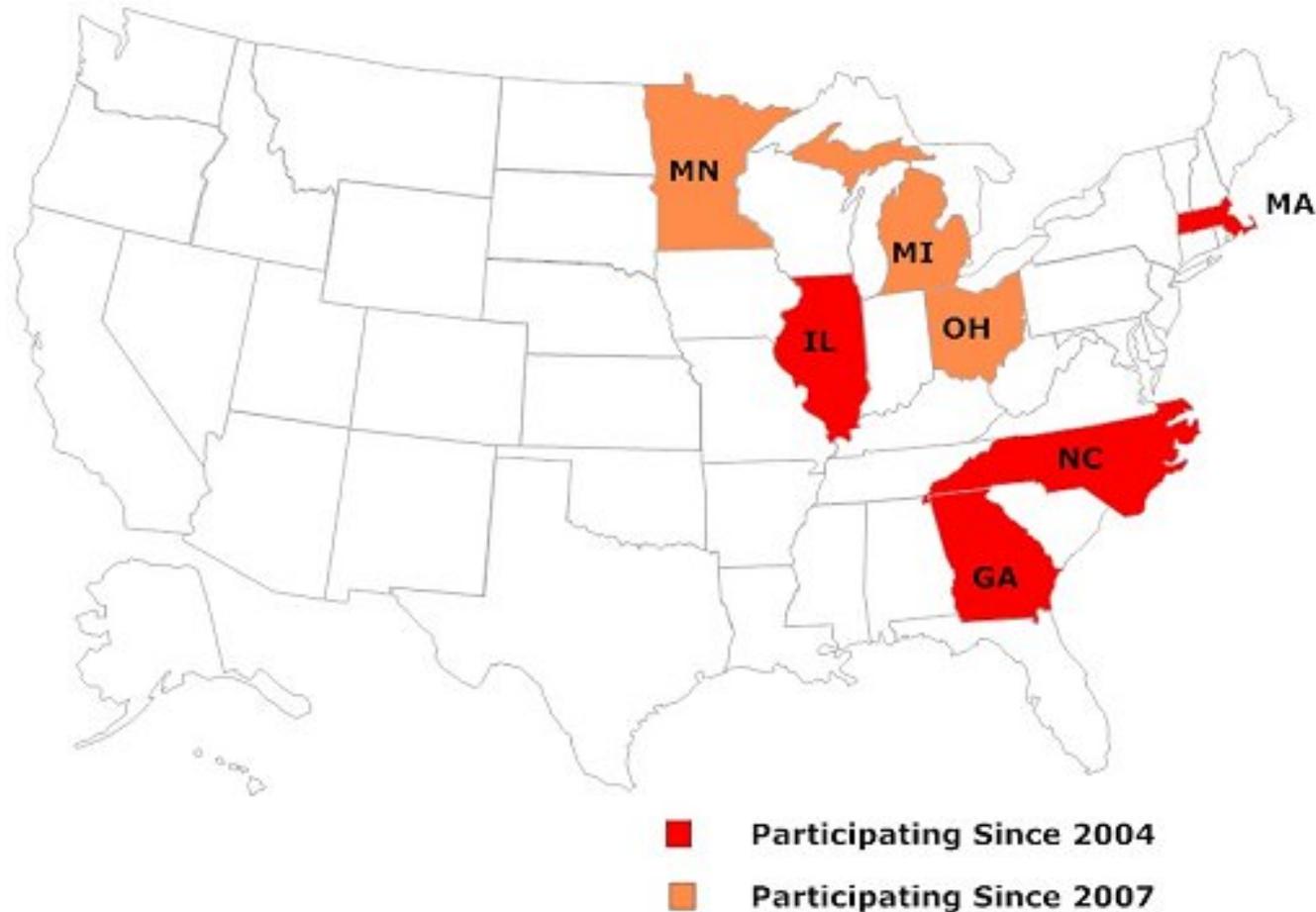
- Use data to improve the quality of care

PCNSAR Mission:

- Measure, track, and improve the quality of care for acute stroke patients;

- Decrease the rate of premature death and disability from acute stroke through secondary prevention;

- Increase public awareness of stroke treatment and prevention; and

- Reduce disparities in acute stroke care by providing underserved populations with better access to such care.

PCNASR Prototypes:

OR

CA

IL

MI

OH

MA

NC

GA

■ Wave I 2001

☐ Wave II 2002

PCNASR Funded States:

Participating Since 2004
Participating Since 2007

MiSRQIP

- Started in June 2007
- Funded for 5 years
- Stroke Registry and Quality Improvement Program

Michigan Stroke Registry and

Quality Improvement Program

Purpose:

- Improve the quality of stroke care in Michigan

- Standardized stroke performance measures across national initiatives

  - Centers for Disease Control and Prevention

  - The Joint Commission's Primary Stroke Center Certification program

  - American Heart Association/American Stroke Association's Get With The Guidelines-Stroke

Hospital Recruitment

- Staffing and budget for 40 hospitals

  – Phase I: 23 hospitals recruited
    - 21 Accepted

  – Phase II: 19 hospitals recruited
    - ~16 Accepted

Hospital Requirements

- Stroke team:
    - Stroke Coordinator
    - Physician Champion
    - Data Abstractor
    - Discharge Planner
    - Quality Improvement Coordinator

Time lost is brain lost.

Case Ascertainment

- Stroke Coordinator identifies all strokes and TIAs admitted to the hospital

Case definition: *All cases that are admitted to the hospital either through the ED or through direct admission, but not to include cases of in-hospital stroke.*

Data Collection and Entry

- Stroke Coordinators are encouraged to collect and enter data during the course of care.

- Data entered in Outcome Sciences Stroke Patient Management Tool.

National Level Data Usage

- Quarterly downloads to MDCH

- MDCH sends via SDN to CDC

- CDC runs a data quality report

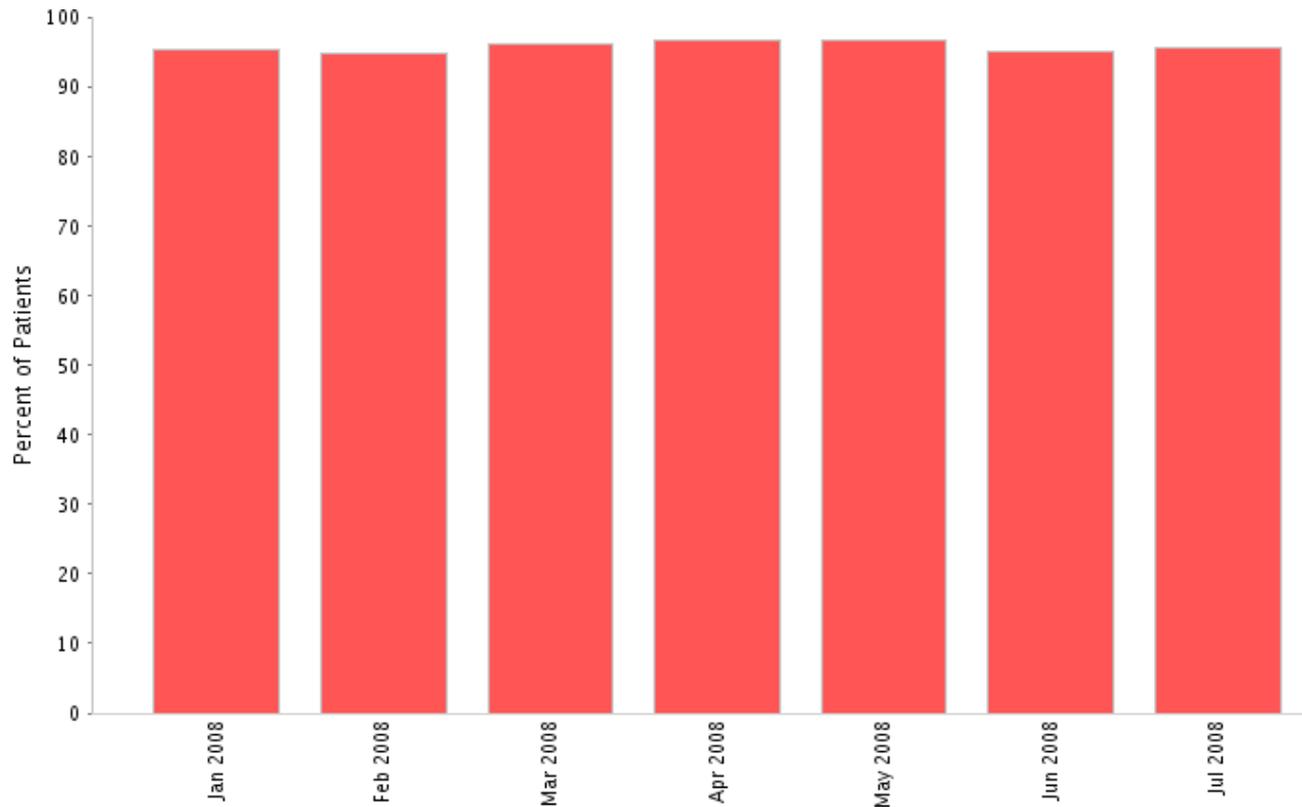- Aggregate Coverdell Stroke dataset

State and Hospital Level Usage

- Improve the quality of stroke care

- Use the 10 performance measures to guide quality improvement initiatives and interventions

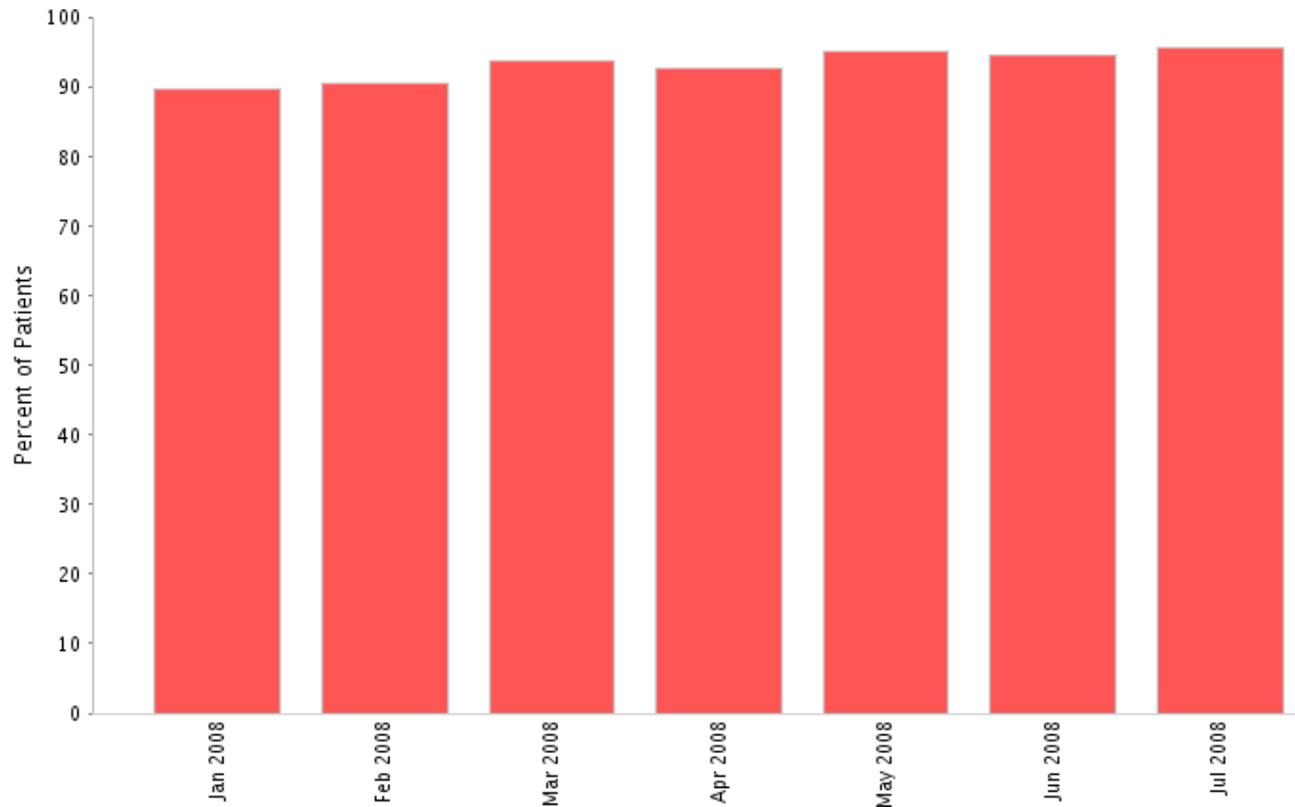- The following measures can be analyzed at the hospital level.
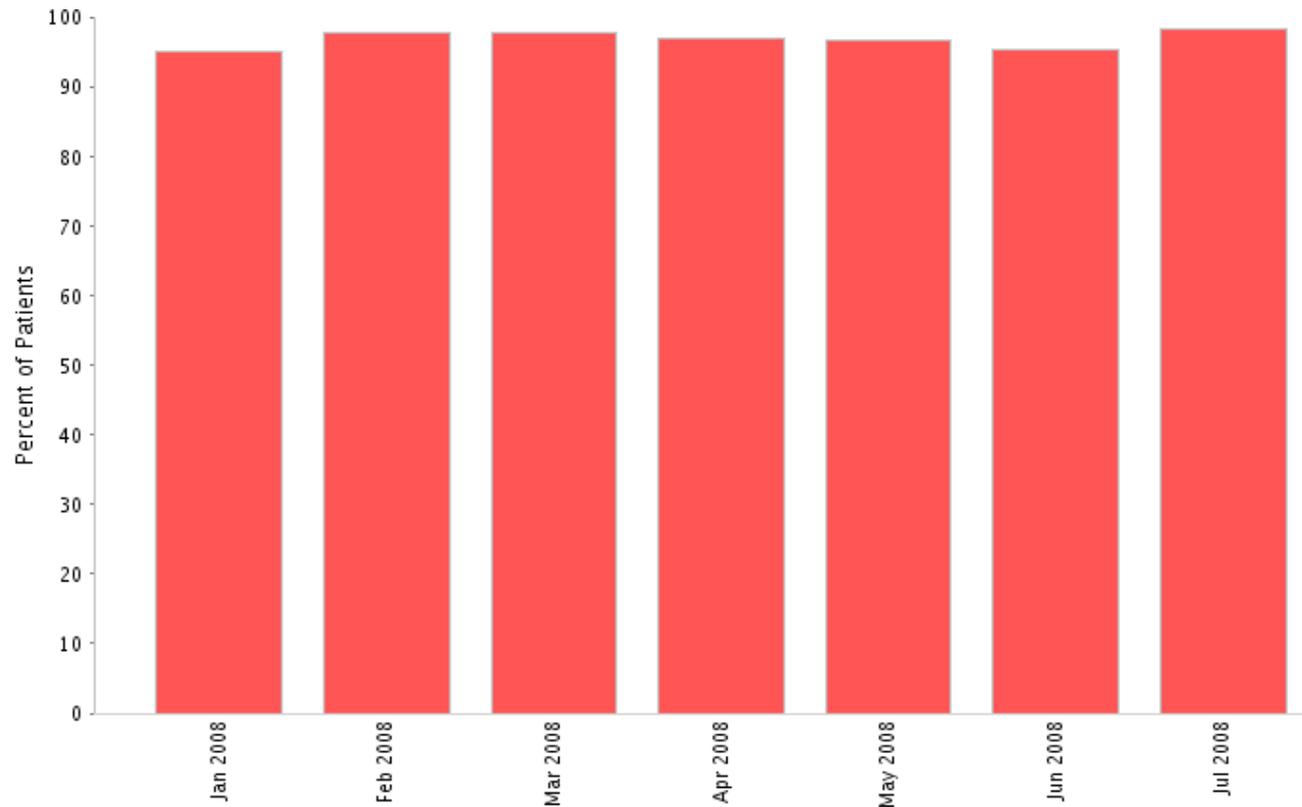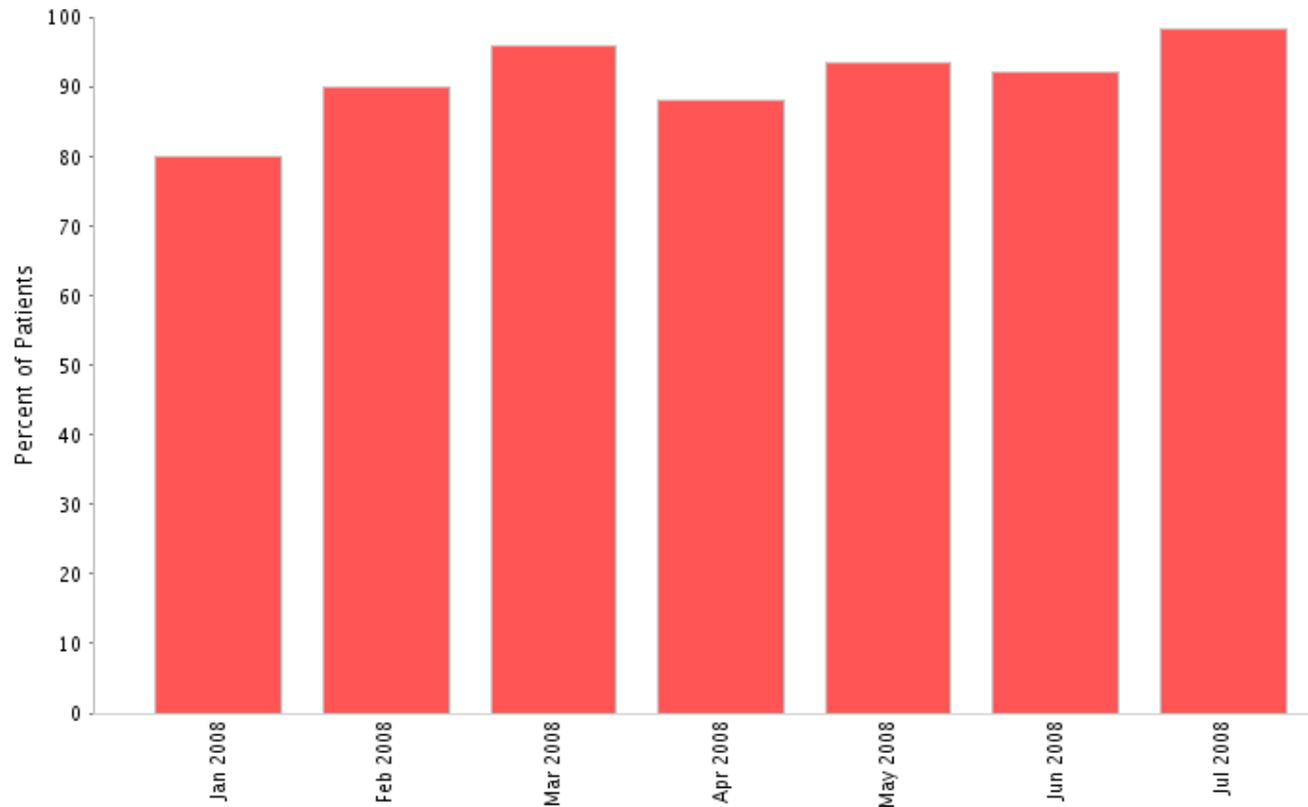
IV tPA
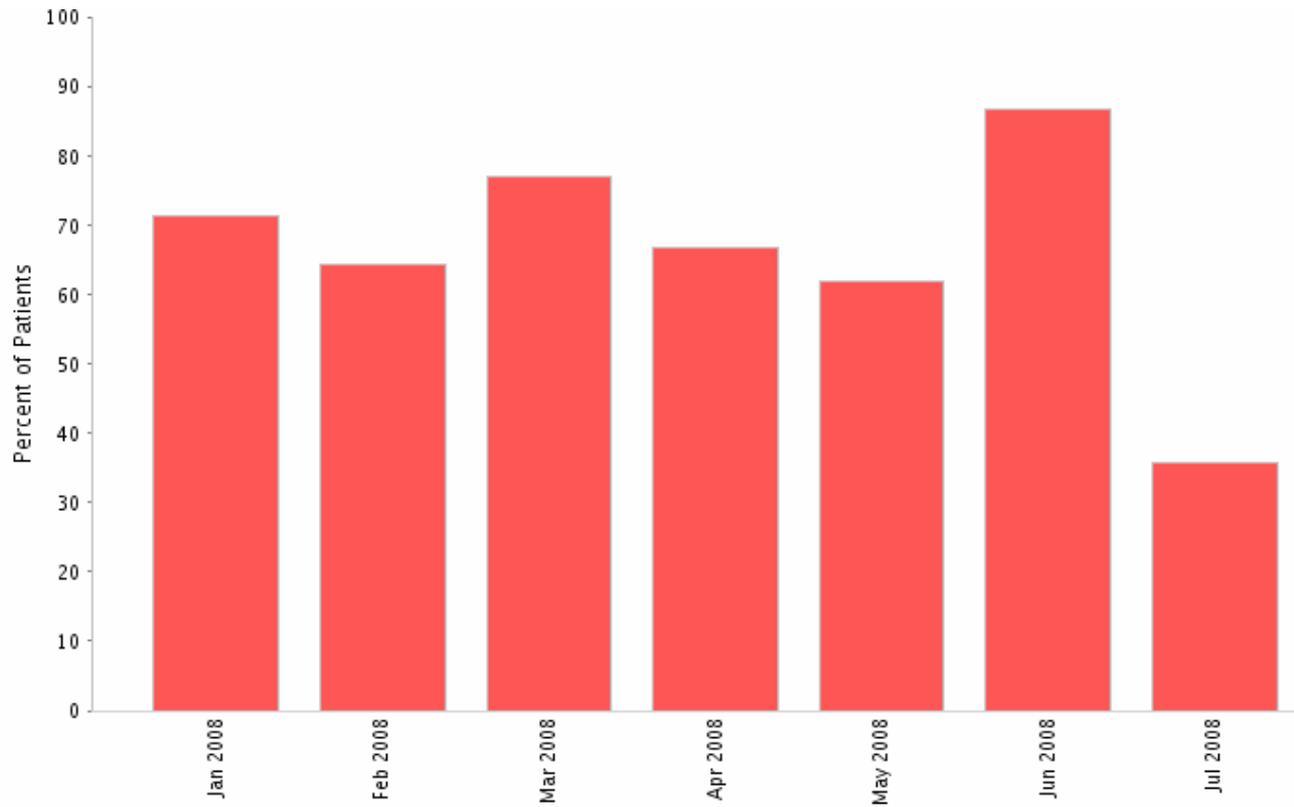
Early Antithrombotics
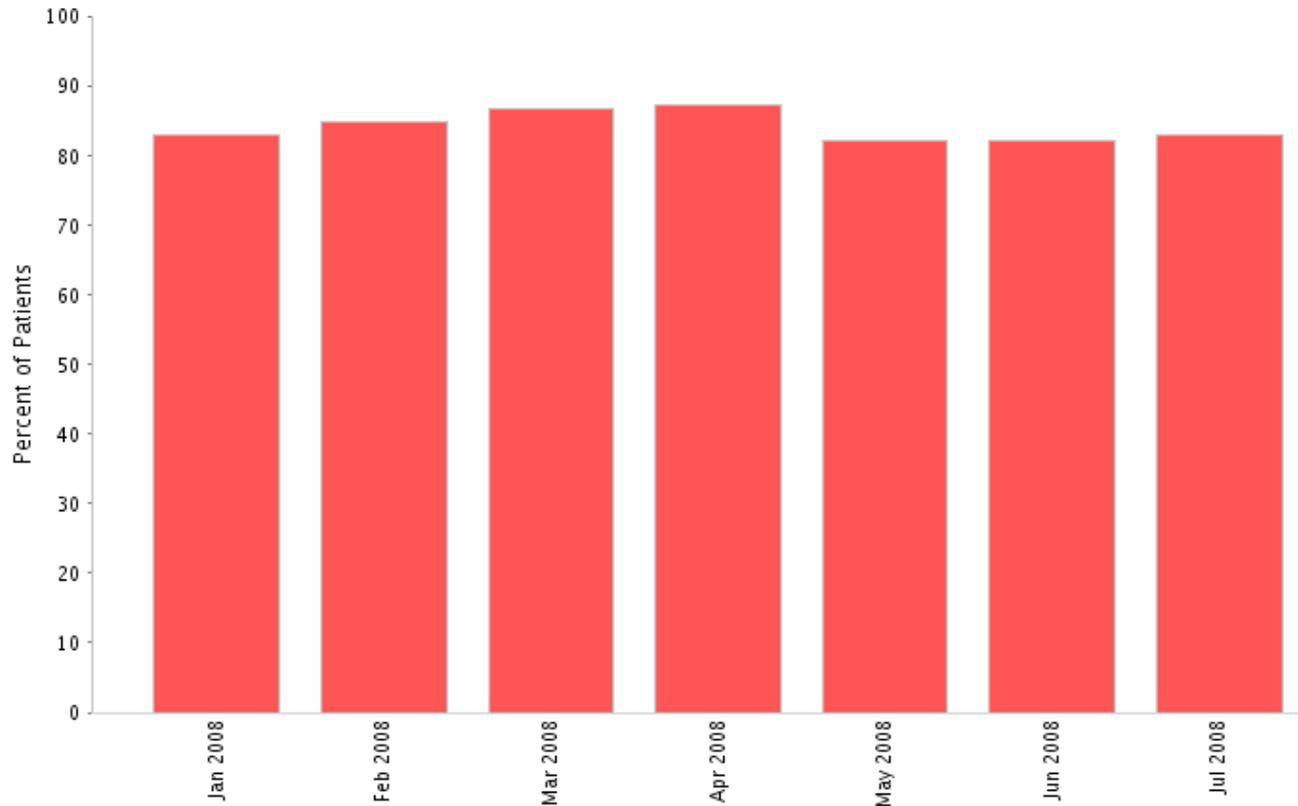
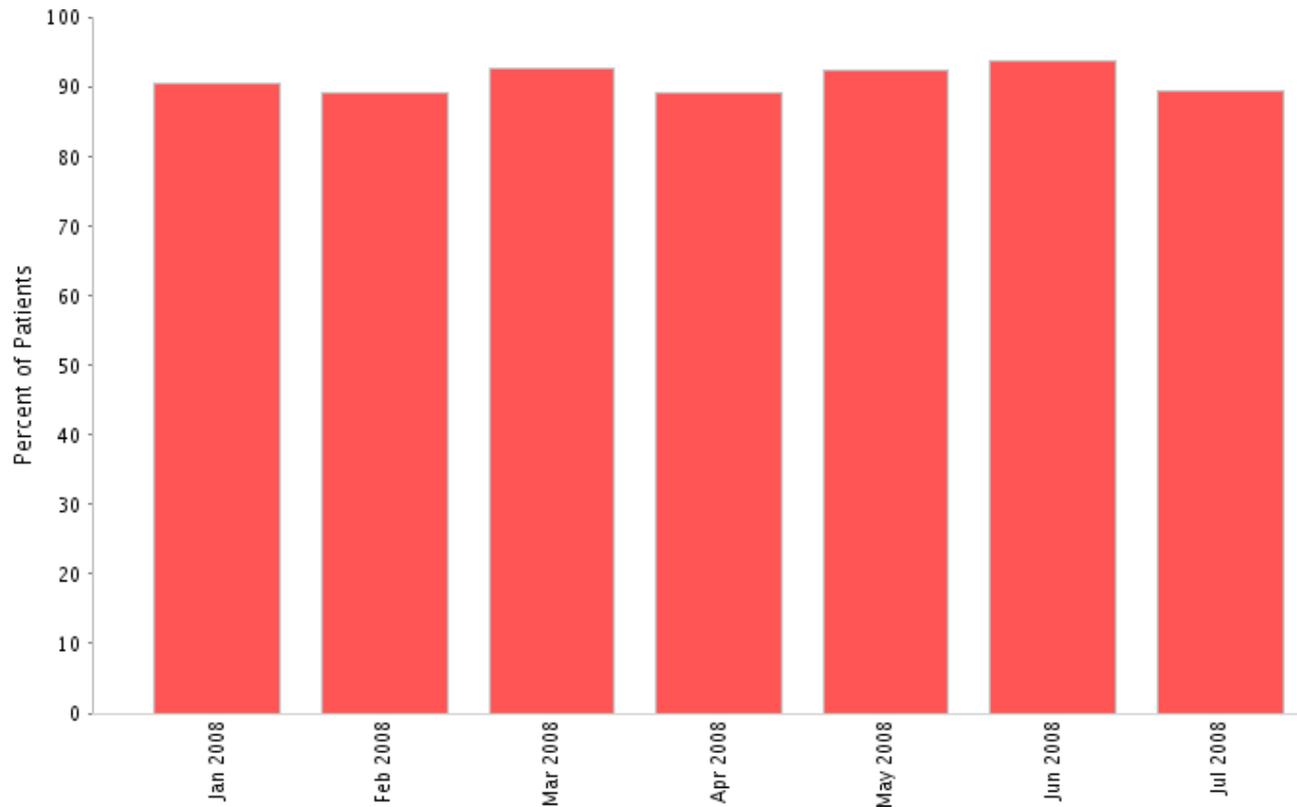Time lost is brain lost.

DVT Prophylaxis

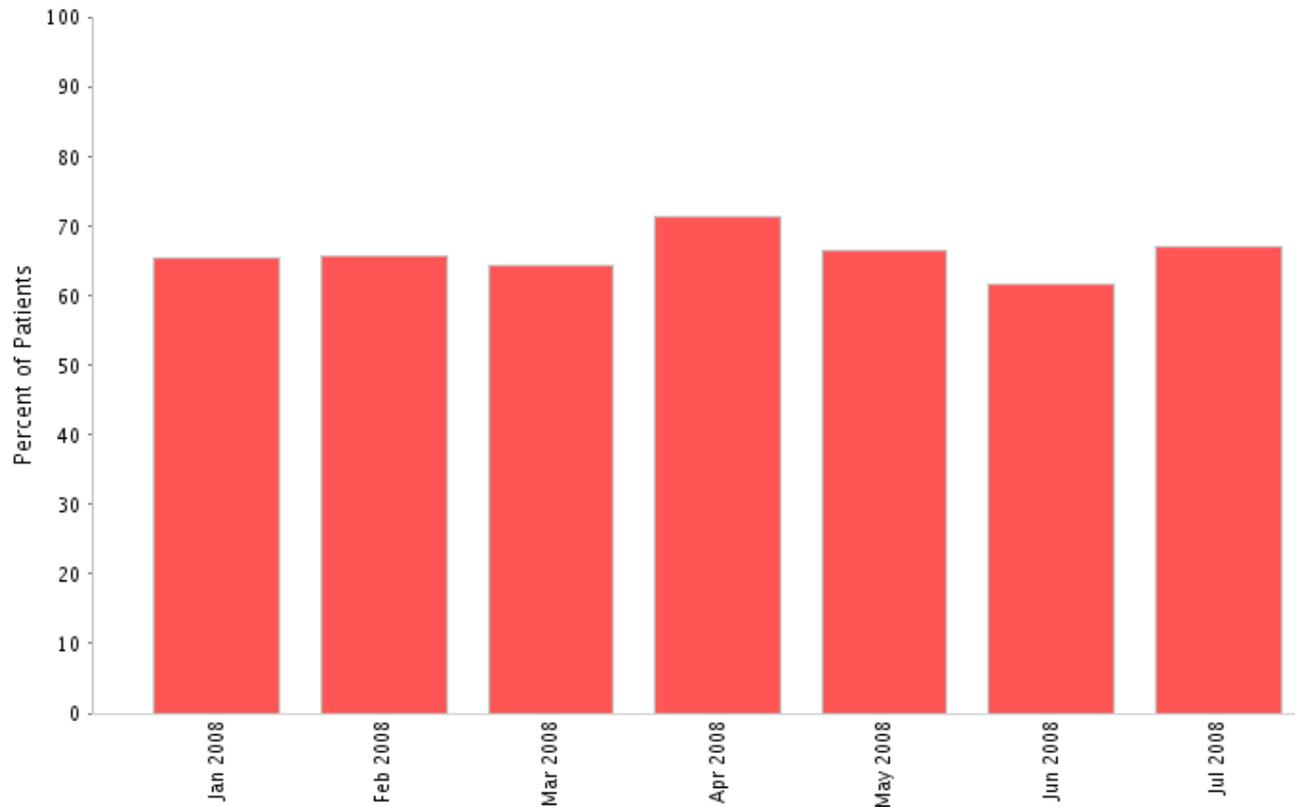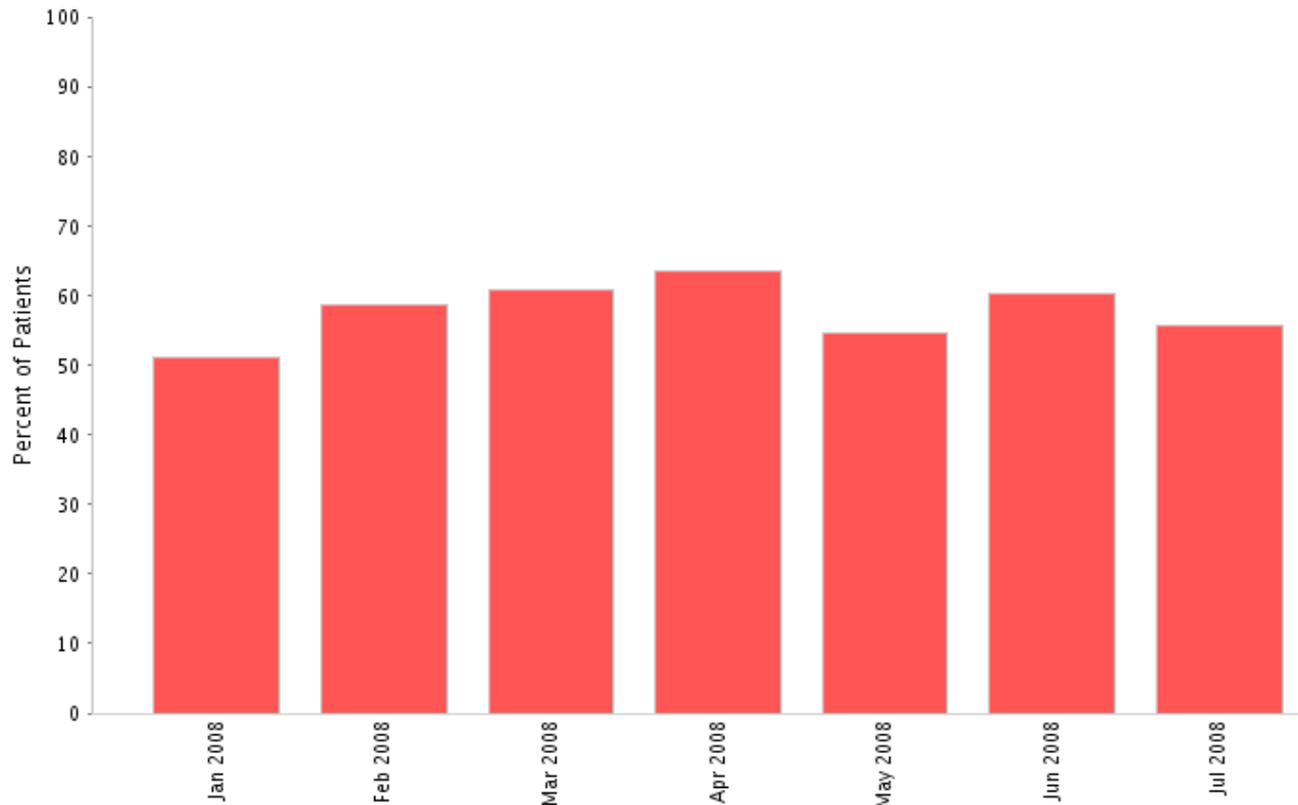# Antithrombotics

Anticoag for AF
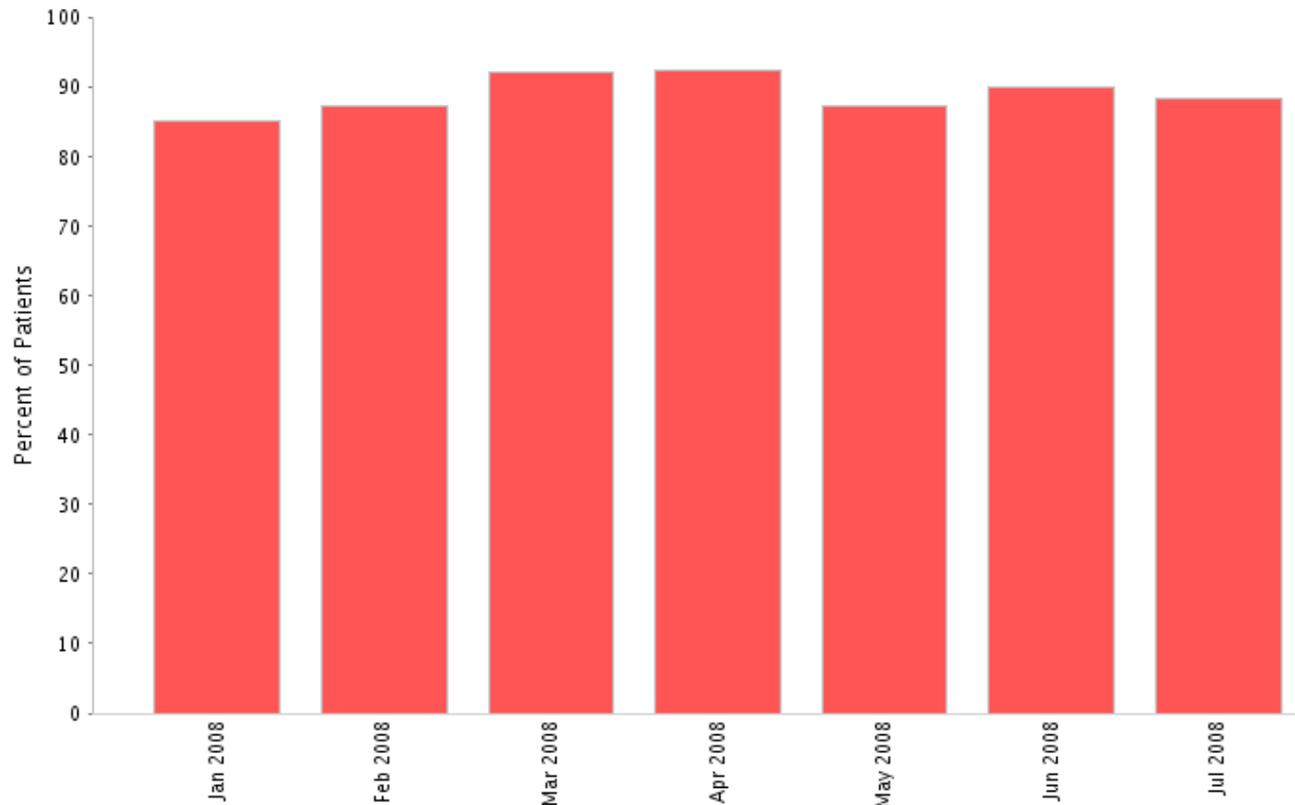
LDL 100 or ND
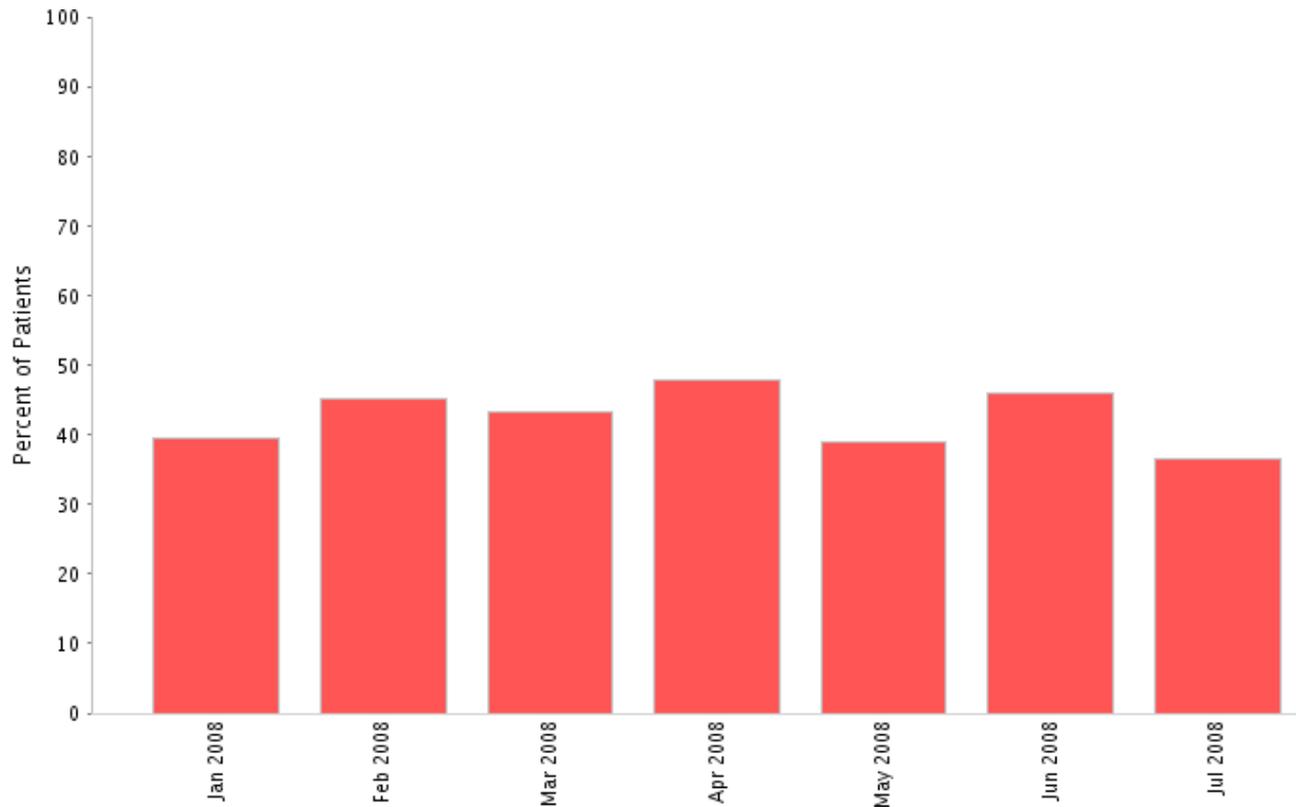
Smoking Cessation

Dysphagia Screen

Stroke Education

Rehabilitation Considered

Defect Free Care

Limitations

- Case ascertainment

- Hospital staffing – limited resources

- Hospital priorities – other initiatives

- Quality improvement, not research

- Registry vs. Surveillance

- MDCH understaffed

- Sustainability

Conclusions

- Working to improve stroke care in Michigan

- Find out what works

- Work with other groups to disseminate those findings to non-MiSRQIP hospitals

- Integrates well into other initiatives:
  - EMS legislation
  - Telemedicine

Stroke Warning Signs:

- Sudden numbness or weakness of the face, arms, or legs.

- Sudden confusion or trouble speaking or understanding others.

- Sudden trouble seeing in one or both eyes.

- Sudden trouble walking, dizziness, or loss of balance or coordination.

- Sudden severe headache with no known cause.

Stroke Education:

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Time lost is brain lost.

Stroke Education:

- If you suspect someone is having a stroke

Call 911 Immediately