

Michigan Stroke Registry and
Quality Improvement Program

Division Day 2008

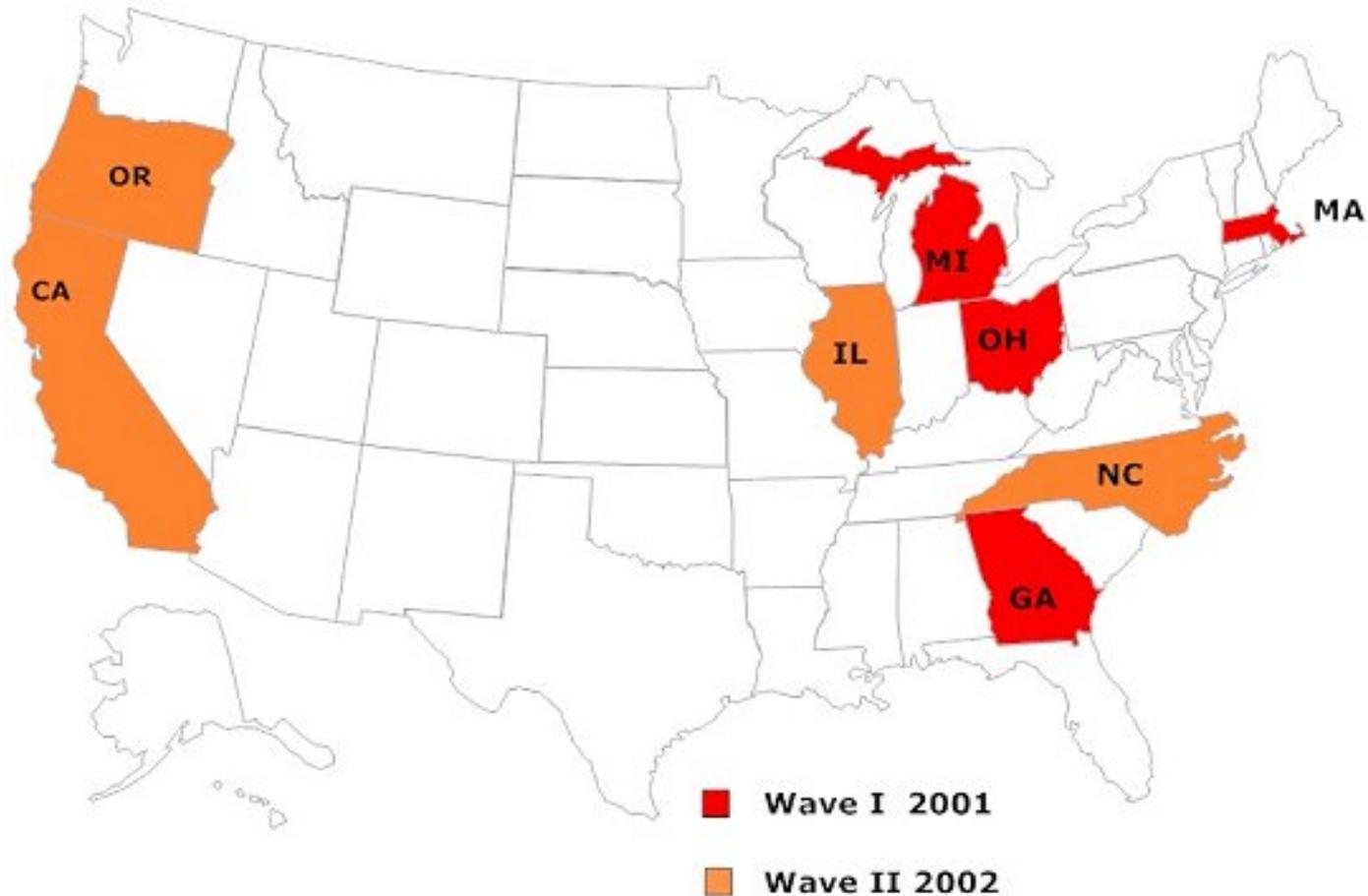
PCNSAR History:

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

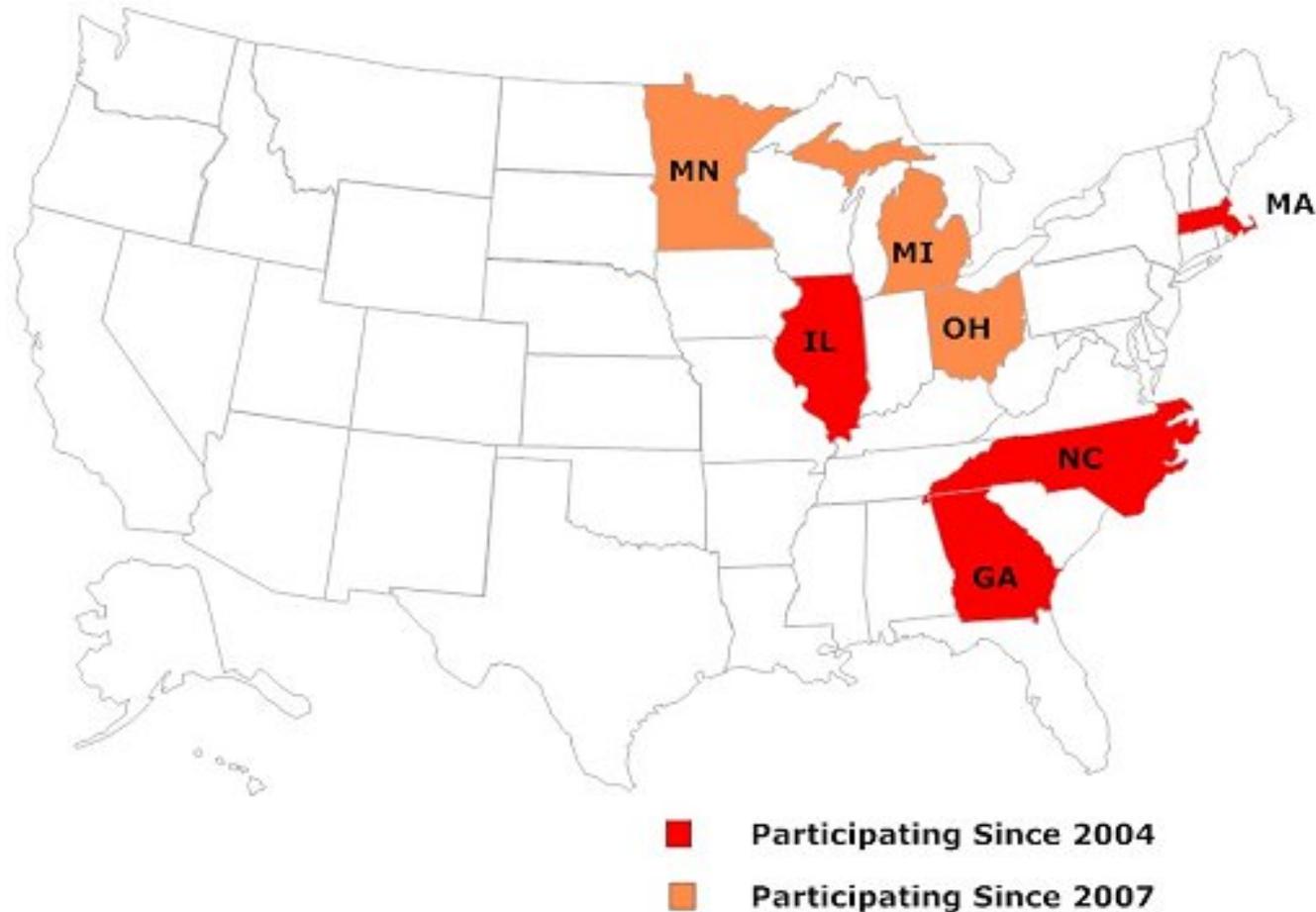
PCNSAR Mission:

- 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:



PCNASR Funded States:



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

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.

Patient ID:

* = required fields
green text = Joint Commission fields
blue text = Coverdell fields

Admission Hospitalization Discharge Optional Fields

Arrival & Admission Information

*Patient location when stroke symptoms discovered:

*How patient arrived at your hospital: EMS Private transportation/taxi/other ND or Unknown

Where patient first received care at your hospital: Emergency Department/Urgent Care Direct Admit, not through ED Imaging suite ND or Cannot be determined

*Date and Time Call Received by EMS:

*EMS to your hospital pre-notification? Yes No/ND N/A

*Date and time of arrival to this Hospital:

*Admit Date:

*Where was the patient cared for and by whom? Check all that apply.

Neuro Admission Other Service Admission Stroke Consult No Stroke Consult In Stroke Unit Not in Stroke Unit

Physician/Provider NPI:

Demographics

*Age:

*Gender: Male Female Unknown

*Hispanic Ethnicity: Yes No UTD

*Race: White Black or African American Asian American Indian/Alaska Native Native Hawaiian/Pacific Islander UTD Other

Specify Other Race:

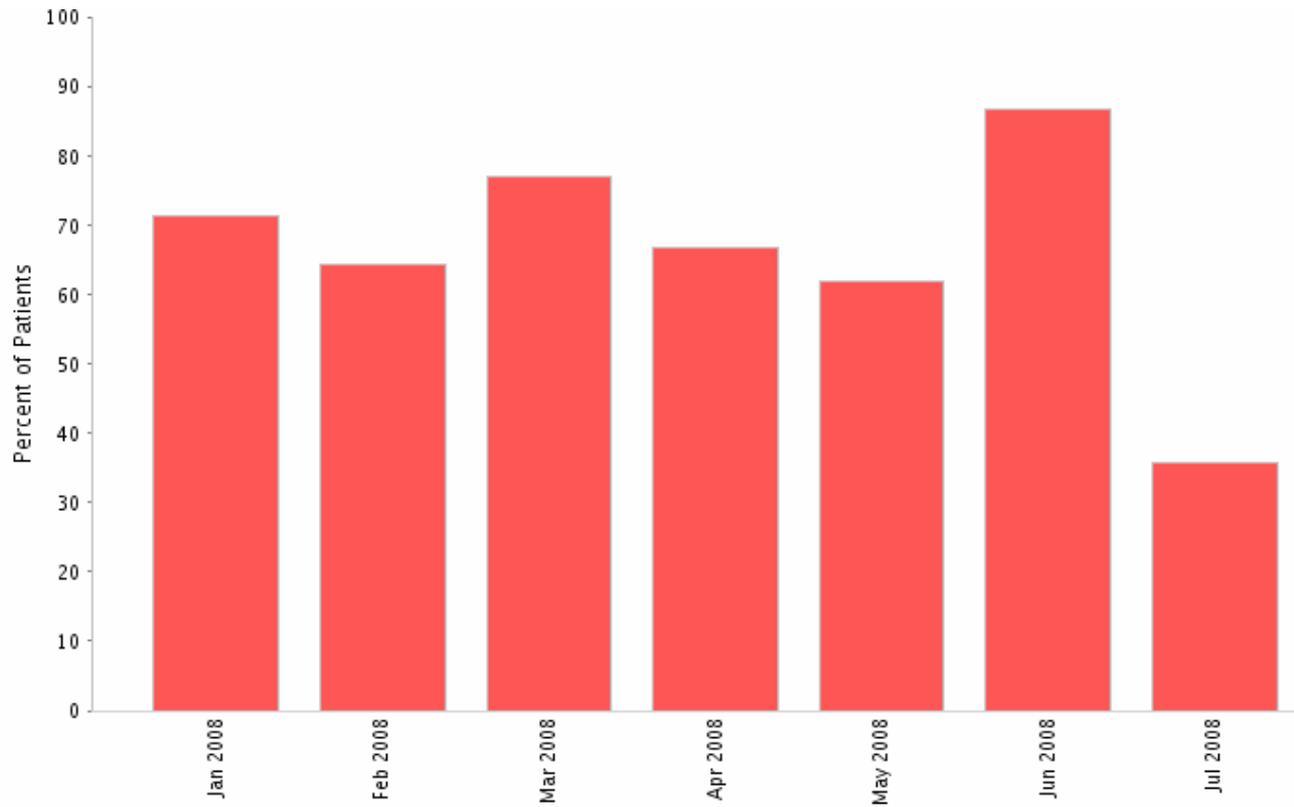
National Level Data Usage

- Quarterly downloads to MDCH
- MDCH sends via SDN to CDC
- CDC runs a data quality report
- Aggregate Coverdell Stroke dataset

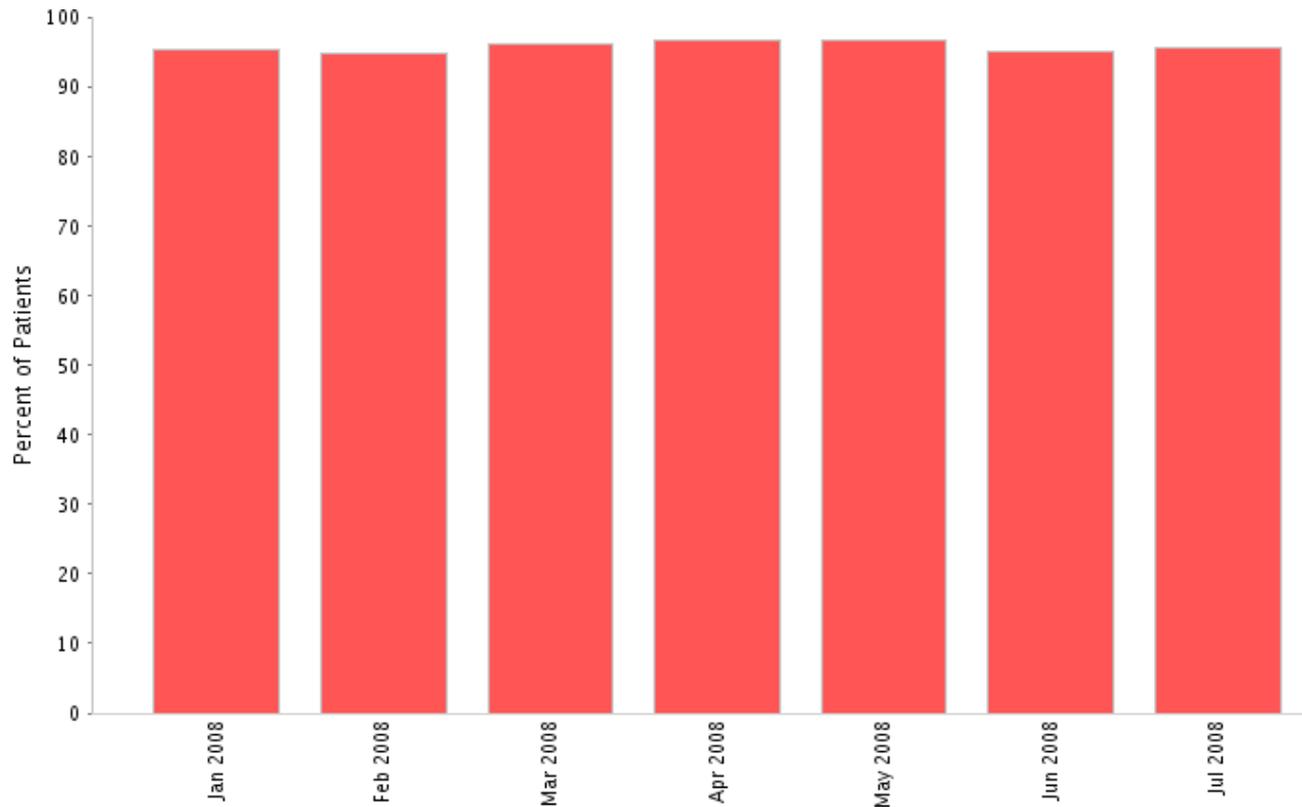
State and Hospital Level Usage

- 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.

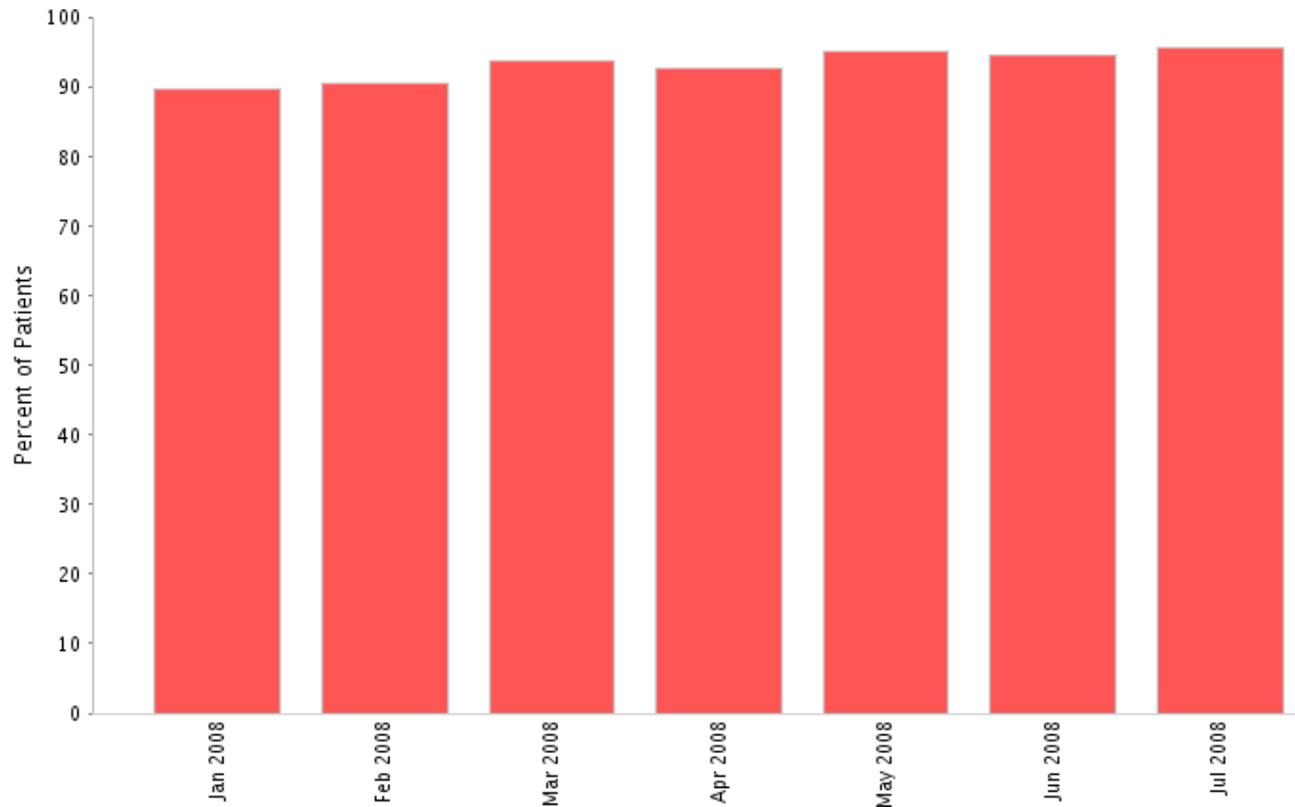
IV tPA



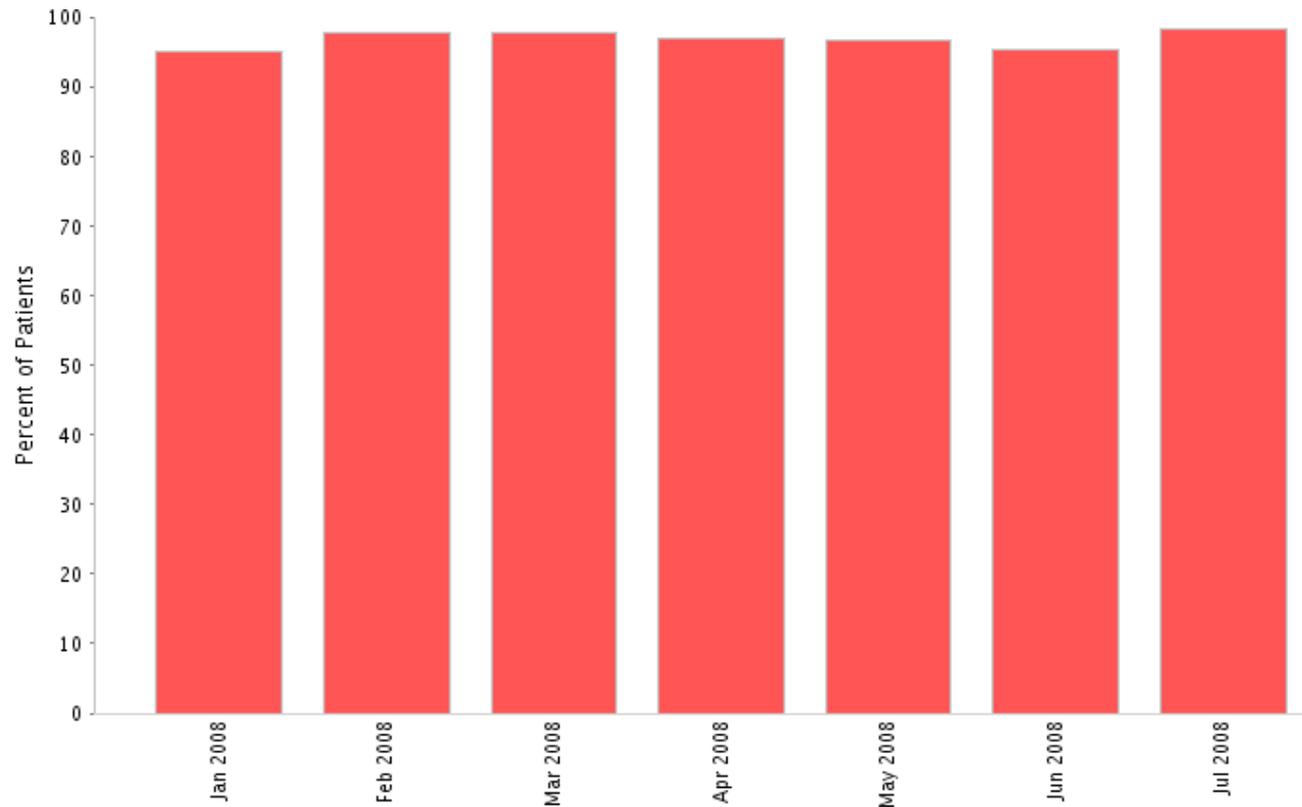
Early Antithrombotics



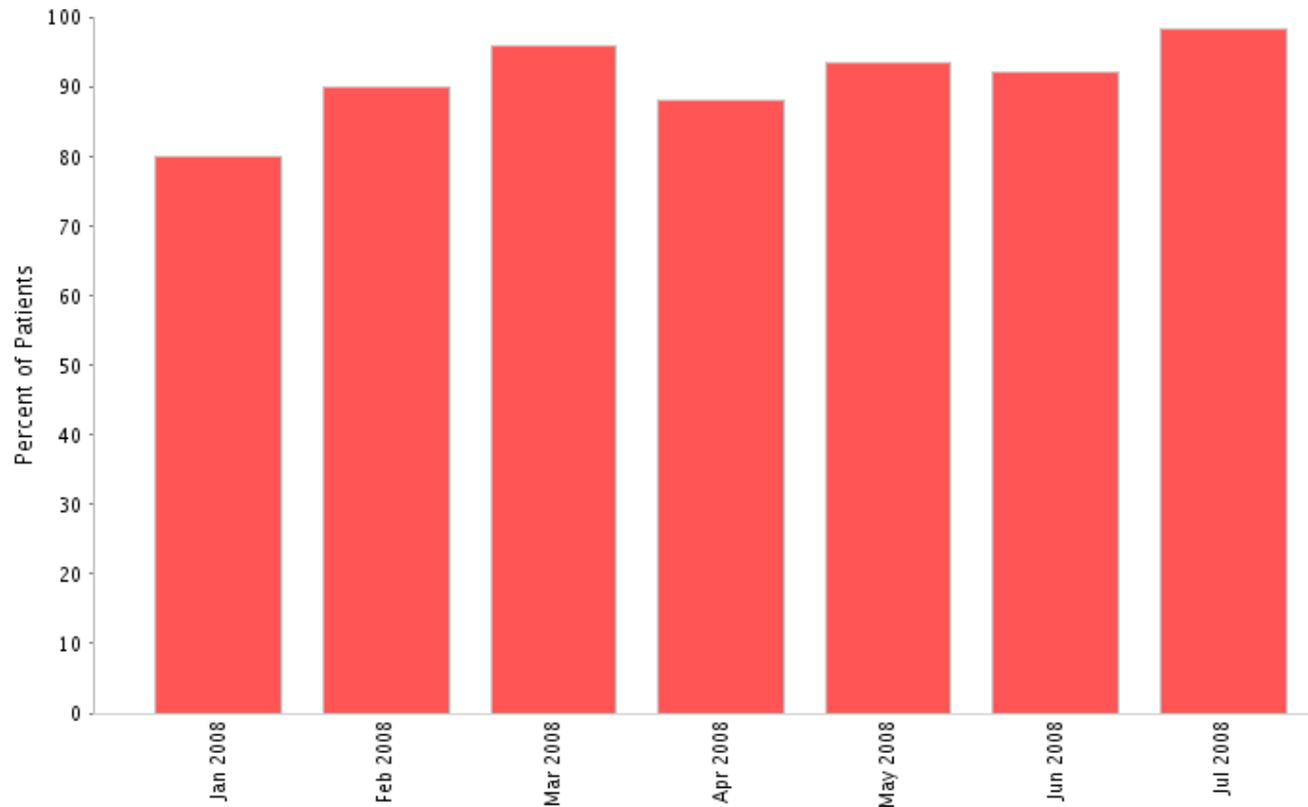
DVT Prophylaxis



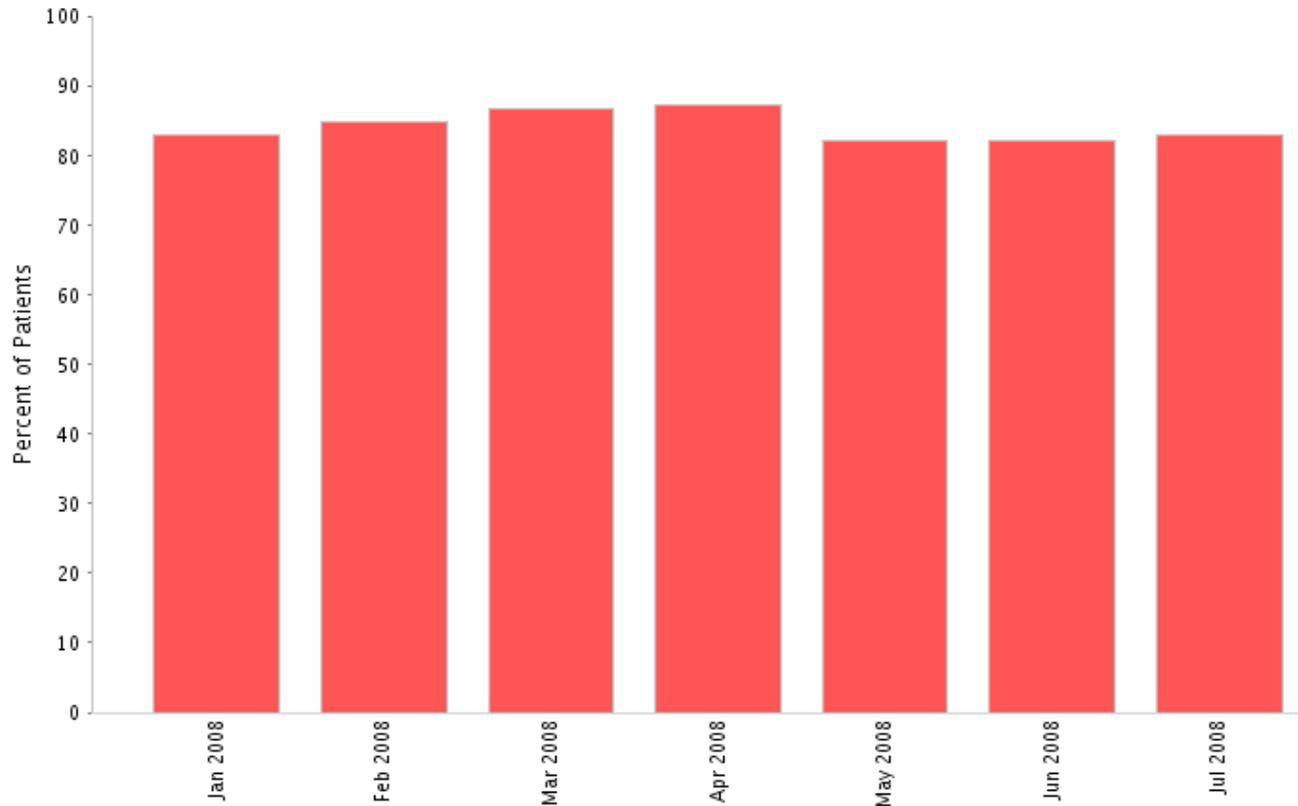
Antithrombotics



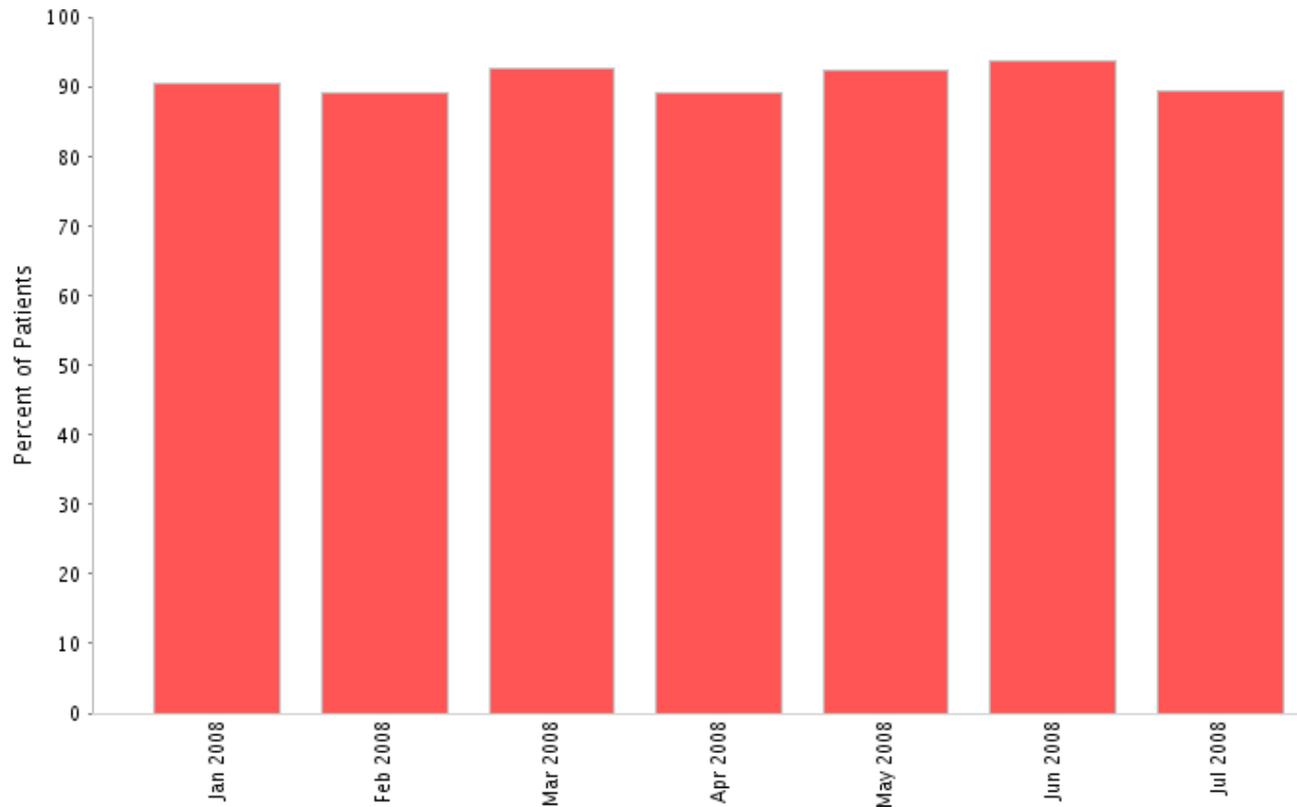
Anticoag for AF



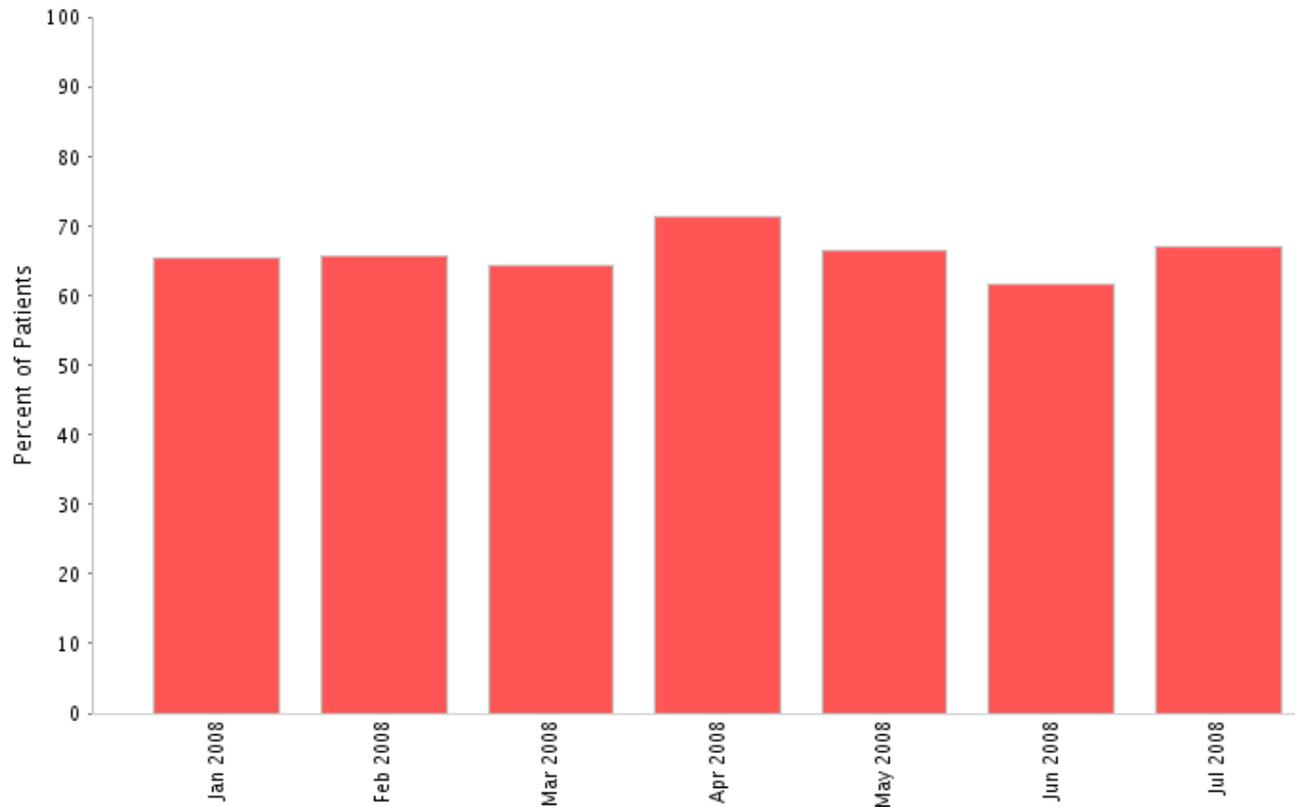
LDL 100 or ND



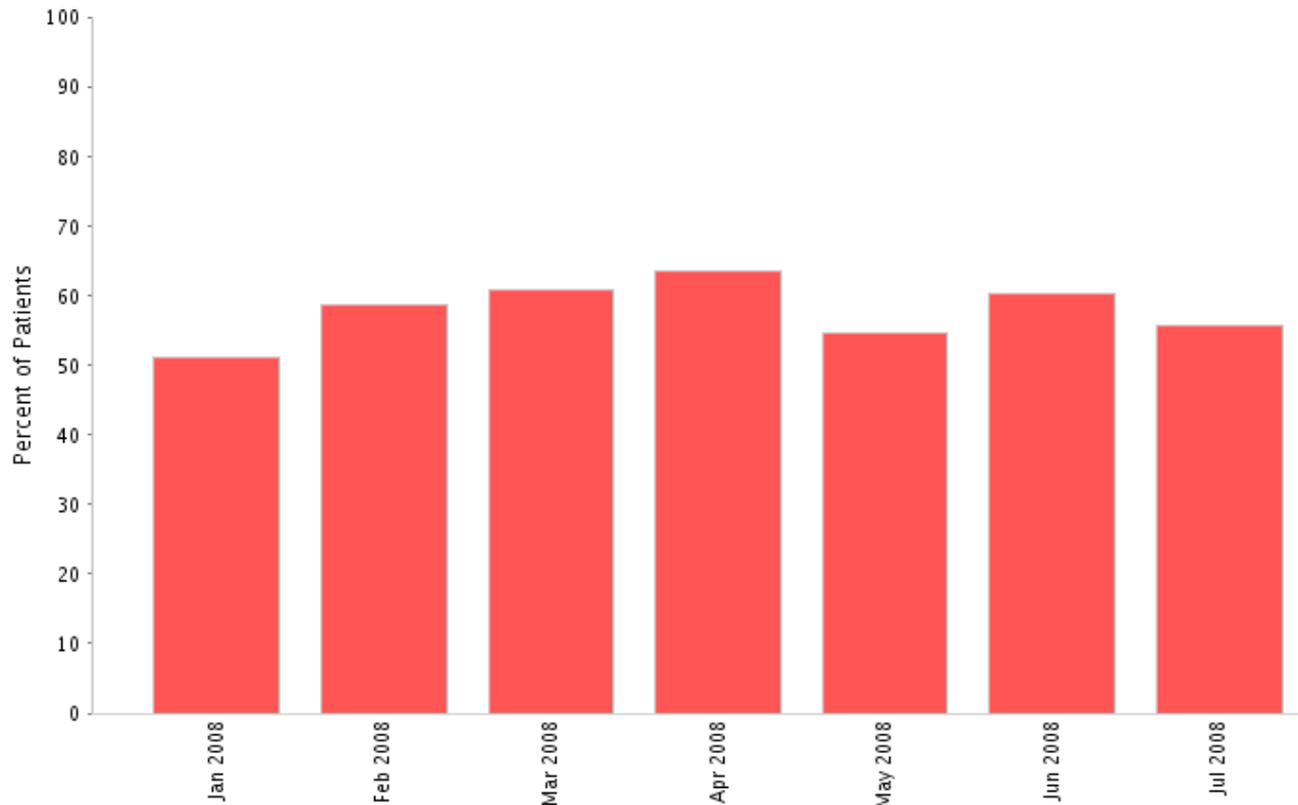
Smoking Cessation



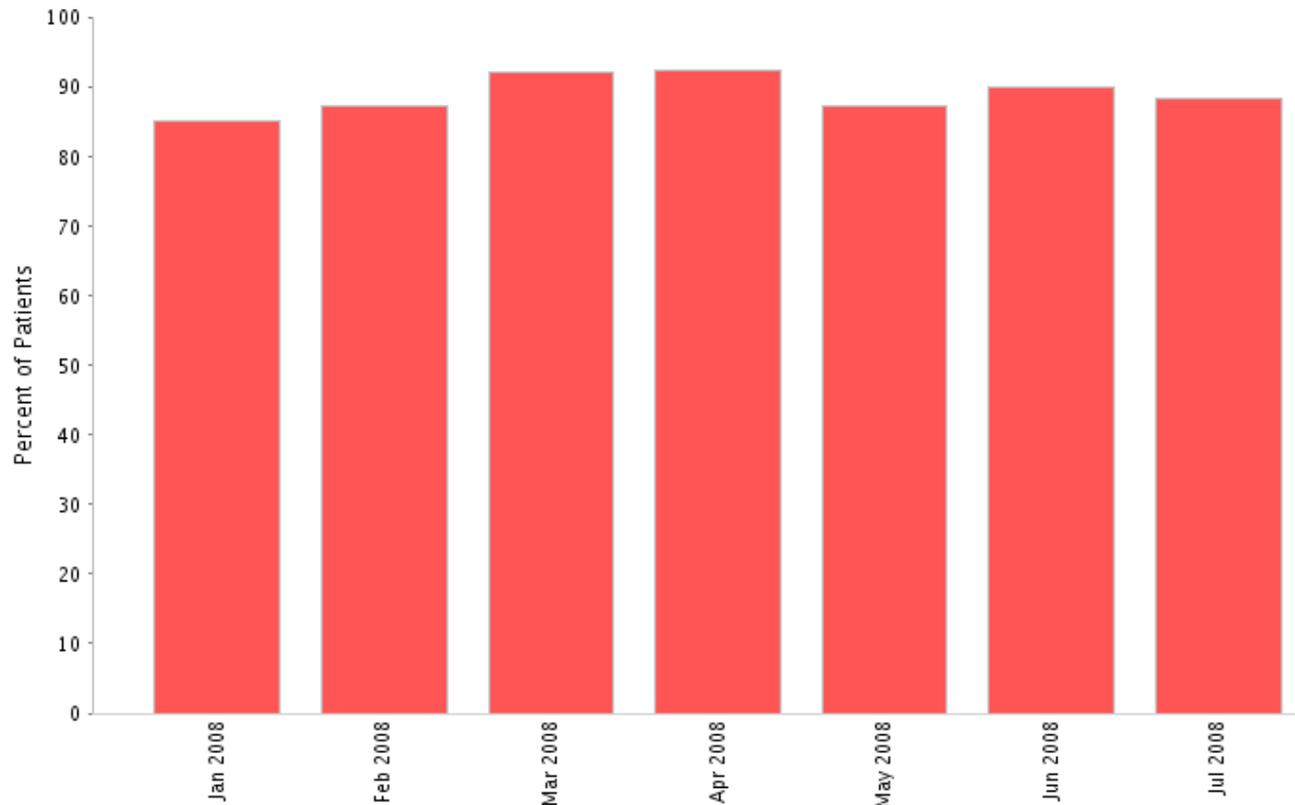
Dysphagia Screen



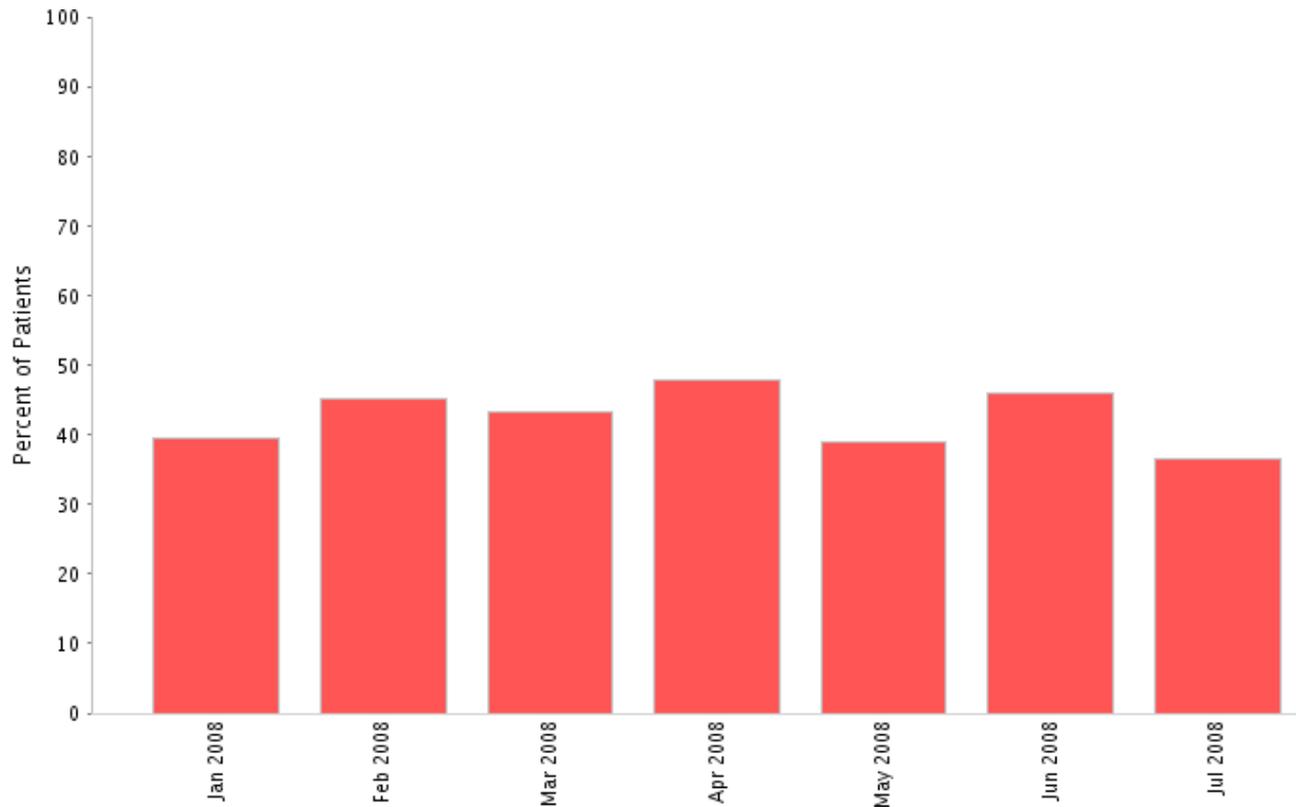
Stroke Education



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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Stroke Education:

- If you suspect someone is having a stroke



Call 911 Immediately