

Paul Coverdell National Acute Stroke Registry (PCNASR) in Massachusetts

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Background

- 2001 – One of four Wave 1 Coverdell Registry prototype states
 - > Results showed gaps between recommended guidelines and actual hospital practices
- 2004 – One of four current DPH-implementation Coverdell Registry states

SCORE

- Stroke Collaborative Reaching for Excellence
- Partnership between
 - MA DPH PCNASR
 - AHA Get with the Guidelines (GWTG) - Stroke
 - MA acute care hospitals
- Working together to improve the quality of acute stroke care in MA
- Provides a structure to support multiple hospital-based stroke projects

Hospital Recruitment

- Hospitals must have MA primary stroke service (PSS) designation which includes:
 - Written guidelines-based protocols for acute stroke care
 - Ability to meet time target goals for assessment, management, & treatment
 - Capacity for thrombolytic therapy, imaging, neurological services
 - Community and professional education plans

Hospital Recruitment (cont'd)

- Year 1 recruitment – 43 PSS designated hospitals
- Non-competitive RFR - \$15,000
- Year 1 – 36/72 MA acute-care hospitals
- As of 8/29 – 61 acute-care hospitals had PSS designation

Hospital Commitment

- Complete chart abstraction and establish a baseline
- Develop infrastructure for prospective data collection/entry
- Demonstrate integration of data collection and feedback into stroke care
- Develop and implement a sustainable system to improve quality of stroke care

SCORE Commitment

Hospitals receive:

- Communication framework to assist in successful and sustainable improvements
- Online data entry platform and reporting mechanism meeting requirements for:
 - Coverdell
 - AHA GWTG - Stroke
 - PSS designation
- Technical support

Hospital-based QI

- Hospitals were asked to prioritize 14 performance indicators for their facility:
 - Thrombolytic administration
 - Dysphagia Screening
 - DVT Prophylaxis
 - Smoking Cessation
- QI vendor working across all and with individual hospitals on these focus areas

Hospital-based QI

- Hospitals can generate real-time reports for their hospital and compare to other Registry hospitals
 - % eligible IS patients who receive IV t-PA within 180 minutes of stroke symptom onset
 - % of patients screened for dysphagia prior to oral intake
 - % of IS or TIA patients w/ LDL \geq 100 mg/dL or on cholesterol reducer prior to admission who are d/c on cholesterol-reducing drugs

Quality Assurance

Data Abstraction

- Random sample record review
- Conducted by external vendor to assess:
 - Case ascertainment
 - Data completeness
 - Reliability of data elements

Quality Assurance

Confidentiality

- MA DPH applied for protection under M.G.L. that exempts data collected from PCNASR from the Freedom of Information Act
 - > Increased hospital compliance
 - > Less biased sample of patients in registry
 - > Better data quality

Other Analysis

- DPH will analyze Registry data to look for trends in quality of assessment, management, & treatment by:
 - Race
 - Age
 - Gender
 - Geographic location
 - Type of stroke
 - Pre-hospital EMS notification

Beyond Quality Improvement

1. Stroke signs and symptoms comprehensive campaign

- Evaluating long-term effect of campaign on behavior change
- > Time from symptom onset to EMS notification
- > Time from symptom onset to hospital arrival
- > Time from symptom onset to treatment

Beyond Quality Improvement

2. Pre-hospital/EMS

- Evaluate Point-of-Entry plan
- EMS pre-notification of possible stroke patients
- > Time from EMS notification to hospital arrival

Beyond Quality Improvement

3. Post acute-stroke disability and rehabilitation

- Evaluate resulting disability in strokes and what is being done to reduce it
 - > Functional status
 - > Discharge destination
 - > Rehab services assessment
 - > Patient and family education

For More Info

For more information about the
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