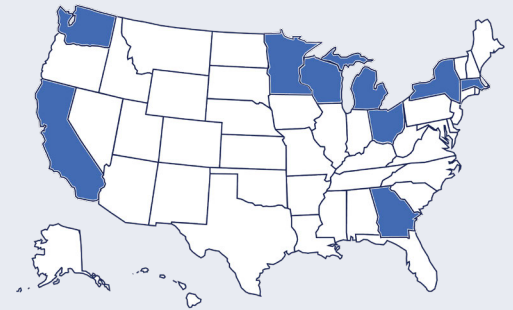


Program Year 6 (2020-2021) Performance Measure Snapshot

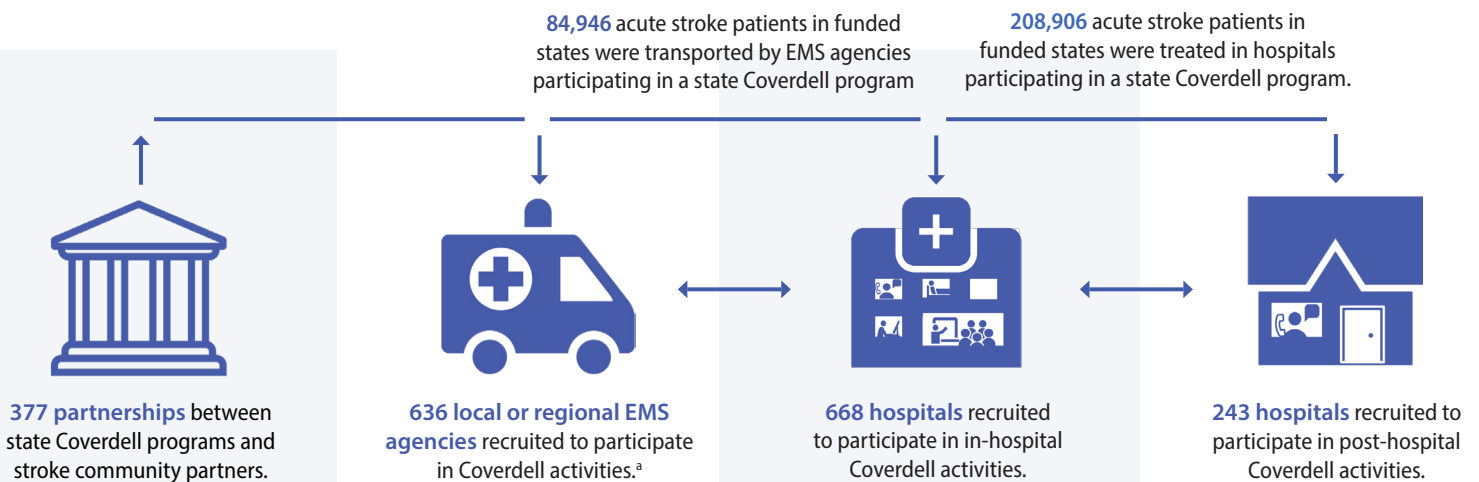


To reduce the burden of disease, disability, and death from stroke, the Centers for Disease Control and Prevention's (CDC) Division for Heart Disease and Stroke Prevention (DHDSP) funded 9 state health departments through the DP15-1514 Paul Coverdell National Acute Stroke Program (Coverdell) to improve the quality of care and outcomes for stroke patients. State health department recipients are funded to coordinate and promote stroke prevention messaging, coordinate advisory partners to guide program work, recruit EMS and hospitals to participate in program efforts, establish data infrastructure for integrated data management, analyze and use data to improve care and transitions of care, and coordinate stroke quality improvement (QI) efforts. This snapshot reflects states' program reach and outcomes for a subset of process and outcome performance measures for the final program year (July 2020-June 2021).



Coverdell Recipients (2015-2021) California, Georgia, Massachusetts, Michigan, Minnesota, New York, Ohio, Washington, and Wisconsin

Coverdell recipients partnered with stroke community partners, EMS agencies, and hospitals to improve stroke systems of care infrastructure, EMS to hospital transitions of care, and quality of stroke care.



Improving Stroke Systems of Care Infrastructure

Coverdell recipients supported the improvement of stroke systems of care infrastructure. They implemented quality improvement (QI) activities with partners, supported changes in stroke care practices (in line with established guidelines of care), educated providers on stroke care guidelines and best practices, and supported linkages between hospital and EMS data systems. These activities aim to improve patient care by reducing time to treatment, improving transitions of care, and increasing adherence to established guidelines of care.



611 hospitals and **181 EMS** agencies participated in stroke QI efforts implemented by a state Coverdell program.



345 hospitals implemented changes in stroke care practices, and **158 hospitals** implemented changes in stroke post-hospital transitions of care.



Of the **185 trainings** on updated stroke care guidelines and best practices for EMS and hospital stroke professionals, **80** evaluated participants for knowledge gained.



658 EMS agencies have patient transport data linked to hospital patient data.^b

Improving EMS to Hospital Transitions of Care

Fostering collaboration between EMS agencies and hospitals helps partners understand their contribution to improving their state's stroke systems of care. Documentation of time of onset of stroke symptoms by EMS and communication between EMS and hospitals lead to timely treatment, increased hospital preparedness, and ultimately improved stroke outcomes.



62,786 suspected stroke patients arrived at a Coverdell-participating hospital by EMS.



313 EMS-hospital teams reported use of feedback from hospital to EMS as a QI strategy to improve transitions of care.^c



EMS agencies provided hospitals with documentation of time of onset of stroke symptoms, rendering **59.5%** of patient records complete.



EMS agencies called in **36,812** pre-alert notifications for suspected stroke patients.^d

Improving Quality of Stroke Care

Improvements in stroke systems of care and transitions of stroke care can facilitate increases in patient care and follow up. These improvements include the percentage of patients that: receive stroke treatment with the clot-busting drug, IV Alteplase, received all eligible stroke care in the hospital, and had a follow-up appointment scheduled. These improvements can ultimately reduce stroke-related deaths and stroke-related disability.



6,820 ischemic stroke patients who were eligible for treatment received IV Alteplase, a clot-busting drug, within 60 minutes of hospital arrival. The median time was 47 minutes.^e



78,503 ischemic stroke patients received all of the stroke care in the hospital for which they were eligible.^{e-f}



2,107 stroke patients had a follow-up appointment scheduled prior to hospital discharge.^d

For more information, please visit https://www.cdc.gov/dhdsp/programs/stroke_registry.htm

Data source: Recipient-reported performance measure data

^a Organization of EMS agencies and definitions of what constitutes a formal relationship varied by state recipients.

^b Performance measures are based on data submitted by Coverdell recipients. The total number of EMS agencies differ from the implementation figure on page 1 to differences in recipient reporting mechanisms

^c 6 out of 9 states reported on this performance measure in year 6

^d Advanced notification by EMS is under the condition of arrival by EMS. Percentage represents those stroke patients that were called in out of the total number that arrived via EMS.

^e Represents a subset of the total number of acute stroke patients treated

^f Please see Overwyk, et. al., Defect-free care trends in the Paul Coverdell National Acute Stroke Program, 2008-2018, American Heart Journal for included measures.

