

Ohio | RECIPIENT PROFILE (2019-2020)

The Ohio Department of Health is a state recipient of the Centers for Disease Control and Prevention (CDC)'s Paul Coverdell National Acute Stroke Program, which aims to improve the quality of stroke care and stroke outcomes. This profile summarizes program activities and outcomes in Program Year 5 (June 30, 2019 - June 29, 2020).



Select Implementation Partners

- American Heart Association (AHA)
- American Stroke Association (ASA)
- Million Hearts®
- Central Ohio Trauma System
- Greater Cincinnati EMS Coordinators Committee
- Greater Miami Valley EMS Council
- Ohio Department of Public Safety-EMS Division
- Preventive Health and Health Services Block Grant
- Ohio Advisory Council
- Southwestern Ohio Pre-Hospital Care Operations Committee

State Prevalence of Stroke

3.9% of adults aged 18 and older report having had a stroke (Source: Behavioral Risk Factor Surveillance System, 2019)

Award Amount

\$750,000 (Program Year 5 Award Amount)

Complementary CDC-Funded Cardiovascular Disease Programs

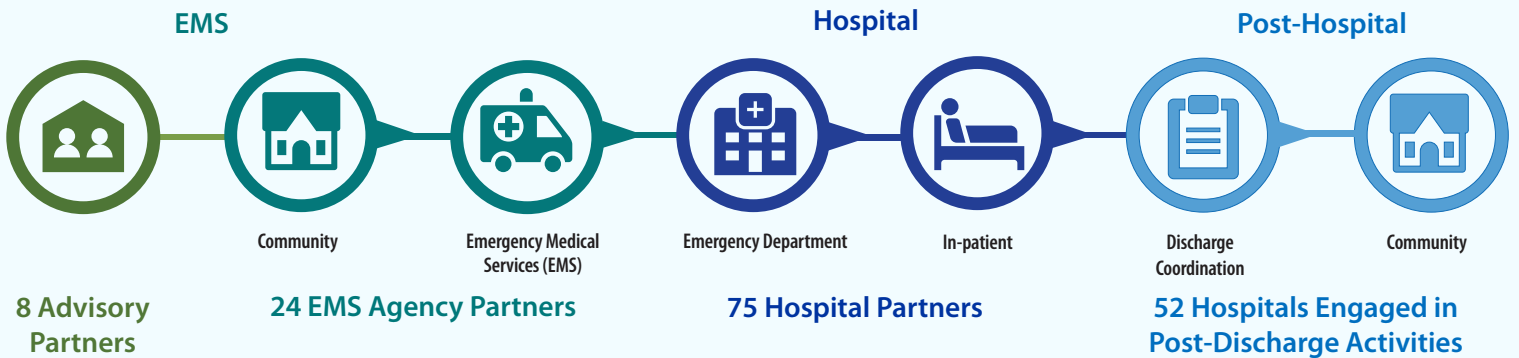
DP18-1815 - Improving the Health of Americans through Prevention and Management of Diabetes and Heart Disease and Stroke

Background of the Ohio Coverdell Stroke Program (OCSP)

The Ohio Department of Health (ODH) first received CDC funding in 2007 to implement the Ohio Coverdell Stroke Program (OCSP). OCSP is a data-driven quality improvement project to monitor the quality of acute stroke care across clinical settings, including emergency medical services (EMS) care, in-hospital care, and care after hospital discharge. In 2015, CDC funded ODH through the Paul Coverdell National Acute Stroke Program (DP15-1514) to improve the quality of care for patients across the continuum of care. Program activities address stroke care from the time a patient has a stroke at home or in the community until after they are discharged and follow up with their doctor.



Program Implementation



By the end of Program Year 5, OCSP recruited 8 advisory organizations, 24 EMS agencies, and 75 hospitals. EMS agencies with direct partnerships with the OCSP participated in Ohio Coverdell-led quality improvement (QI) activities and expanded statewide reach of the Coverdell program to transport and treat stroke patients. OCSP also engaged with nearly 200 EMS agencies indirectly through webinars, surveys, and requests for materials. Hospital partners entered data in the state stroke registry and participated in Ohio Coverdell-led quality improvement activities. Through OCSP's Special Initiative tab in GWTG, 52 hospitals were also tracking scheduling (prior to discharge) of patients' follow up appointments with primary care providers and neurologists as part of post-discharge activities.

Program Reach



Patients with acute stroke in Ohio who were transported by Ohio Coverdell-participating EMS (3,636 patients transported)



Acute stroke patients in Ohio admitted to Ohio Coverdell-participating hospitals (16,276 patients admitted)

EMS to Hospital Transitions of Care

Key Activities

Using findings from a 2019 survey, OCSP provided guidance and training to EMS agencies to improve the frequency and use of pre-notification to hospitals of suspected stroke patients. Trainings included topics such as conducting EMS stroke severity assessments and developing and using EMS stroke protocols. OCSP also maintained contact with EMS coordinators within hospital emergency departments who provided feedback on training needs.

Performance Measures

EMS agencies called in **4,662** pre-alert notifications for suspected stroke patients in program year 5.*



89% of EMS-hospital teams reported use of feedback from hospital to EMS in Program Year 5, allowing EMS to improve identification and treatment of acute stroke patients.



Quality Improvement (QI)

Key Activities

OCSP provided education, training, and technical assistance to EMS and hospital partners to improve quality of stroke care at statewide meetings and regular QI webinars. Additionally, OCSP created an Annual Benchmark Report showing each hospital's performance compared to the rest of the state and the nation to monitor performance on stroke quality of care measures. OCSP also provided education, training and technical assistance to hospitals to improve scheduling of patient follow-up visits prior to discharge.

Performance Measures

QI initiatives include workshops and trainings implemented by Coverdell recipients and their partners to improve implementation and focus of stroke care. These initiatives are implemented for EMS, hospital, and discharge hospital staff. OCSP implemented **4** initiatives for EMS staff, **23** initiatives for hospital staff, and **12** initiatives for discharge hospital staff in Program Year 5

Data Linkages

Key Activities

OCSP collected EMS and hospital data that was automatically linked within Get with the Guidelines®-Stroke (GWTG-S) using a unique patient identifier. Additionally, OCSP continued collecting post-discharge data through the OCSP's GWTG-S special initiatives tab and began collecting post-discharge data from 10 hospitals through the new GWTG-S post-discharge form.

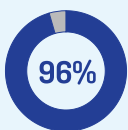
Performance Measures

39% of EMS agencies (n=194) had data linked to in-hospital data in Program Year 5.^a

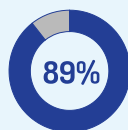


Stroke Quality of Care Outcomes Among Ohio Coverdell-Participating Hospitals

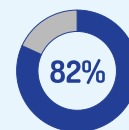
Activities contributed to performance in stroke quality of care as reflected in the following stroke outcomes:



of patient/caregivers received stroke education materials during their hospital stay



of acute ischemic stroke patients who were eligible for treatment received IV Alteplase, a clot busting drug, within 60 minutes of hospital arrival



of ischemic stroke patients received all available care for which they were eligible**

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

Data sources: Year 5 recipient-reported performance measure data, hospital and patient level data, evaluation reports, and annual performance reports

*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.

**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.

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

