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| **Paul Coverdell National Acute Stroke Registry Quarterly Performance Measure Results** |
|  |  |  |
| **Number of Hospitals:**  |  |  |
|  |  |  |
| **Demographic** | **N\*** |  **Percent\*** |
| **Age** |  |  |
| 18-34 |  |  |
| 35-44 |  |  |
| 45-54 |  |  |
| 55-64 |  |  |
| 65-74 |  |  |
| 75-84 |  |  |
| 85+ |  |  |
| **Race**  |  |  |
| Non-Hispanic White |   |   |
| Non-Hispanic Black |   |   |
| Hispanic |  |  |
| Other |  |  |
| Unknown |  |  |
| **Gender**  |   |   |
| Missing |   |   |
| Male |   |   |
| Female |   |   |
|  |   |   |
|  |  |  |
| **Arrival Mode** | **N\*** | **Percent\*** |
| EMS |   |   |
| Private Auto |   |   |
| Transfer From Another Hospital |   |   |
| ND/Unknown |   |   |
|  |  |  |
| **Type** | **N\*** | **Percent\*** |
| Ischemic |   |   |
| ICH |   |   |
| SAH |   |   |
| TIA |   |   |
| Ill-Defined (SNS) |   |   |
| No stroke |   |   |
| Missing |   |   |
|  |  |  |
| **Alteplase (tPA)** | **N\*** | **Percent\*** |
| All IS Patients receiving any tPA |   |   |
| All IS tPA patients having symptomatic ICH complications |  |  |
| All IS tPA patients having life threatening complications |  |  |
| Door to needle time <=45 minutes |  |  |
| Mean Door to Needle Time (hours) |  |  |
| Median Door to Needle Time (hours) |  |  |
| Mean LKW to Needle Time (hours) |  |  |
| Median LKW to Needle Time (hours) |  |  |

|  |  |  |
| --- | --- | --- |
| **TIA only & SNS only** | **N\*** | **Percent\*** |
| TIA Patients who received any tPA |   |   |
| SNS Patients who received any tPA |  |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |   |   |   |   |   |   |   |   |  |
| **Coverdell In-Hospital Performance Measures Numerator\*** | **Denominator\*** | **Percent\*** | **HS/SNS** | **IS**  | **TIA** |  |  |
| Alteplase (tPA) Given |   |   |   |   | X |   |  |  |
| Dysphagia Screening |   |   |   | X | X |   |  |  |
| VTE/DVT Prophylaxis by end of Day 2 |   |   |   | X | X |   |  |  |
| Antithrombotic Therapy by end of Day 2 |   |   |   |  | X | X |  |  |
| Assessed for Rehabilitation |   |   |   | X | X |   |  |  |
| Stroke Education |   |   |   | X | X | X |  |  |
| Smoking Cessation Counseling |   |   |   | X | X | X |  |  |
| Antithrombotic Therapy at Discharge |   |   |   |  | X | X |  |  |
| Statin Therapy at Discharge |   |   |   |  | X | X |  |  |
| Anticoagulation for Atrial Fibrillation |   |   |   |  | X | X |  |  |
| Doo to needle (IV tPA) time in 60 minutes |   |   |   |  | X |   |  |  |
| NIH stroke scale score recorded |   |   |   |   | X |   |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| **Ischemic Stroke Only** |   |   | **Numerator\*** | **Denominator\*** | **Percent\*** | **White\*** | **Race Other\*** | **Male\*** | **Female\*** |  |
| Alteplase (tPA) Given |   |   |   |   |   |   |   |  |
| Dysphagia Screening |   |   |   |   |   |   |   |  |
| VTE/DVT Prophylaxis by end of Day 2 |   |   |   |   |   |   |   |  |
| Antithrombotic Therapy by end of Day 2 |   |   |   |   |   |   |   |  |
| Assessed for Rehabilitation |   |   |   |   |   |   |   |  |
| Stroke Education |   |   |   |   |   |   |   |  |
| Smoking Cessation Counseling |   |   |   |   |   |   |   |  |
| Antithrombotic Therapy at Discharge |   |   |   |   |   |   |   |  |
| Statin Therapy at Discharge |   |   |   |   |   |   |   |  |
| Anticoagulation for Atrial Fibrillation |   |   |   |   |   |   |   |  |
| Door to needle (IV tPA) time in 60 minutes |   |   |   |   |   |   |   |  |
| NIH stroke scale score recorded |   |   |   |   |   |   |   |  |
|  |  |  |  |  |  |  |  |  |  |  |
| **TIA Only** |   |   | **Numerator\*** | **Denominator\*** | **Percent\*** | **White\*** | **Race Other\*** | **Male\*** | **Female\*** |  |
| Antithrombotic Therapy by end of Day 2 |   |   |   |   |   |   |   |  |
| Stroke Education |   |   |   |   |   |   |   |  |
| Smoking Cessation Counseling |   |   |   |   |   |   |   |  |
| Antithrombotic Therapy at Discharge |   |   |   |   |   |   |   |  |
| Statin Therapy at Discharge |   |   |   |   |   |   |   |  |
| Anticoagulation for Atrial Fibrillation |   |   |   |   |   |   |   |  |
|  |  |  |  |  |  |  |  |  |  |  |
| **Hemorrhagic Stroke Only** |   | **Numerator\*** | **Denominator\*** | **Percent\*** | **White\*** | **Race Other\*** | **Male\*** | **Female\*** |  |
| Dysphagia Screening |   |   |   |   |   |   |   |  |
| VTE Prophylaxis by end of Day 2 |   |   |   |   |   |   |   |  |
| Assessed for Rehabilitation |   |   |   |   |   |   |   |  |
| Stroke Education |   |   |   |   |   |   |   |  |
| Smoking Cessation Counseling |   |   |   |   |   |   |   |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| **Defect free care** | **Numerator\*** | **Percent\*** |  |  |  |  |  |  |  |  |
| Ischemic inpatient |   |   |  |  |  |  |  |  |  |  |
| Ischemic discharge |   |   |  |  |  |  |  |  |  |  |
| Hemorrhagic |   |   |  |  |  |  |  |  |  |  |
| TIA |   |   |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |   |  |  |  |  |  |  |  |  |  |
| **Data source: , All are weighted estimated** |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| **Centers for Disease Control and Prevention - Division for Heart Disease and Stroke Prevention** |  |

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|   |   |
| **Pre hospital performance measures (drafted 8 measures)** |  |
| % of stroke transports with an on-scene time<15 minutes |   |
| % of stroke transports with a blood glucose checked and recorded |   |
| % of stroke transports where EMS called in a stroke alert pre-notification |   |
| % of stroke transports that had a stroke screen completed and recorded |   |
| % of stroke transports that had a documented the time last known to be well |   |
| % of stroke transports that had a documented time of discovery |   |
| % of stroke transports that had a thrombolytic stroke check completed and documented |   |
| % of stroke transports where EMS diagnosis agreed with hospital diagnosis |   |
|  |  |
| **Post-hospital Measures (drafted 9 measures)** |  |
| % of stroke patients discharged to home who have died by 30 days |   |
| % of stroke patients who were seen in ED within 30 days of discharge |   |
| % of stroke patients who were readmitted to the hospital within 30 days of discharge |   |
| % of stroke patients reporting blood pressure (BP) > 140 systolic or > 90 diastolic among those checking their BP at home |   |
| % of stroke patients checking the BP at home |   |
| % of stroke patients reporting 2 or more falls within 30 days of discharge |   |
| % of stroke patients who stopped taking medications since discharge |   |
| % of stroke transports where EMS diagnosis agreed with hospital diagnosis |   |
| % of stroke patients that had a follow-up appointment scheduled prior to discharge |   |
|  |  |
| **Adherence to the performance measures** |  |
| % adherence to Coverdell patient-level performance measures of care for EMS |   |
| % adherence to Coverdell patient-level performance measures of care for in-hospital and transition of care |   |
| % of patients with defect-free in-hospital care by stroke type |   |
| % of patients with defect-free care by EMS |   |
|  |  |
| **Data source:** **Centers for Disease Control and Prevention - Division for Heart Disease and Stroke Prevention**  |  |