

Powerful Partnerships : The American Stroke Association and The FL PR Stroke Registry



 GET WITH THE
GUIDELINES.

[Heart.org/Quality](https://www.heart.org/Quality)

Kathy Fenelon MA
Regional Vice President
Quality & Systems Improvement

Mission: Building healthier lives free of Cardiovascular diseases and stroke



Putting Knowledge to Practice



Driving Real-world Clinical Research



IMPACT GOAL

"By 2020, to improve the cardiovascular health of all Americans by 20 percent while reducing deaths from cardiovascular diseases and stroke by 20 percent."

The FL PR Registry addresses disparities in acute stroke care and secondary stroke prevention between different race and ethnic groups as well as between rural and urban populations.

We are committed to support these efforts as they are critical to our Impact Goal.

Addressing the Challenge



Addressing The Challenge

The American Heart Association/American Stroke Association works to narrow the gaps and disparities by converting scientific research into treatment guidelines, then translating guidelines into clinical processes that take patient population characteristics into account.

These guidelines and processes are the foundation for a hospital-based quality improvement program called Get With The Guidelines®.

Stroke Research from the Get with the Guidelines

- ❑ **A Risk Score for In-Hospital Ischemic Stroke Mortality Derived and Validated within the GWTG STK Program** *Circulation* 2010;112:1496=1504
- **The GWTG Risk Model can help predict in hospital death after a stroke. The NIH Stroke scale is the strongest predictor of in-hospital mortality, but only recorded about 40% of the time.**

87% completed in FL PR Registry YTD 2017 vs 69% Completed in FL PR Registry in 2012

Stroke Research from the Get with the Guidelines

□ Assessment of Home-Time After Acute Ischemic Stroke in Medicare Beneficiaries.

STROKEAHA.115.011599

- In a population of older patients with ischemic stroke, home-time was readily available from administrative data and associated with mRS at 90 days and 1 year. Home-time represents a novel, easily measured, patient-centered, outcome measure for an episode of stroke care.

Stroke Research from the Get with the Guidelines

- ❑ **Association of Get With The Guidelines-Stroke Program Participation and Clinical Outcomes for Medicare Beneficiaries With Ischemic Stroke.** Stroke. 2016;47:00-00. Epub 4/14/16. DOI: 10.1161/STROKEAHA.115.011874
- **Stroke patients at hospitals participating in the American Heart Association/American Stroke Association's nationwide quality-improvement program Get With The Guidelines-Stroke were more likely to be discharged home and less likely to die after discharge than patients in non-participating hospitals.**
- **Compared to patients from non-participating hospitals, patients from hospitals that used Get With The Guidelines-Stroke were 10 percent more likely to be discharged home after hospital treatment and 7-8 percent less likely to die within 30 days and one year after discharge.**

Stroke Research from the Get with the Guidelines

- ❑ **Race/Ethnic and Sex Differences in Emergency Medical Services Transport among Hospitalized U.S. Stroke Patients. Analysis of the National Get With The Guidelines-Stroke Registry.** American Heart Assoc. 2015; 4: e002099 [Epub 8/12/15] doi: 10.1161/JAHA.115.002099
- **EMS use differed** by race/ethnicity and sex. These contemporary data document suboptimal use of EMS transport among US stroke patients, especially by racial/ethnic minorities and those with less recognized stroke symptoms.

Stroke Research from the Get with the Guidelines

- ❑ **Smoking Paradox** in Patients Hospitalized With Coronary Artery Disease or Acute Ischemic Stroke Findings From Get With The Guidelines
- ❑ Lack of Impact of **Electronic Health Records** on Quality of Care and Outcomes for Ischemic Stroke
- ❑ Treatment Patterns and Short-Term Outcomes in Ischemic Stroke in **Pregnancy or Postpartum.**
- ❑ Patient Characteristics and Outcomes after **Hemorrhagic Stroke in Pregnancy**
- ❑ Association of Acute and Chronic **Hyperglycemia** with Acute Ischemic Stroke Outcomes Post Thrombolysis: Findings from Get With The Guidelines-Stroke

Stroke Research from the Get with the Guidelines

- ❑ Quality of Care and Ischemic Stroke Risk After Hospitalization for **Transient Ischemic Attack**: Findings From Get With The Guidelines-Stroke
- ❑ **Novel Oral Anticoagulant** Use Among Patients with Atrial Fibrillation Hospitalized with Ischemic Stroke or Transient Ischemic
- ❑ Outcomes in **Mild Acute Ischemic Stroke Treated** With Intravenous Thrombolysis. A Retrospective Analysis of the Get With the Guidelines–Stroke Registry
- ❑ **Door-to-needle times** for tissue plasminogen activator administration and clinical outcomes in acute ischemic stroke before and after a quality improvement initiative.

ASA PAST and FUTURE COLLABORATIONS

- Encouraged hospitals to sign up for the FL PR Registry
- Serve on the Advisory Committee of the FL PR Registry
- Provide CEUs for conferences, on line courses and videos for the FL PR Registry
- Local Quality Improvement staff assist hospital's quality improvement process
- Share best practices from across the nation
- Consult with hospitals to drill down on data, utilizing our Measures: Achievement, Quality, Reporting, Descriptive and the dashboard reports from the Registry
- Provide resources (i.e.) Patient Support Network

ASA PAST, PRESENT & FUTURE COLLABORATIONS

- ❑ Advocacy work to pass the Stroke Bill and support the healthcare needs of our citizens
- ❑ Provide Education Materials for patients and healthcare professionals
- ❑ Stroke Connection Magazine available via the internet to advance stroke efforts
- ❑ Facilitate Stroke Coordinator meetings throughout the geographical area
- ❑ Support the efforts of the FL PR Registry by encouraging hospitals to participate in the services of the FL PR Registry i.e.) conference calls, conferences, dashboard reports, video's, educational courses

New Program for your hospital-affiliated Clinics: Target BP

AHA/ACC/CDC HBP Treatment Algorithm

In November 2013, AHA partnered with the ACC and the CDC to publish a scientific statement recognizing best practices in clinical care that have significantly increase HBP control rates and put forth a customizable algorithm based on these practices.

Teamwork key to controlling BP
IN THE NEWS
 Scientific advisory urges patient first approach
 One in three Americans have high blood pressure, but only half being treated have it under control. A new scientific advisory suggests the best ways to improve blood pressure control — including using science-based systems, increasing patient education, teaching and empowering patient information and treatment.

BP treatment decisions just got simpler.
 Visit HeartQuarters 4339 to learn about an AHA-backed, proven strategy.

Bring BP control rates up.
Get BP numbers down.

BP treatment decisions just got simpler.

Blood Pressure	Recommendation	Appropriate BP Medication (Program)
Normal range	Monitor normal body weight. Body mass index (BMI) < 30 kg/m ² .	0-20 mg/d (1 mg)
Stage 1 hypertension	Consider to add salt or fatty acid restriction, and low-fat dairy products to lifestyle. Consider to add weight management if BMI > 30 kg/m ² .	0-12 mg/d (1 mg)
Stage 2 hypertension	1. Consider to add salt and fatty acid restriction if BMI > 30 kg/m ² . 2. Consider to add weight management if BMI > 30 kg/m ² . 3. Consider to add low-fat dairy products to lifestyle. 4. Consider to add ACE inhibitor or ARB if patient has diabetes or kidney disease. 5. Consider to add beta-blocker if patient has heart failure or coronary artery disease. 6. Consider to add calcium channel blocker if patient has aortic stenosis or aortic regurgitation.	0-20 mg/d (1 mg)

In July 2015, AHA began a focused drive to promote and implement the algorithm among healthcare systems and clinics.

TARGET: **BP**



Success

Since the Inception of the FL PR Registry

Time to Intravenous Thrombolytic Therapy - 60 min

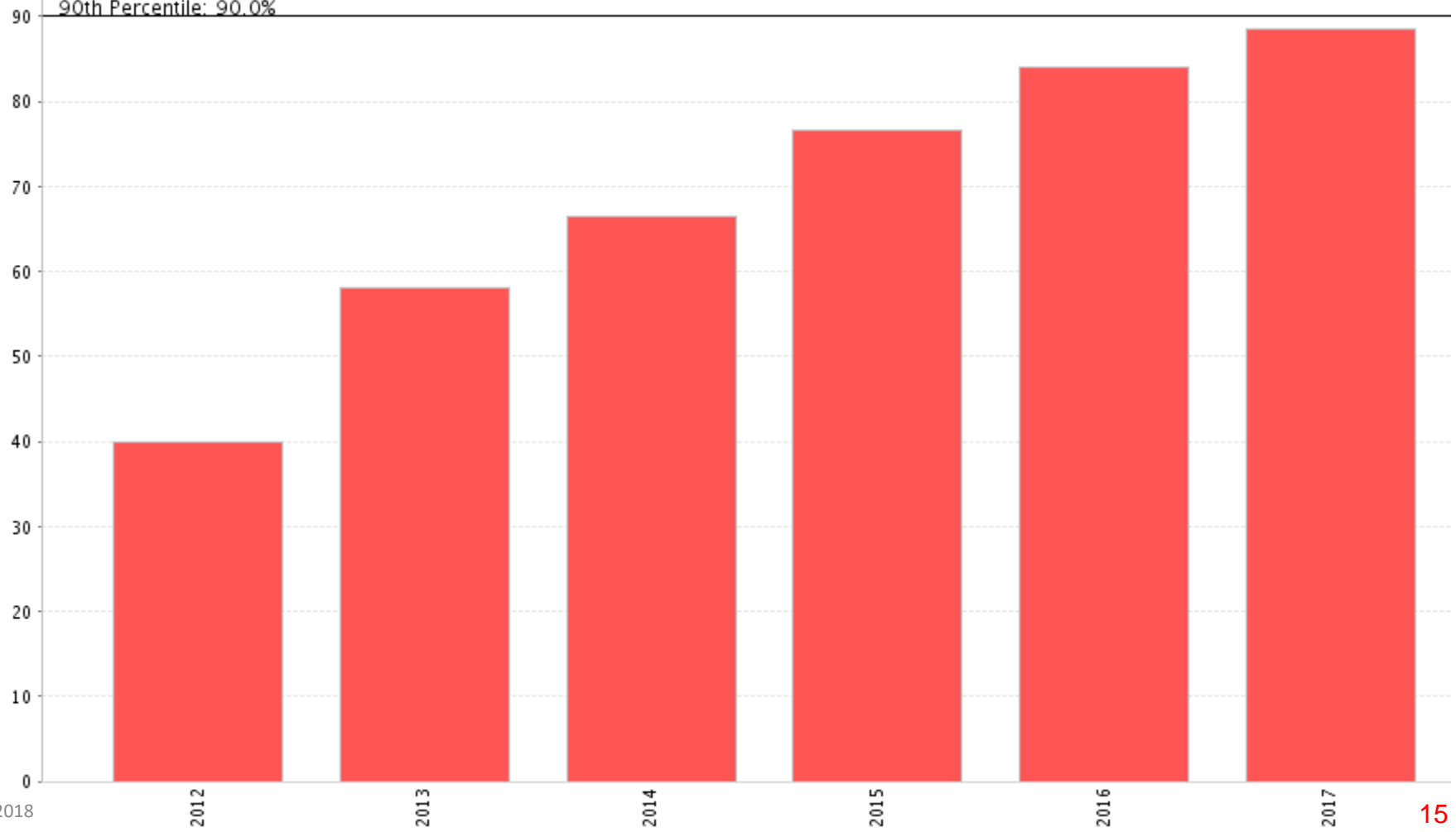
2012 through 2017 YTD

Percent of acute ischemic stroke patients receiving intravenous tissue plasminogen activator (tPA) therapy during the hospital stay who have a time from hospital arrival to initiation of thrombolytic therapy administration (door-to-needle time) of 60 minutes or less.

*

90th Percentile: 90.0%

Percent of Patients



Successes

Time to Intravenous Thrombolytic Therapy - 45 min

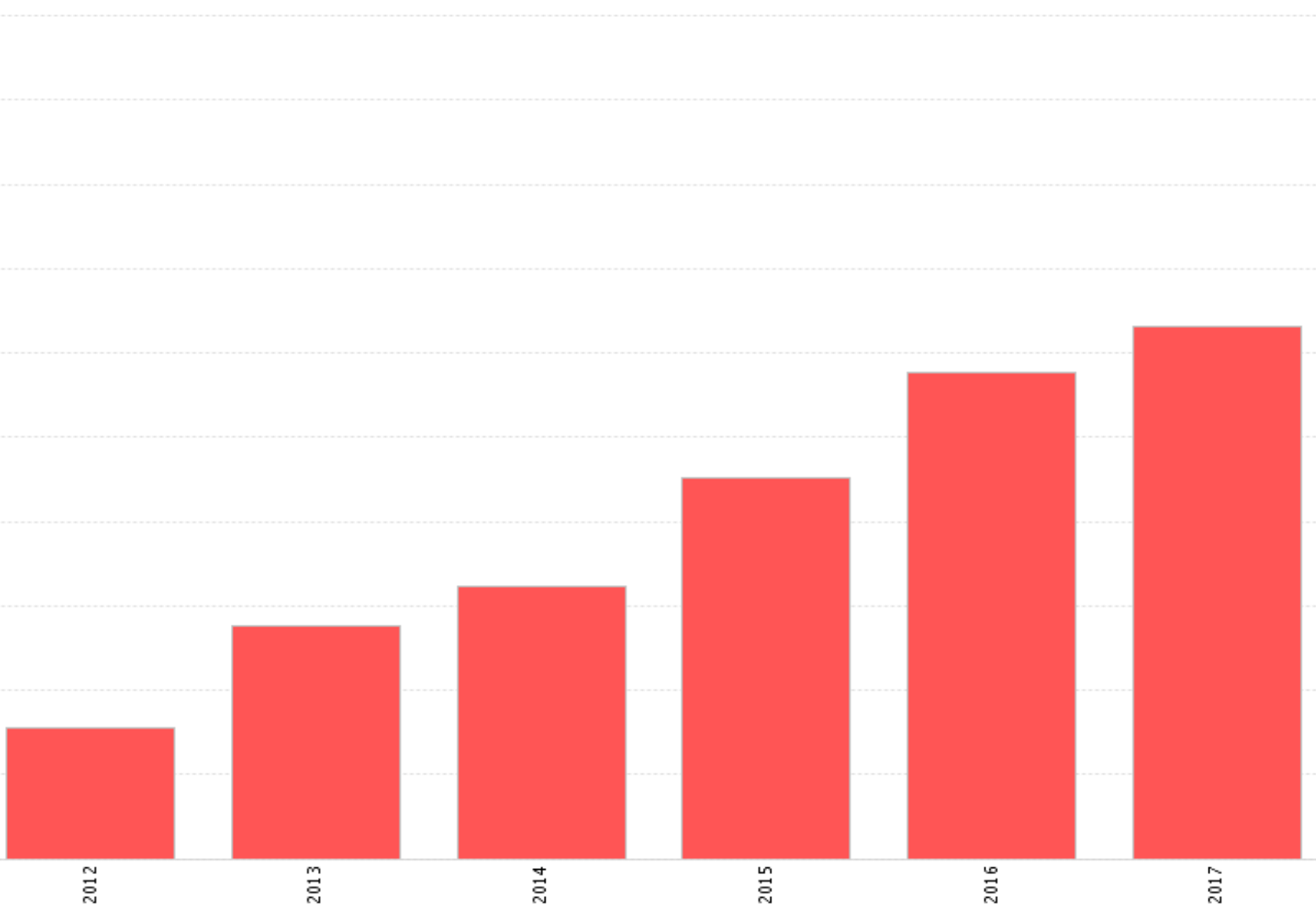
2012 through 2017 YTD

Percent of acute ischemic stroke patients receiving intravenous tissue plasminogen activator (tPA) therapy during the hospital stay who have a time from hospital arrival to initiation of thrombolytic therapy administration (door-to-needle time) of 45 minutes or less.

*

Percent of Patients

2/14,



17

THROMBOLYTIC THERAPIES

2012-2017 YTD

* Benchmark Group	Time Period	IV tPA initiated at this hospital for ED patients	IV tPA initiated at this hospital for Inpatients	IV tPA initiated at outside hospital and not initiated at this hospital	IA catheter-based reperfusion at this hospital for ED patients	IA catheter-based reperfusion at this hospital for Inpatients	IA catheter-based reperfusion at outside hospital	Any thrombolytic therapy	Total
NEW FL-PR Stroke Registry	2012	1332 (10%)	41 (0.3%)	168 (1.3%)	261 (2%)	15 (0.1%)	19 (0.1%)	1730 (13%)	13305
	2013	1484 (10.4%)	60 (0.4%)	226 (1.6%)	351 (2.5%)	24 (0.2%)	8 (0.1%)	1980 (13.9%)	14263
	2014	1864 (11.1%)	82 (0.5%)	247 (1.5%)	501 (3%)	30 (0.2%)	13 (0.1%)	2523 (15%)	16783
	2015	2279 (12.1%)	94 (0.5%)	387 (2.1%)	869 (4.6%)	31 (0.2%)	13 (0.1%)	3281 (17.4%)	18810
	2016	2648 (13.2%)	118 (0.6%)	498 (2.5%)	1064 (5.3%)	28 (0.1%)	17 (0.1%)	3837 (19.2%)	19995
	2017	1836 (12.3%)	85 (0.6%)	405 (2.7%)	847 (5.7%)	33 (0.2%)	18 (0.1%)	2810 (18.9%)	14891

Life is Why

