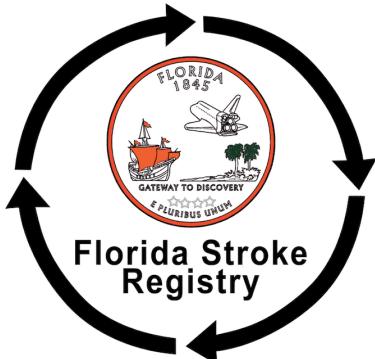


FSR UPDATE

The latest news from the Florida Stroke Registry



IN THIS ISSUE

Another Year of Funding!

Paul Coverdell Acute Stroke Program Awarded (to us!)

Closing 2020-2021: Annual FSR Dashboards & Report

9th Annual FSR Meeting

Publications Corner



Another Year of Funding!

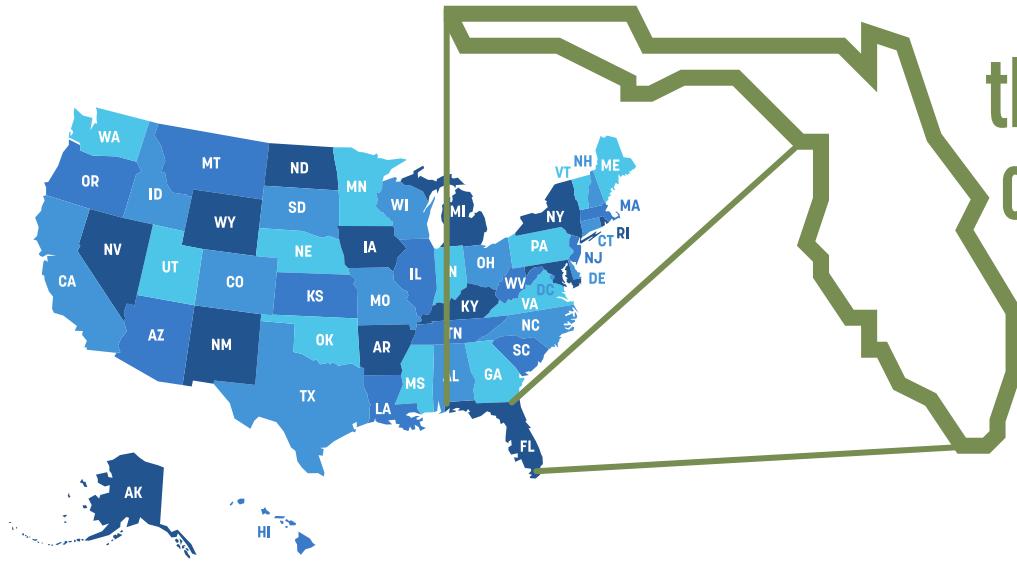
A yellow speech bubble containing the text "THANK YOU" in white.

We had a fantastic conclusion to the 2021 legislative session, successfully obtaining the Governor's signature of approval for the appropriation of funds (25% more than last year) for the Florida Stroke Registry (FSR). We cannot thank you all enough for being so responsive to our call to action. It is certain, that because of your support the FSR's next year of work (July 1, 2021 - June 30, 2022) has been secured. We look forward to continuing to improve the quality of stroke care, and we are most grateful to the FSR stroke centers, who provide the valuable data that allows us to develop evidence-based results that inform and develop interventions. Thank you all for the continued opportunity to work together and to contribute in the most positive, productive manner to the lives of Floridians.

Paul Coverdell Acute Stroke Program Awarded (to us!)

We have more good news! The UM FSR team was invited by the DOH to work together to submit a proposal in March for the 2021 funding opportunity from the Centers for Disease Control and Prevention's Paul Coverdell Acute Stroke Program Award. We have recently been notified, and we are proud to announce, that **Florida and its FSR is one of the thirteen possible awards in the nation!**

We are included in that number of only 13 states funded!



Coverdell funds will be provided to the DOH's Bureau of Chronic Disease Prevention (BCDP) and the Bureau of Emergency Management Operations (BEMO). The UM FSR will be contracted to work with the DOH agencies to conduct a three-year project that will:

- Integrate pre- and post- hospital data into the FSR (UM-FSR; BCDP; BEMO)
- Participate in DOH Leadership Team to define "team-based approaches" for health system changes (UM-FSR; BCDP; BEMO)
- Facilitate creation of statewide local stroke coalitions (UM-FSR; BCDP; BEMO)
- Establish the systematic use of FSR Regional Dashboards in local stroke coalitions to improve the quality of stroke care across systems (UM-FSR)
- Promote stroke coalition recruitment of community member representation (i.e., Community Health Workers, stroke patient/caregivers) (UM-FSR)
- Develop stroke education for Community Health Workers (UM-FSR)
- Develop and implement 911 dispatcher B.E.F.A.S.T training (BEMO)



CLOSING 2020-2021: ANNUAL FSR DASHBOARDS & REPORT

The FSR provides three kinds of dashboards that track, measure, and benchmark stroke performance and outcomes. As we end the 2020-2021 year, please remember to review the most recently released 2020 edition. If you are unfamiliar with these, please see below the overview on each:

1) The Annual Statewide Dashboard

The dashboard displays annual Florida Stroke Registry data compared to national data in the same year, and stratified by race/ethnicity and sex. The aggregate report is publicly available [here](#).

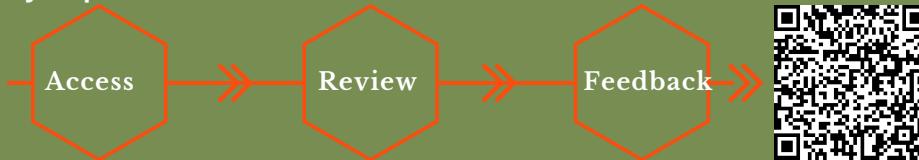
2) The Annual Hospital Disparity Dashboard

These hospital-specific dashboards provide individualized acute stroke care metrics stratified by race/ethnicity/sex and benchmarked at the regional and state level. Only FSR participating stroke centers may see their own sites data. Access is password restricted. If you have never seen your hospitals data at the website, [please contact us](#). Feel free to take a look at a sample [here](#)

3) The Regional Dashboard

These county (or cluster of small counties)-specific dashboards provide graphics of data reperfusion performance and outcome measures from hospitals within defined geographic areas, which are benchmarked to each other and to county level aggregate data. Access is password restricted. [Please contact us](#) for more info and feel free to take a look at a sample [here](#).

If you have reviewed any of the dashboards, please scan or click the QR code to provide us your thoughts on the dashboards and how we may improve them



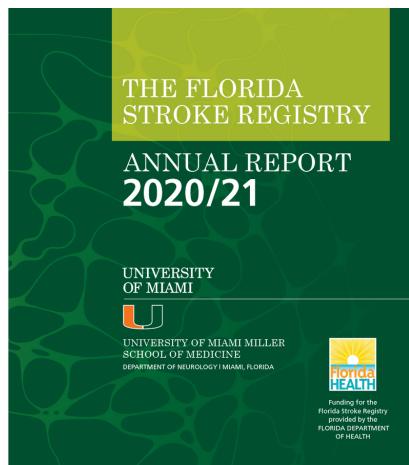
FSR DASHBOARD UTILITY SURVEY

SAMPLE

1.	Alteplase Arrive 2 hours and treat by 3 hours of symptom onset
2.	Alteplase Arrive 3.5 hours and treat by 6.5 hours of symptom onset (isolated arm)
3.	Early Antithrombotic therapy
4.	VTE prophylaxis
5.	Antiarrhythmic therapy at discharge
6.	Anticoagulation therapy for atrial fibrillation/flutter at discharge
7.	“Males”
8.	Smoking cessation counseling
9.	Defect Free Care (DFC)
10.	Door to needle time (DTN) within 60 minutes
11.	Door to CT (DCT) within 25 minutes (all strokes arrive at all times)
12.	Door to NIBP (DTN) within 25 minutes (all strokes arrive at all times)
13.	Modified Rankin Score at discharge (0-2 - range signifies no residual symptom to mild disability)
14.	Able to ambulate independently at discharge

3. The Annual Hospital Disparity Dashboard

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall, I am satisfied with the Annual Hospital Disparity Dashboard				
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It's helpful see my hospital's Annual Data benchmarked to Statewide Data				
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has helped IDENTIFY health disparities				
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has helped ADDRESS health disparities				
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has helped my site IMPROVE our				
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



2020-2021 FSR Annual Report

Please be on the look out for the FSR Annual Report to be posted at the website in the next few weeks. Within the reformatted, online report you will find more information on the 2020 FSR Dashboards and Dashboard Utility Survey describe above, as well as summaries and infographics of our latest results. The report has been designed to provide an overview of this past years activities, accomplishments, and upcoming goals with links on the website where greater details are offered. We hope you'll find it informative and that you'll love it!

9th Annual FSR Stakeholder Meeting

December 9-11, 2021

We are on track for the 9th Annual FSR Stakeholder Meeting to be held at the Ritz Carlton in Orlando. Thanks to those who have already RSVP'd at the website, and we hope that the rest of you will use the QR code below/right to register. While at the registration site, help us make this a great reunion and informative meeting by providing suggestions on topics you would like to hear at the meeting. Below are some of the great ideas provided so far.

- EMS/Hospital Coalitions
- Outreach models to reduce disparities among Spanish-speaking populations
- Telemedicine neuro assessments
- Reducing transfer times for intervention.
- AHA Stroke Updates



9th Annual FSR Stakeholder Meeting

AT A GLANCE



[RSVP Here](#)

	Thursday, Dec 9 ARRIVE	Friday, Dec 10	Sat, Dec 11 DEPART
Morning 8-noon		8 am – noon 9th Annual Florida Stroke Registry Stakeholder Meeting AM Session	8 am – 4 pm AM CE Eligible Training Session (1-2 lecture) Other CE eligible training opportunities AND/OR UM Gordon Center ASLS class (pending final confirmation from the Gordon Center)
Afternoon 1-5	1pm – 2pm: Patient CareGiver Meeting	1 pm – 4 pm 9th Annual Florida Stroke Registry Stakeholder Meeting PM Session	
Evening 6-9	FSR Opening Reception	FSR Advisory Committee Dinner	

Please make sure to sign up. Besides knowing that we will see you, we want to make sure everyone who will be staying at the hotel (\$189/night) has submitted their RSVP no later than November 9th so that arrangements can be made.

Meeting reminders and updates will be posted on the website, and sent through listserv.

More to come soon....

Publication Corner

Please take a minute to visit our website and view the latest FSR manuscript, by Sai Polineni et al. Sex and Race-Ethnic Disparities in Door-to-CT Time in Acute Ischemic Stroke: in The Florida Stroke Registry (reporting continued disparities in time to treatment). Please click below to view this paper among other FSR manuscripts.



ALSO, WE HOPE YOU WILL JOIN US FOR OUR UPCOMING VIRTUAL JOURNAL CLUB!

We have created a virtual journal club in combination with our educational listserv series "***Friday Food For Thought***" (FriFFT) where we present the latest stroke research in a summarized format that entices you to read the full article. The journal club will meet by zoom meeting every other month and will feature one of the FriFFT articles which will be presented by an FSR student or team member. However, we encourage our FSR Stakeholders to not only join the meeting, but also submit and present an article.

Our first Virtual Journal Club is scheduled July 21 at noon. The FriFFT summary to the right will be presented. We hope you'll join us (zoom room below)



JUNE 25, 2021

FRIDAY FOOD FOR THOUGHT

Healthy Life-Year Costs of Treatment Speed from Arrival to Endovascular Thrombectomy in Patients with Ischemic Stroke: A Meta-analysis of Individual Patient Data From 7 Randomized Clinical Trials
Saver, J. L., Goyal, M., van der Lugt, A., Menon, B. K., Majolo, C. B. et al.
J Am Heart Assoc. 2021;10:e015055. DOI:10.1161/JAHA.120.021105

THE GIST:
Among patients with anterior circulation large-vessel occlusion (LVO) within 12 hours of last known well, every 1 hour delay of door to puncture and door to reperfusion time was respectively associated with 11 and 12 months of healthy life-years lost.

IMPORTANT POINTS:

- Meta-analysis of patient-level data in the HERMES cohort [Effective Recanalization Evaluation of Multiple Endovascular Stents] n = 481
- 50% of Early Treated Patients (Last Known Well to Puncture Time) > median = 2.1 hrs
- Door time = 0.3 hrs
- Door to Reperfusion time = 0.2 hrs
- Door to Last Known Well = 2.6 hrs
- 70.4% of patients with substantial reperfusion had a median (DTR) Door-to-Puncture time of 2.4 hours.
- An association was found between care process delays and worse clinical outcomes in Last Known Well-to-Intervention intervals. In early-treated patients, the door-to-puncture intervals in early-treated and late-treated patients.
- No association was found between care process delays and last known well to door intervals.
- These findings highlight the importance of improving time to treatment. As long as time to treatment may have a significant impact on patient health and quality of life.

QUESTIONS FOR STAKEHOLDERS:

1. Does your center utilize the DTR to improve time to EVT intervals?
2. What kind of improvements has your organization implemented to minimize delays?
3. What are some of the most important factors that influence delay in EVT?

THE FSR INVITES YOU TO JOIN US AT OUR NEW VIRTUAL JOURNAL CLUB

JULY 21 AT NOON - 1:00PM VIA ZOOM

Presenter: Karin Johnson, FSR student member and PhD candidate

This Friday Food For Thought article will be discussed and reviewed in detail

Stroke. Neural. 2021;42:1098-117
doi:10.1161/JAHA.120.021105