

# Annual Hospital Disparities Dashboard 2023

Stroke Hospital ID: 00000



Total Strokes in Florida  
51323

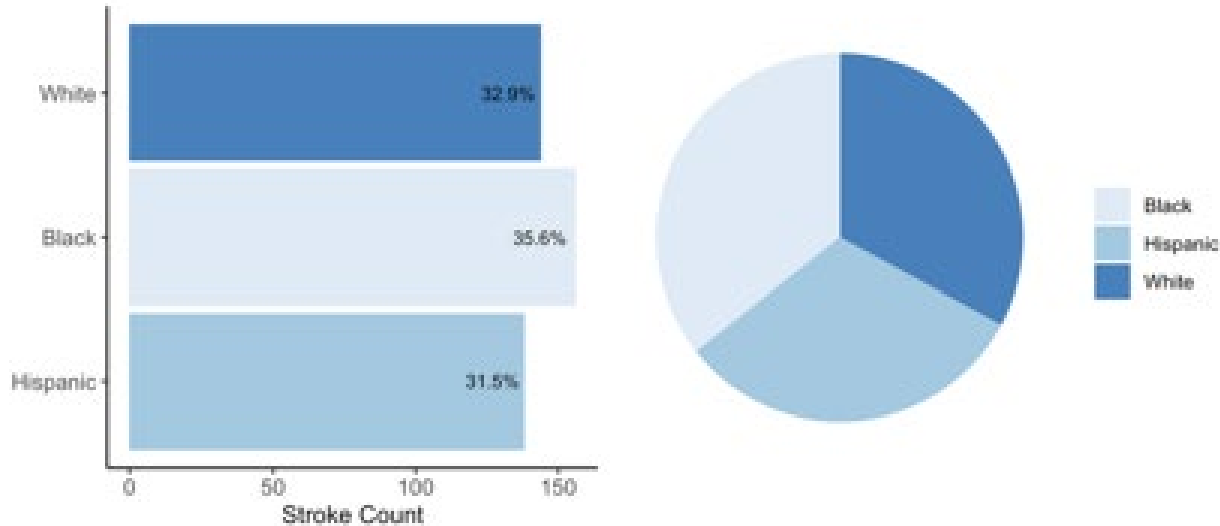


Total Strokes at Hospital  
438

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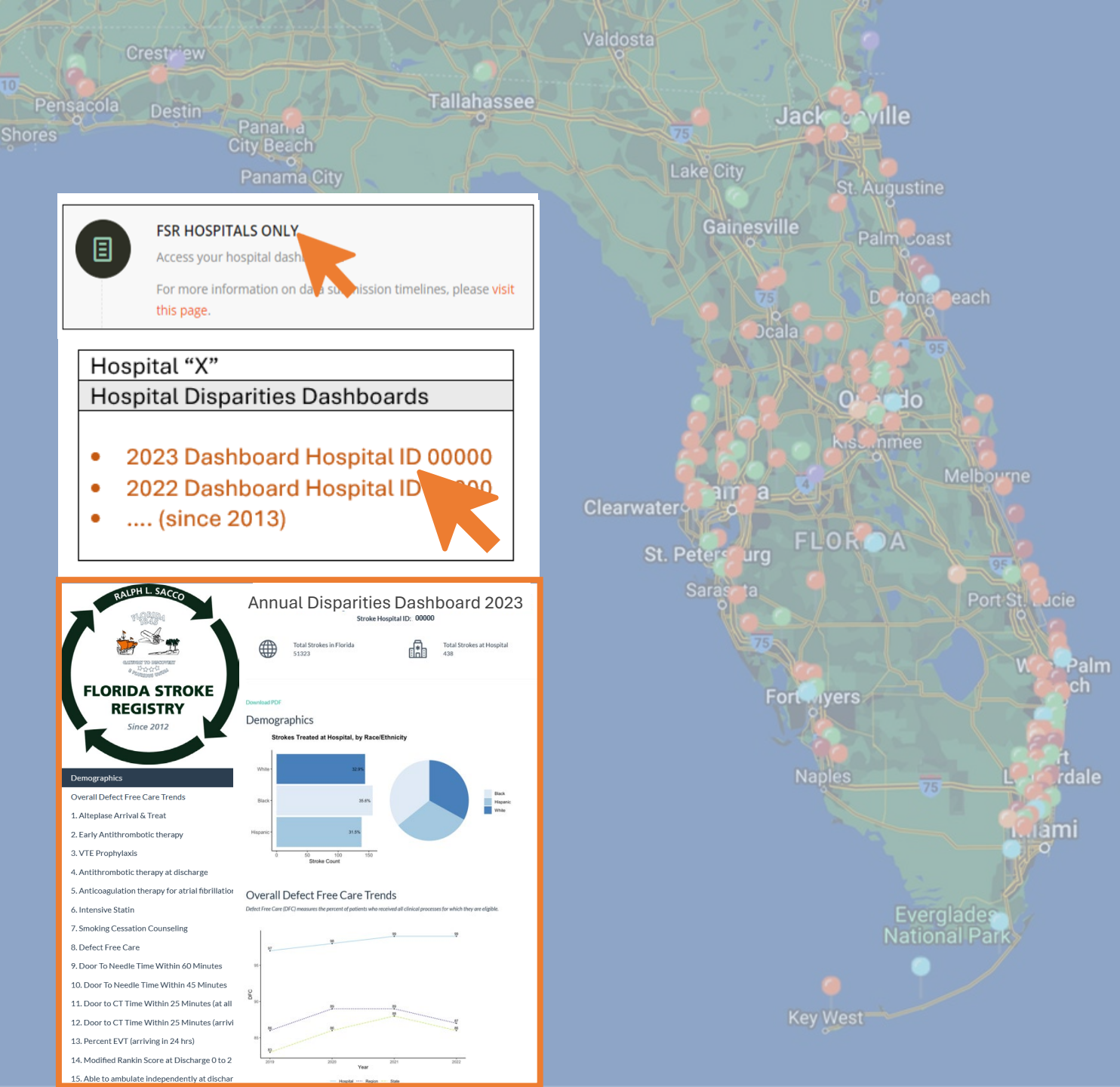
## Demographics

Strokes Treated at Hospital, by Race/Ethnicity



# What is an “FSR Annual Hospital Disparities Dashboard”...

- A quality improvement tool developed in 2013 under National Institute of Health and Stroke Prevention Intervention Research Program cooperative grant (NIH/NINDS U54 NS081763) at the University of Miami Dep. of Neurology-
- The annual dashboard allows sites to self-monitor acute stroke care performance measures displayed by race/ethnicity and sex and benchmark against their region (north, south, east, west) and the state.



# Developed for each hospital participating the FSR

**FSR HOSPITALS ONLY**  
Access your hospital dashboards  
For more information on data submission timelines, please visit [this page](#).

- Hospital "X"**  
**Hospital Disparities Dashboards**
- 2023 Dashboard Hospital ID 00000
  - 2022 Dashboard Hospital ID 00000
  - .... (since 2013)

**Annual Disparities Dashboard 2023**  
Stroke Hospital ID: 00000

Total Strokes in Florida: 51323  
Total Strokes at Hospital: 438

**Demographics**  
Strokes Treated at Hospital, by Race/Ethnicity

Race/Ethnicity	Stroke Count
White	102
Black	88
Hispanic	88

**Overall Defect Free Care Trends**  
Defect Free Care (DFC) measures the percent of patients who received all clinical processes for which they are eligible.

Year	Hospital DFC	Region DFC	State DFC
2018	92%	88%	85%
2019	93%	90%	88%
2020	94%	91%	89%
2021	95%	92%	90%
2022	96%	93%	91%
2023	97%	94%	92%

**Overall Defect Free Care Trends**

1. Alteplase Arrival & Treat
2. Early Antithrombotic therapy
3. VTE Prophylaxis
4. Antithrombotic therapy at discharge
5. Anticoagulation therapy for atrial fibrillation
6. Intensive Statin
7. Smoking Cessation Counseling
8. Defect Free Care
9. Door To Needle Time Within 60 Minutes
10. Door To Needle Time Within 45 Minutes
11. Door to CT Time Within 25 Minutes (at all)
12. Door to CT Time Within 25 Minutes (arrived)
13. Percent EVT (arriving in 24 hrs)
14. Modified Rankin Score at Discharge 0 to 2
15. Able to ambulate independently at discharge

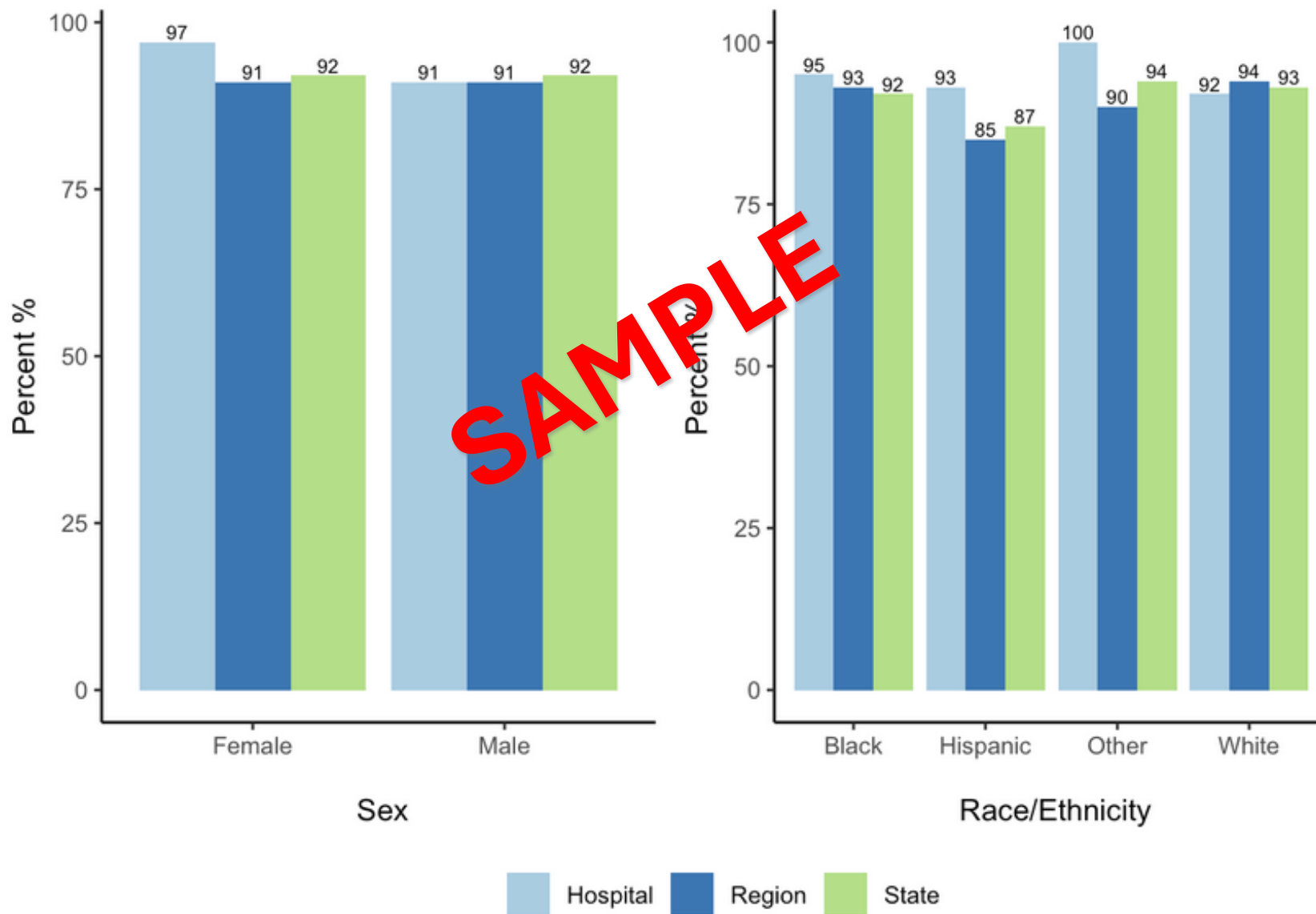
- The “Annual Hospital Disparities Dashboards” are provided directly to each participating hospital at the FSR website
- Hospital-specific reports are to be used internally; however, some sites have used the reports as visual aids at community outreach meetings for explaining stroke risk, outcomes, and prevention in relation to race/ethnicity or sex to patients and family members.

# 15 acute stroke performance measures

1. **Intravenous Thrombolysis (IVT):** Clot busting drug administered to eligible patients arriving to the hospital within 3.5 hours of symptom onset and receiving treatment by 4.5 hours of symptom onset
2. **Early antithrombotics:** Percent of patients with ischemic stroke or TIA who receive antithrombotic therapy by the end of hospital day two. Corresponding measures available for observation status only & inpatient stroke cases.
3. **VTE prophylaxis:** Percent of patients with ischemic stroke, hemorrhagic stroke, or stroke not otherwise specified who receive VTE prophylaxis the day of or the day after hospital admission.
4. **Antithrombotics:** Percent of patients with an ischemic stroke or TIA prescribed antithrombotic therapy at discharge. Corresponding measures available for observation status only & inpatient stroke cases.
5. **Anticoagulation for AFib/Aflutter:** Percent of patients with an ischemic stroke or TIA with atrial fibrillation/flutter discharged on anticoagulation therapy. Corresponding measures available for observation status only as well as inpatient stroke cases.
6. **Intensive Statin:** Percent of ischemic stroke or TIA patients who are discharged on Statin Medication. Corresponding measures available for observation status only as well as inpatient stroke cases
7. **Smoking cessation:** Percent of patients with ischemic or hemorrhagic stroke, or TIA with a history of smoking cigarettes, who are, or whose caregivers are, given smoking cessation advice or counseling during hospital stay. Corresponding measures available for observation status only & inpatient stroke cases.
8. **Defect Free Care (DFC),** a measure that confirms that a patient has received all of the clinical processes, including the seven listed above, for which he or she is eligible.
9. **Door to needle time (DTN) within 60 minutes**
10. **Door to needle time (DTN) within 45 minutes**
11. Door to CT (DTCT) within 25 minutes (all strokes, anytime arrival)
12. Door to CT (DTCT) within 25 minutes (arrival in 24 hr.)
13. Percent EVT among those arriving in 24 hrs.
14. Modified Rankin Score at discharge (0-2)
15. Ambulatory Status at discharge

- Disseminated annually
- **Measures 1-8** reflect the AHA [Achievement Awards](#) (awards recognize hospitals that demonstrate at least 85 percent compliance in each of the measures)
- **Measures 9-10** reflect AHA's [Target: Stroke Phase II \(Door to Needle Time targets aimed to reduce time to treatment\)](#)
- Measures 11-15 reflect requested measures by our participating sites to include in the report

# 1. Intravenous Thrombolysis (IVT)

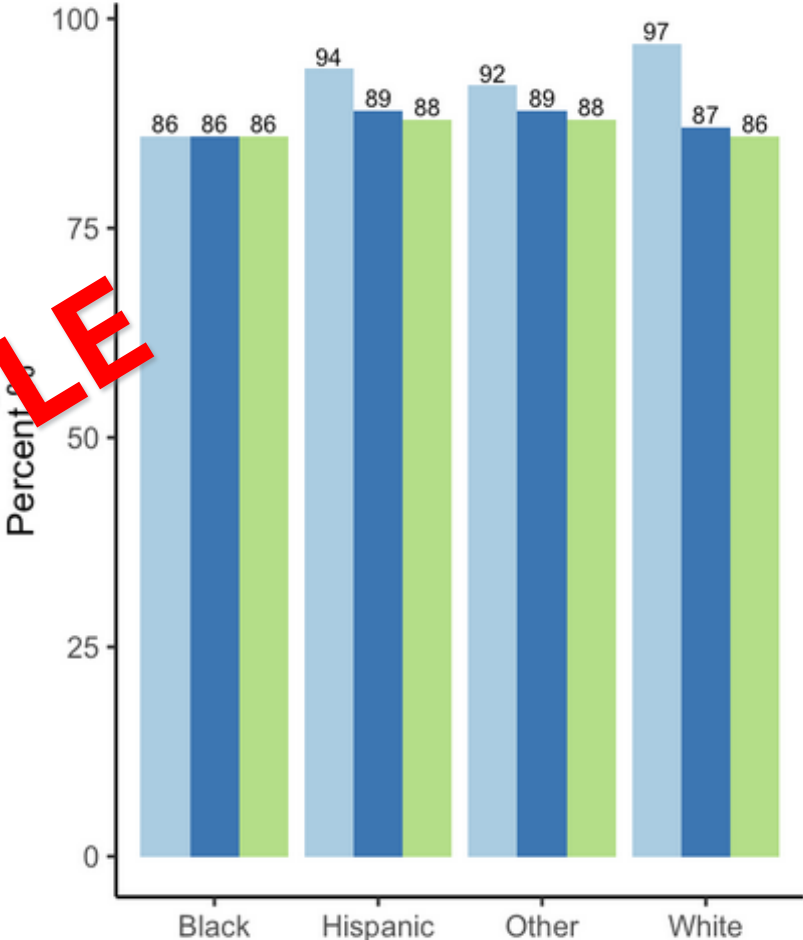
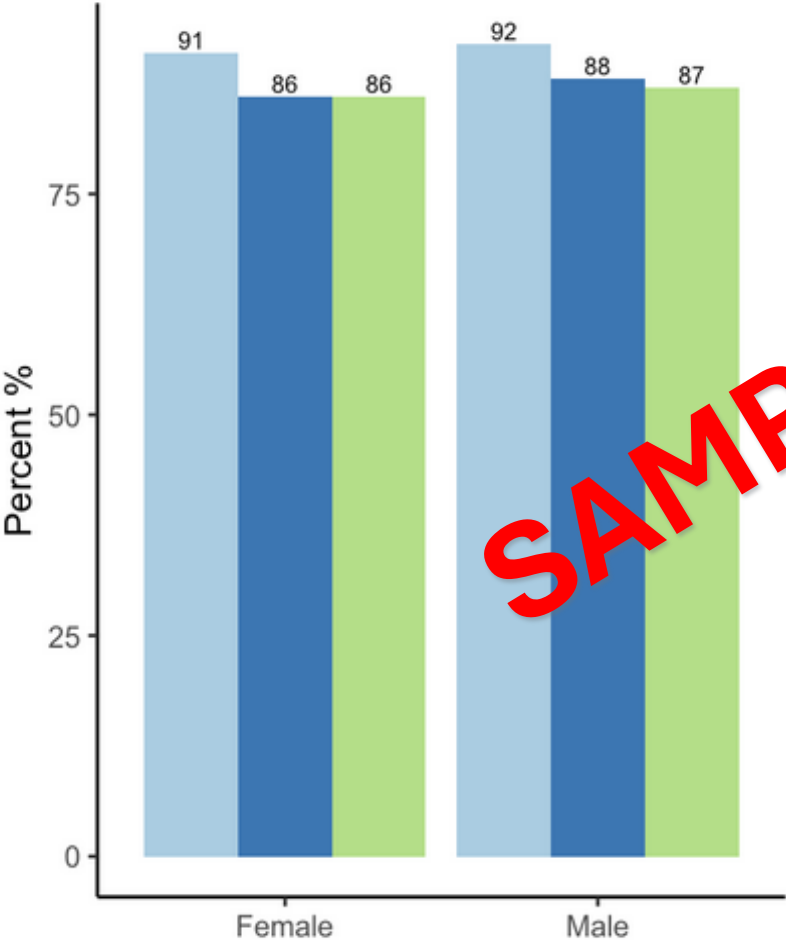


## Demographics

### Overall Defect Free Care Trends

1. Intravenous Thrombolysis (IVT)
2. Early Antithrombotic Therapy
3. VTE Prophylaxis
4. Antithrombotic therapy at discharge
5. Anticoagulation therapy for atrial fibrillation
6. Intensive Statin
7. Smoking Cessation Counseling
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13. Percent EVT (arriving in 24 hrs)
14. Modified Rankin Score at Discharge 0 to 2
15. Able to ambulate independently at discharge

# 8. Defect Free Care



**SAMPLE**

■ Hospital 
 ■ Region 
 ■ State



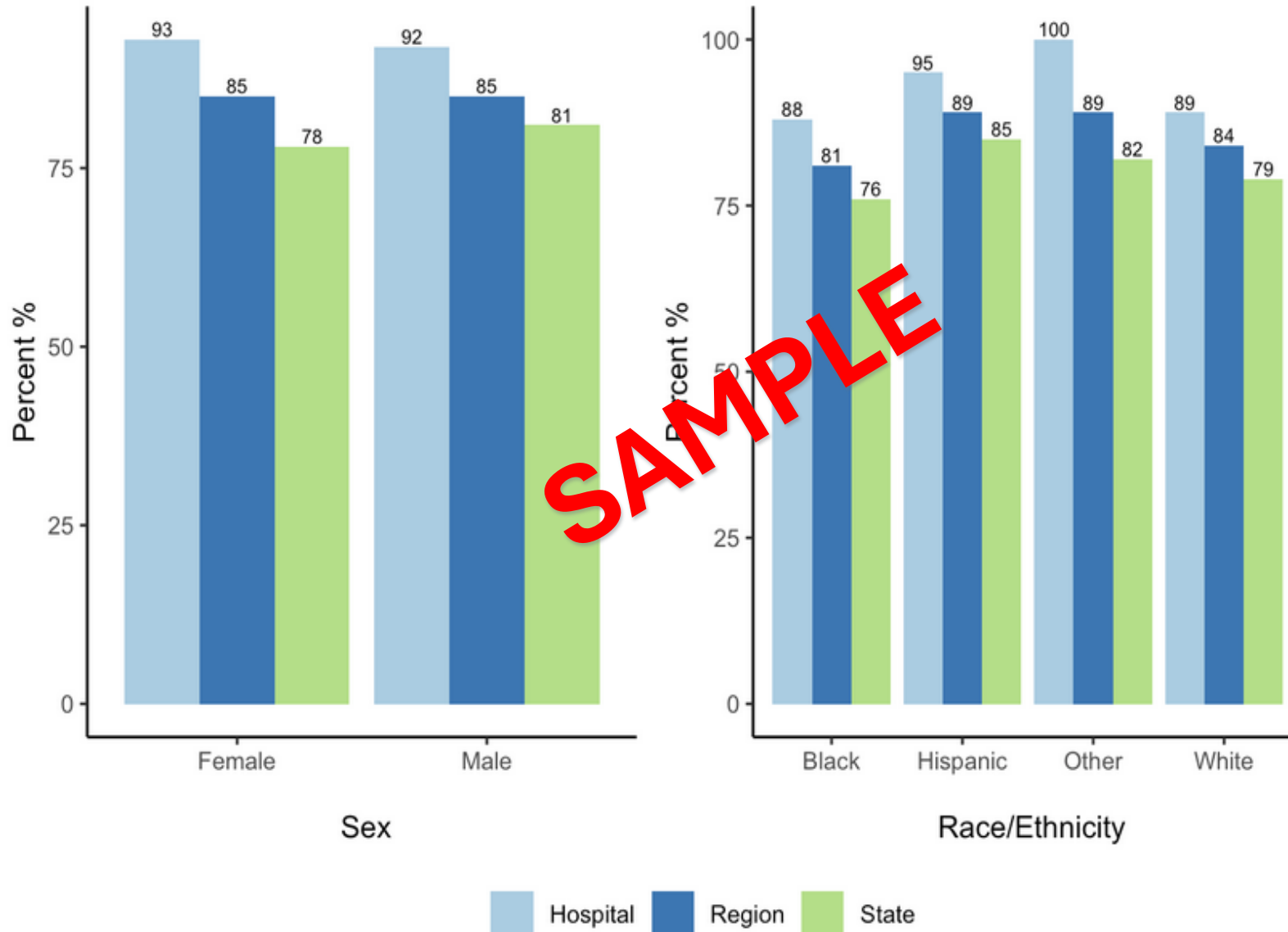
**Demographics**

- Overall Defect Free Care Trends
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- 14. Modified Rankin Score at Discharge 0 to 2
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# 10. Door To Needle Time Within 45 Minutes



**Demographics**

- Overall Defect Free Care Trends
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- 14. Modified Rankin Score at Discharge 0 to 2
- 15. Able to ambulate independently at discharge

# Benefits to Participation

Tracking and measuring acute stroke performance metrics has contributed to ongoing improvements in the use and application of stroke treatments in Florida. These FSR Dashboards have also heightened an awareness to reduce disparities in stroke outcomes. We are proud to know that the FSR Dashboards aid hospitals in their ongoing efforts to provide all patients the highest quality of stroke care possible.

Want more information or want to participate?

Contact the FSR -

[flstrokeregistry@miami.edu](mailto:flstrokeregistry@miami.edu)

