



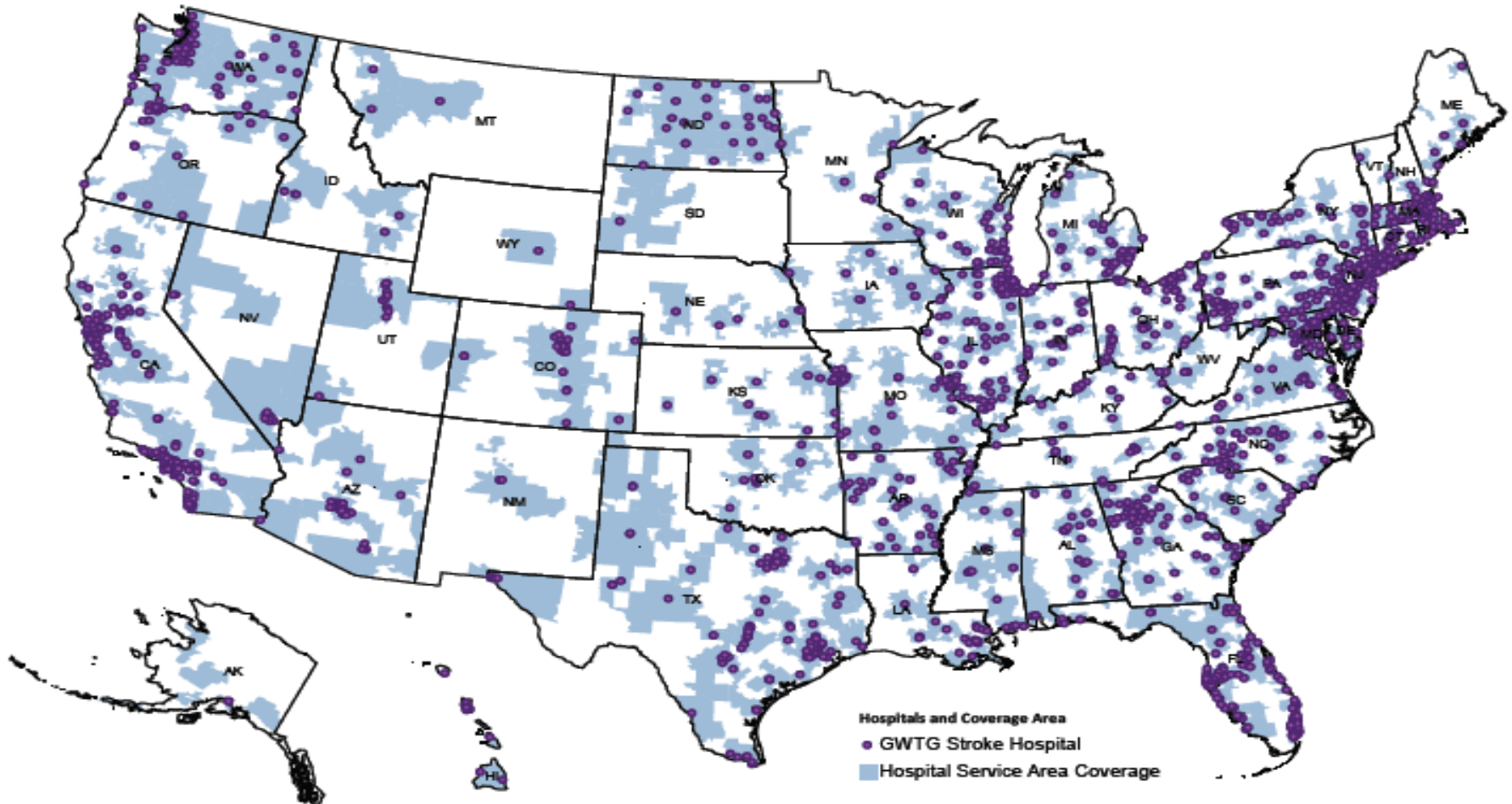
[heart.org/getwiththeguidelines](http://heart.org/getwiththeguidelines)



# Get With The Guidelines-Stroke Registry

- Get With The Guidelines®–Stroke launched in 2003 is provided by the American Heart Association/American Stroke Association.
- Web based, HIPAA compliant, clinical decision support and performance improvement tool
- **2445** GWTG-Stroke hospitals, **90+** GWTG-S hospitals in IL
- Includes **3,192,345** patient records total
- **108,245** IL stroke patient records
- Research shows that this quality improvement program is associated with a significant and sustained improvement in adherence to acute hospital performance measures as well as secondary prevention for inpatient care of patients with ischemic stroke and TIA.
- Get With The Guidelines® Stroke has led to significant and important evidence-based manuscripts. As of November 2011, there are 25 dedicated Get With The Guidelines® Stroke manuscripts all available for review at [www.heart.org](http://www.heart.org).

**Get With the Guidelines® - Stroke Module Hospitals**  
 (Count: 1664 Hospitals; 72.1% Population Coverage as of 7/18/14)



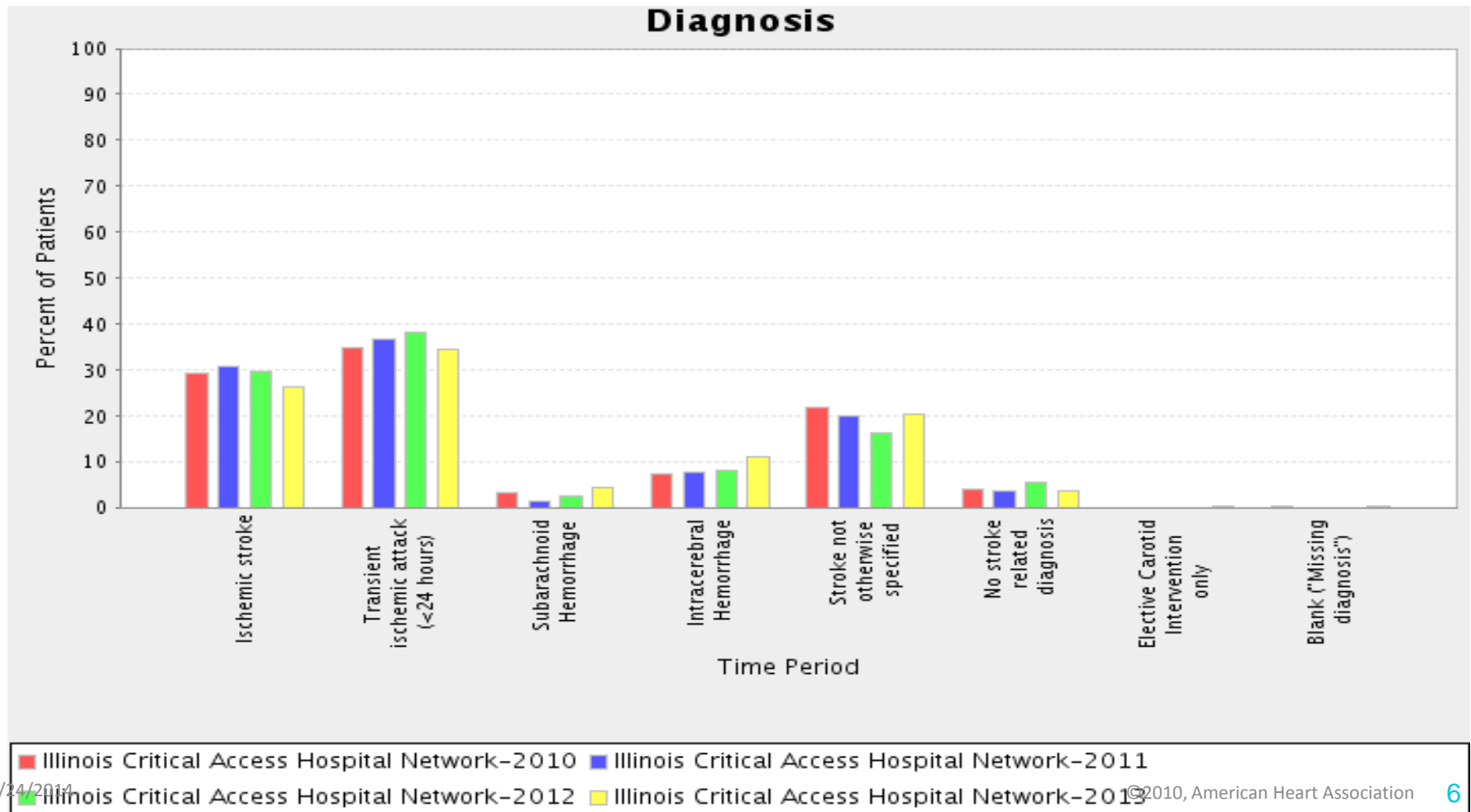
# Stroke Registry Benefits

- Hospital, regional, state and ICAHN collaborative performance improvement
- Stroke systems of care measurement
- BC/BSIL Annual Survey extra credit points
- Data to support private and federal funding proposals
- Hospitals are well positioned for future regulatory requirements
- Education and best practice sharing opportunities. ICAHN Bi-monthly calls
- Regional, state and national benchmarking (IL EMS regions, ICAHN, CAH's, etc.)
- \$ 780/per year for Critical Access Hospitals
- GWTG-S Patient Management Tool Patient List can be used as hospital stroke log

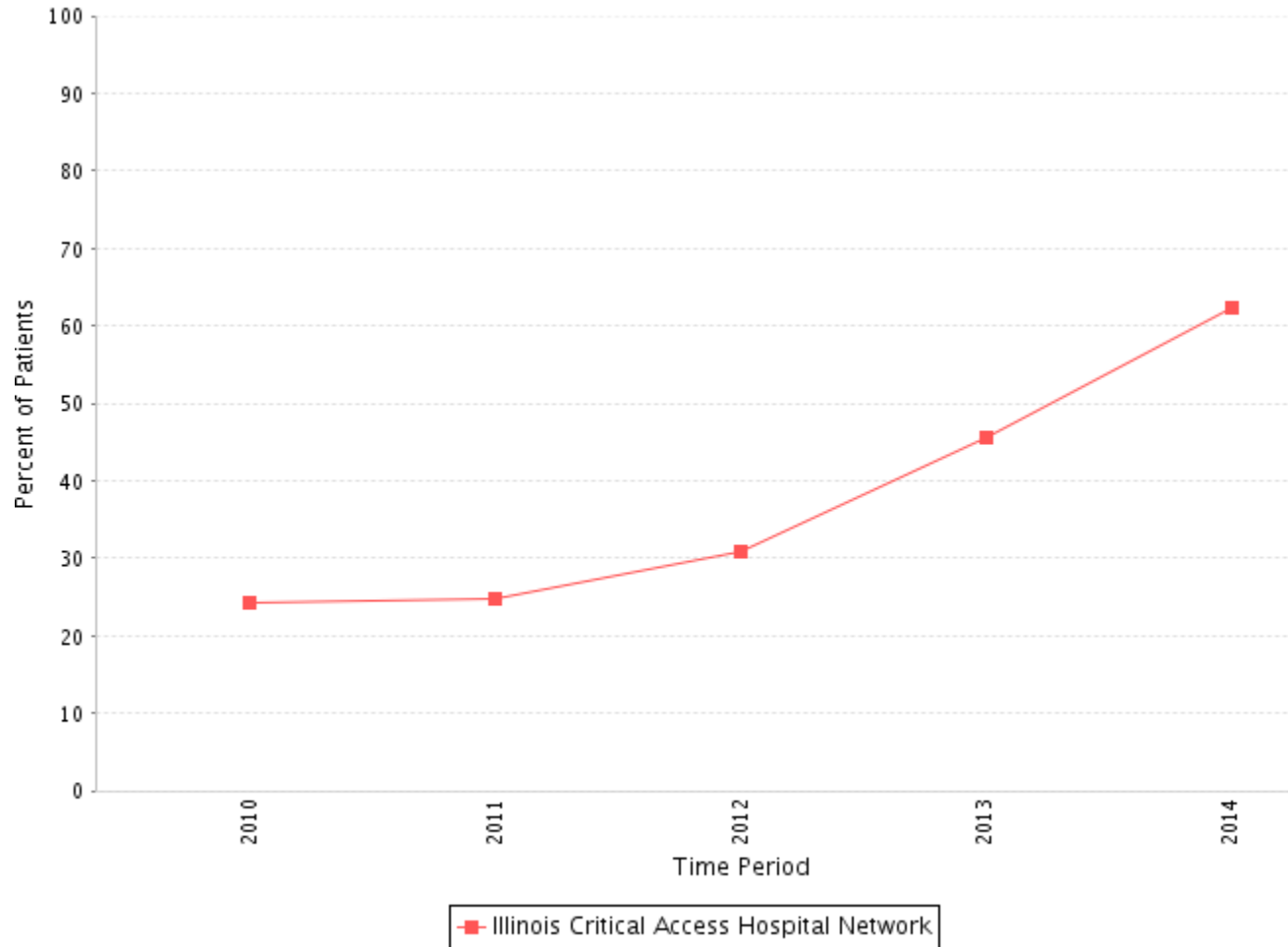
# GWTG-Patient Management Tool

- The Get With The Guidelines Patient Management Tool<sup>®</sup> (PMT) applications are easy-to-use web-based tools. The tools are online, interactive assessment and reporting systems that aid in Get With The Guidelines program implementation. The tools provide patient-specific American College of Cardiology/American Heart Association guideline information and **enable each institution to track its adherence to the guidelines individually and against the AHA's national benchmarks over time.**
- The PMT application is an important part of implementing Get With The Guidelines–Heart Failure, Stroke, and Resuscitation programs because **it helps hospital care teams manage each patient to the guidelines and reduces missed cases. These tools have demonstrated effectiveness in improving hospital compliance rates with guidelines.**
- These programs also include technical support from the Outcome help desk and one-on-one support from the American Heart Association field staff.

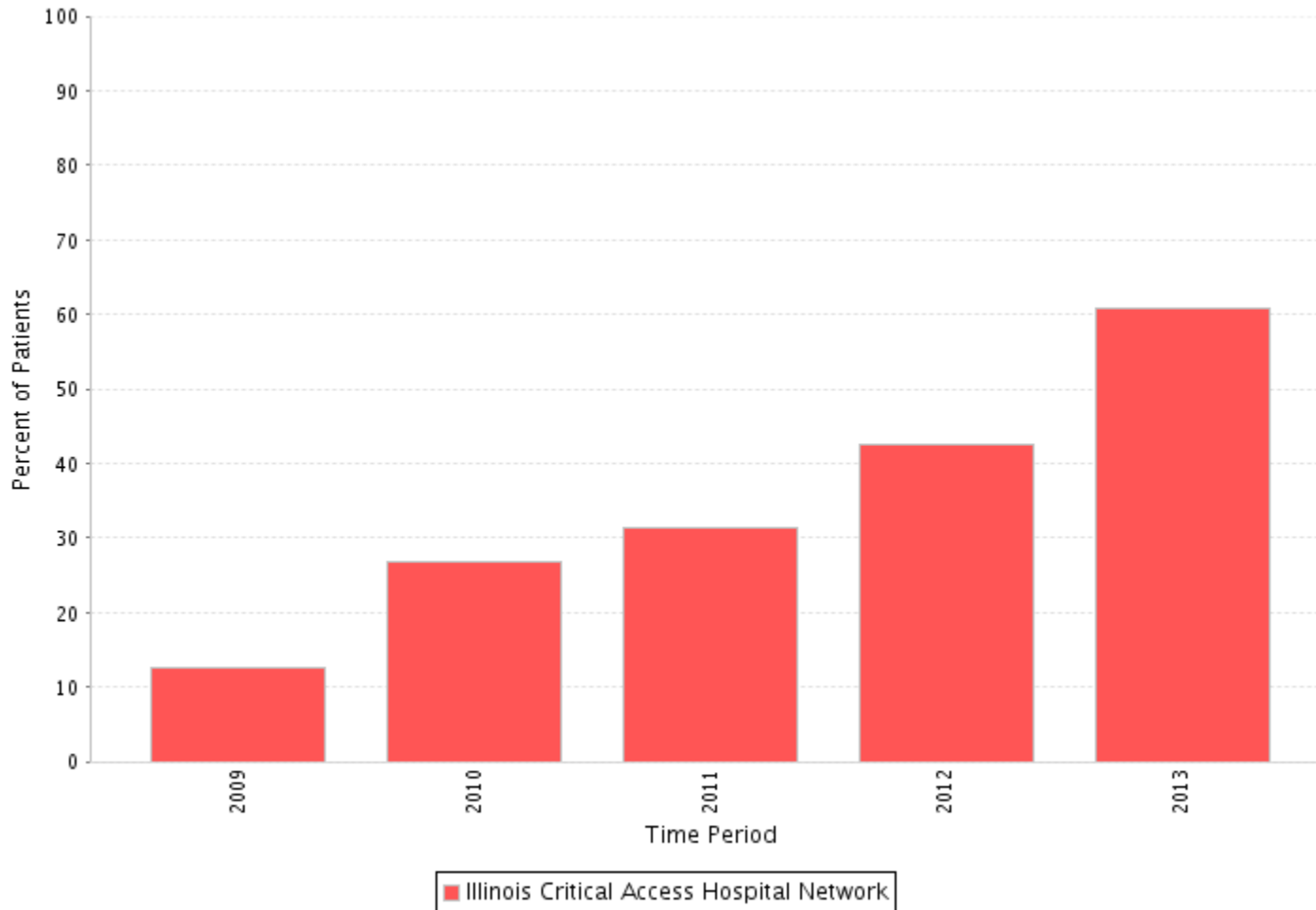
ICAHN AIS 2010-2013 = 481 All Strokes =1791



# % To CT $\leq$ 25 minutes

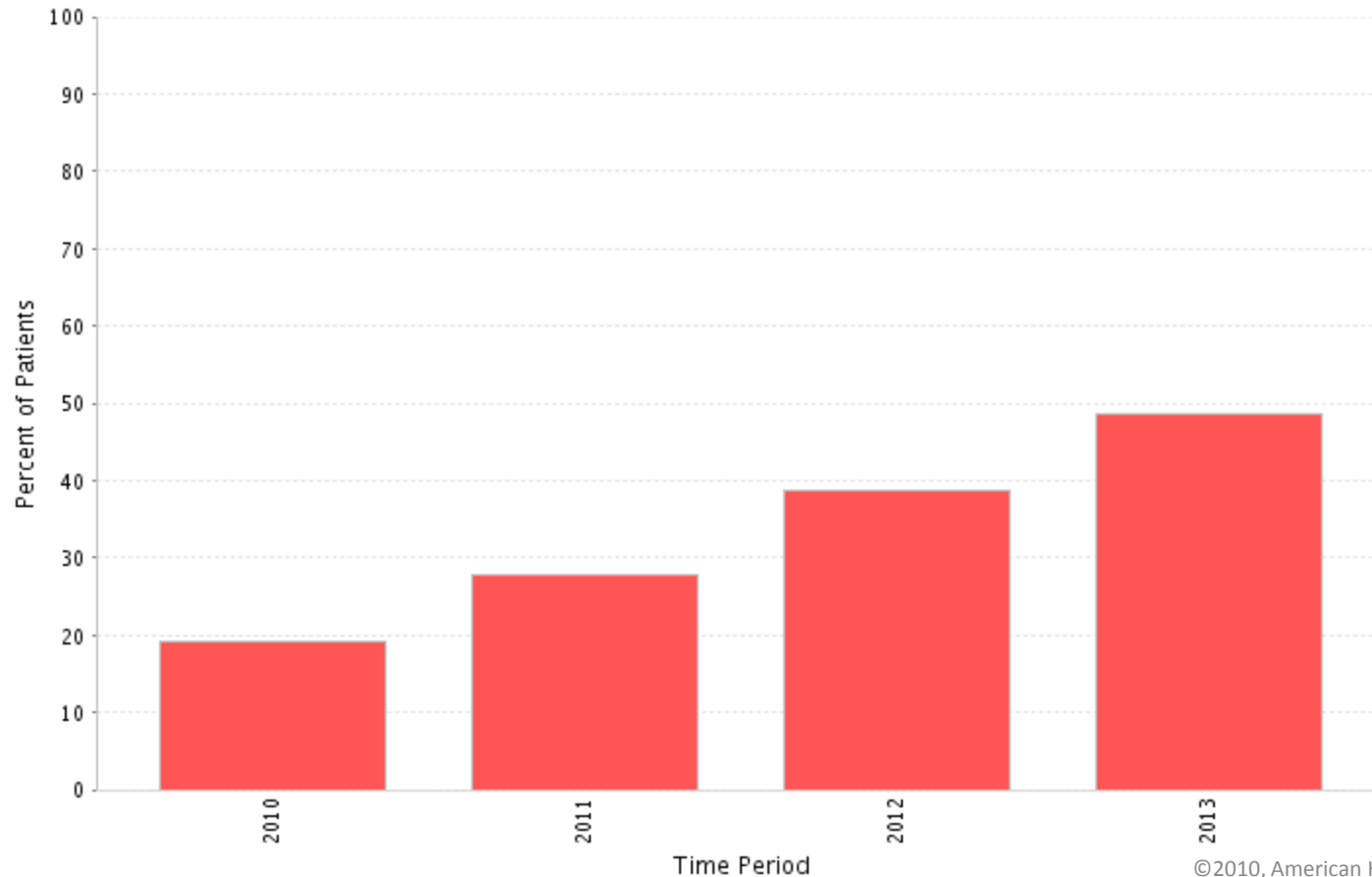


# IV rt-PA Arrive by 2 hour, treat by 3 hours





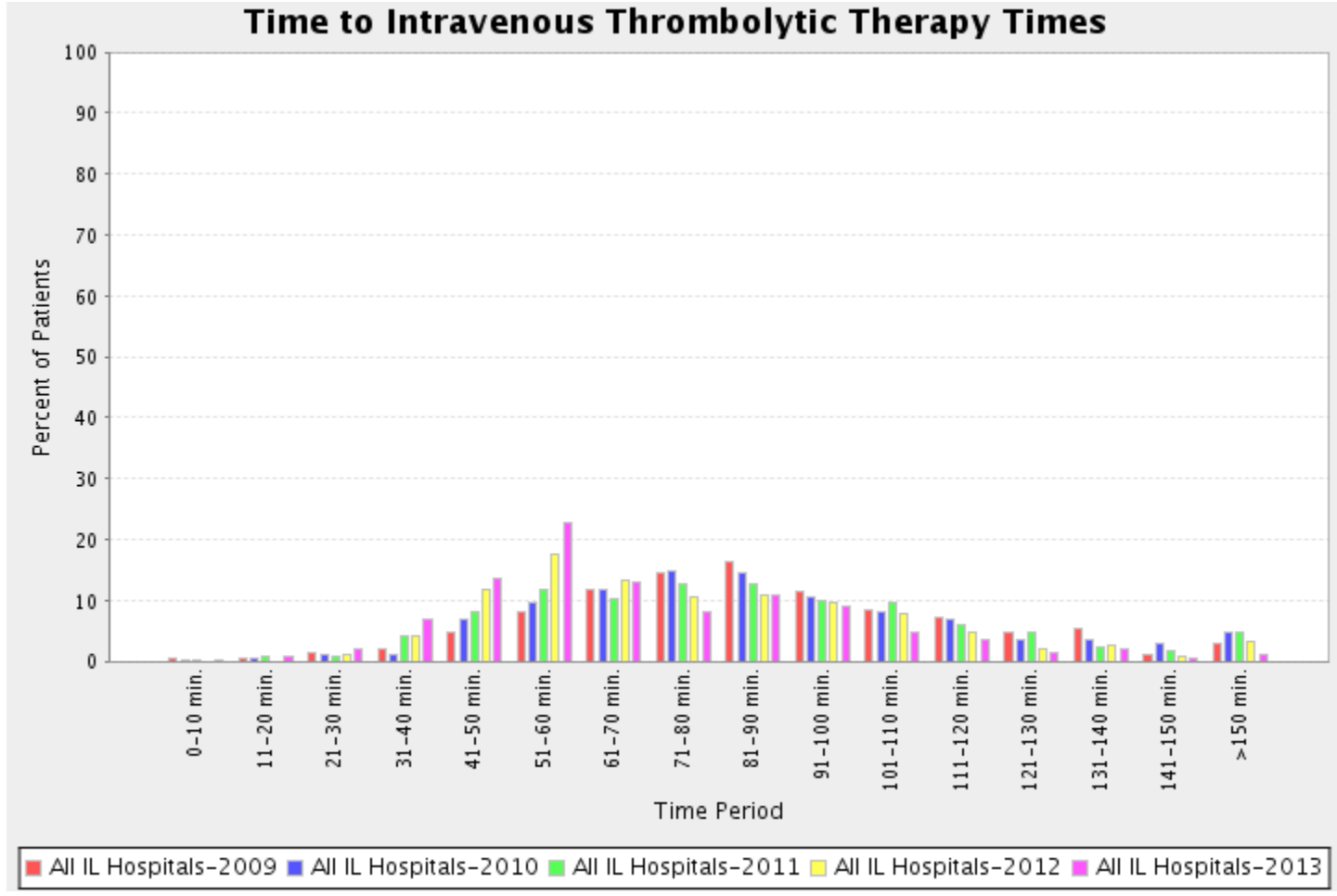
# IV rt-PA Arrive by 4.5 hours-treat by 4.5 hour



# Decrease in median times from 85 minutes (2009) to 64 min (2013)



**Time to Intravenous Thrombolytic Therapy Times**



## 2013 International Stroke Conference Research

# Acute Stroke Care and Thrombolysis at Critical Access Hospitals in Illinois

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# Is The Collection of Stroke Data to Improve Patient Care Important for Small Volume Hospitals?



**Embargoed until 2/11/15 (To be presented at ISC 2015)**

**Background and Issues-** Stroke continues to be a significant cause of morbidity and mortality in the Midwest. The Midwest is made up of close to 600 Critical Access Hospitals (CAHs). Often times, CAHs are the first facility that see stroke patients in many parts of the Midwest. CAHs often have internal barriers and pushback of stroke quality efforts based on patient volume.

**Purpose-** To evaluate the impact of data collection on improving patient outcomes in small volume hospitals through the examination of data trends.

**Methods-** A benchmarking group of CAHs was created through the Get With The Guidelines-Stroke Patient Management Tool. The majority of the hospitals were from Wisconsin, Illinois and North Dakota. The number of hospitals in the benchmark has varied. At the highest point in 2010-2011, there were 44 CAHs collecting data. The CAH hospitals have entered data for over 4500 stroke and TIA patients from 2009-2014. Data was pulled from 2006-2013 to examine the CAH trends in compliance of tPA and the in-hospital and secondary prevention measures. We also assessed the composite score comprised of tPA for eligible patients and 6 other in-hospital and secondary prevention measures.

**Results-** It was clear that more stroke or TIA patients coming into the CAH were being admitted to the CAH instead of being transferred. It was also noted that the composite scores of these hospitals improved each year through the collection and monitoring of data showing improvement from 55% in 2006 to 83% in 2013. The rate of IV-tPA among patients that arrive within 2 hours and treated within 3 hours has remained stable around 40% since 2009, but the number of patients receiving tPA has increased dramatically in CAHs since 2008. The VTE prophylaxis, LDL assessment, and antithrombotic measures have improved every year since 2010. Anticoagulation for atrial fibrillation is now at 90% compliance.

**Conclusion-** The data provide evidence that more patients are getting tPA at CAHs but less than half of these eligible patients met the measure of 2 hour arrival treat in 3 hours. Data collection and review has improved the in-hospital and secondary prevention measures for the 69% of patients that are admitted to the CAH. Data collection and ongoing improvement activities, even with small volumes, improves adherence to guidelines and can be beneficial for small volume hospitals.

# AHA Resources and Information

[www.heart.org/quality](http://www.heart.org/quality)

<https://learn.heart.org>

<http://www.strokeassociation.org/resources>

Together to End Stroke Materials

<http://www.strokeassociation.org/targetstroke>

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