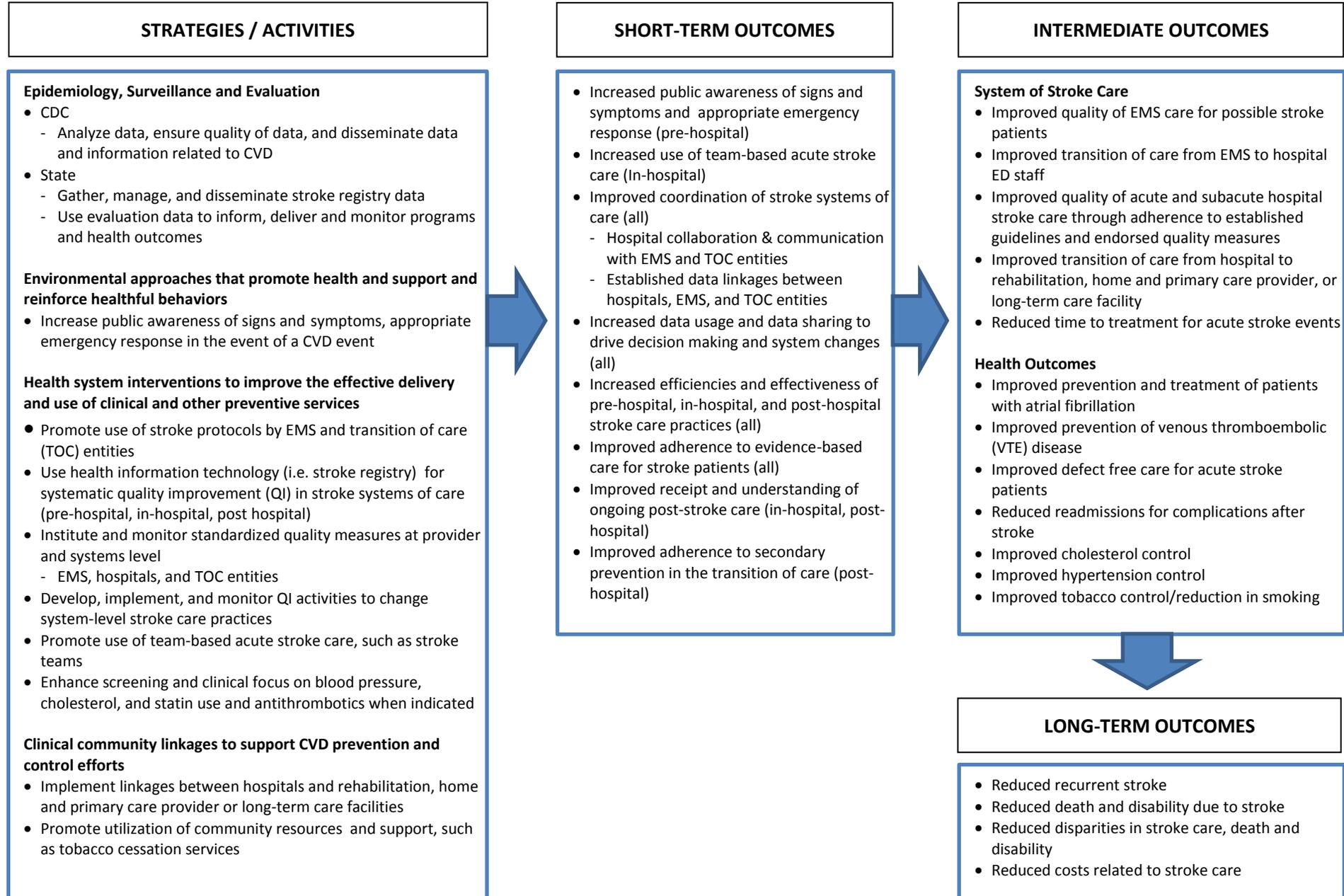


Paul Coverdell National Acute Stroke Registry Program (DP12-1203)



STRATEGIES / ACTIVITIES

Epidemiology, Surveillance and Evaluation

- CDC
 - Analyze data, ensure quality of data, and disseminate data and information related to CVD
- State
 - Gather, manage, and disseminate stroke registry data
 - Use evaluation data to inform, deliver and monitor programs and health outcomes

Environmental approaches that promote health and support and reinforce healthful behaviors

- Increase public awareness of signs and symptoms, appropriate emergency response in the event of a CVD event

Health system interventions to improve the effective delivery and use of clinical and other preventive services

- Promote use of stroke protocols by EMS and transition of care (TOC) entities
- Use health information technology (i.e. stroke registry) for systematic quality improvement (QI) in stroke systems of care (pre-hospital, in-hospital, post hospital)
- Institute and monitor standardized quality measures at provider and systems level
 - EMS, hospitals, and TOC entities
- Develop, implement, and monitor QI activities to change system-level stroke care practices
- Promote use of team-based acute stroke care, such as stroke teams
- Enhance screening and clinical focus on blood pressure, cholesterol, and statin use and antithrombotics when indicated

Clinical community linkages to support CVD prevention and control efforts

- Implement linkages between hospitals and rehabilitation, home and primary care provider or long-term care facilities
- Promote utilization of community resources and support, such as tobacco cessation services

SHORT-TERM OUTCOMES

- Increased public awareness of signs and symptoms and appropriate emergency response (pre-hospital)
- Increased use of team-based acute stroke care (In-hospital)
- Improved coordination of stroke systems of care (all)
 - Hospital collaboration & communication with EMS and TOC entities
 - Established data linkages between hospitals, EMS, and TOC entities
- Increased data usage and data sharing to drive decision making and system changes (all)
- Increased efficiencies and effectiveness of pre-hospital, in-hospital, and post-hospital stroke care practices (all)
- Improved adherence to evidence-based care for stroke patients (all)
- Improved receipt and understanding of ongoing post-stroke care (in-hospital, post-hospital)
- Improved adherence to secondary prevention in the transition of care (post-hospital)

INTERMEDIATE OUTCOMES

System of Stroke Care

- Improved quality of EMS care for possible stroke patients
- Improved transition of care from EMS to hospital ED staff
- Improved quality of acute and subacute hospital stroke care through adherence to established guidelines and endorsed quality measures
- Improved transition of care from hospital to rehabilitation, home and primary care provider, or long-term care facility
- Reduced time to treatment for acute stroke events

Health Outcomes

- Improved prevention and treatment of patients with atrial fibrillation
- Improved prevention of venous thromboembolic (VTE) disease
- Improved defect free care for acute stroke patients
- Reduced readmissions for complications after stroke
- Improved cholesterol control
- Improved hypertension control
- Improved tobacco control/reduction in smoking

LONG-TERM OUTCOMES

- Reduced recurrent stroke
- Reduced death and disability due to stroke
- Reduced disparities in stroke care, death and disability
- Reduced costs related to stroke care

Contextual Factors

National standards and guidelines Practice based evidence Trends in stroke burden QI trends in the health care system Funding environment State policy environment