



Georgia Paul Coverdell Acute Stroke Registry

Monthly Update March, 2006

The Coverdell Stroke Registry is making progress in the process of improving the quality of care for patients with cerebrovascular disease. To promote this quality, the registry's steering committee will:

- Continue to make hospital visits. To date 18 of the 24 hospitals have been visited .

- Perform inter-rater reliability checks. The Georgia Medical Care Foundation has requested charts from 11 of the 24 hospitals. They requested 131 charts from these hospitals. Other hospitals will be contacted in the near future.

- Request participation and inventory surveys from each facility. Currently, 6 of the 24 Coverdell hospitals have not submitted the hospital survey. If your facility has not submitted a survey, please do so as soon as possible. **If you cannot locate the survey, e mail Cortelius Wright at ccwright@dhr.state.ga.us for a replacement copy.**

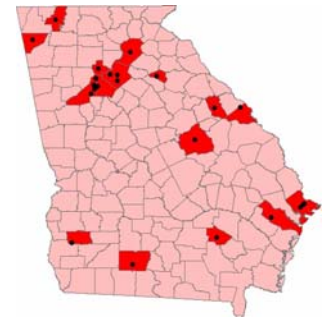
- Promote hospital collaboration. If a facility needs or has information

pertaining to the improvement of stroke care, please submit it to the project manager, Kerrie Krompf. Information currently available is: ischemic stroke pathways, hemorrhagic stroke pathways, smoking cessation, dysphagia screening, county health promotion contact lists, patient education forms, and history and physical forms.

- Collect quarterly case data. We are now approaching the second quarter of data submission. The CDC's data requests are due by the end of March. If your facility is behind in abstraction, please attempt to get caught up this month.

- Perform hospital intervention calls. These calls began in February by the project manager, Kerrie Krompf and by our ASA partner, Kerrin Connelly. These calls are to assist with performance issues and to follow you in the process of increasing quality improvement for stroke patients.

- Promote participant education. The Advanced Stroke Life Support (ASLS) course will be held on March 20, 2006 from 7:30 a.m. until 5:00 p.m. The course will be held at the Georgia Hospital Association



If you are unable to attend, please be sure to substitute someone in your place in order to avoid penalties.

Please refer any questions, concerns, or ideas about the Coverdell Stroke Registry to Kerrie Krompf at (kkrompf@emory.edu) and she will present the information to the steering committee.

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Quick Notes:

- March conference call had 25 people who participated.
- 17 of the 24 hospitals were on the March's conference call.
- If your facility has not received a hospital visit, please contact Kerrin Connelly at: Kerrin.Connelly@heart.org.
- Critical access facilities can be just as beneficial to stroke care as larger facilities.

Chatuge Regional Hospital's "Stroke Excellence"

Chatuge Regional Hospital is a 25-bed hospital that has dedicated a vast amount of time and resources to achieve "Stroke Excellence." This facility has been listed as a critical access hospital for the last three years. Despite the small capacity and low number of patients that are admitted with a stroke diagnosis, Dexter Shook and Chatuge Regional Hospital have managed to develop a successful multi-disciplinary stroke team. The stroke team consists of an emergency room chief, emergency room nurse manager, the director of nursing, pharmacy, intensive care nursing, quality improvement, physical therapy, respiratory therapy, utilization review, and laboratory staff. With this diverse stroke team, Chatuge Regional Hospital can ensure that each patient gets quality stroke care in a timely manner.

Chatuge is effective in receiving and stabilizing acute stroke patients. This facility has also developed programs for door-to-CT (computed tomography), lipid profiles, and

thrombolytic therapy. The many accomplishments made by Chatuge Regional Hospital are led by the staff's ability to achieve an average door-to-CT time of five minutes, and 30 minutes for CT results. This time is achieved for patients admitted to the emergency department with a suspected acute stroke episode. Another high accomplishment is their ability to use teleradiography. The radiologists are available 24/7 to ensure that the all scans are read as soon as possible and an accurate diagnosis is made. Chatuge has also developed a Swingbed Program, to assist with rehabilitation for patients recovering from cerebrovascular accidents.

Chatuge Regional Hospital has succeeded in developing a multi-disciplinary and multi-level stroke program. They are a model for all critical access facilities. For more information contact Dexter Shook at: dexshook@yahoo.com.