



INTERNATIONAL STROKE CONFERENCE POSTER ABSTRACTS

SESSION TITLE: HEALTH SERVICES, QUALITY IMPROVEMENT, AND PATIENT-CENTERED OUTCOMES
POSTERS I

Abstract WP305: Uniting Hospital Leaders in a Competitive Region to Improve Intravenous Thrombolysis Rates: Analysis of the SETRAC Stroke Registry

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Abstract

Uniting Hospital Leaders in a Competitive Region To Improve Intravenous Thrombolysis Treatment Rates: Analysis of the SETRAC Stroke Registry

Background: The Southeast Texas Regional Advisory Council (SETRAC) convenes representatives from area hospitals belonging to different health systems to discuss how to improve the delivery of stroke care in a nine county area that includes Houston, Texas. In 2014, area hospitals agreed to focus upon improving tissue plasminogen activator (tPA) administration rates in the area.

Hypothesis: By sharing stroke metrics in a blinded fashion on a consistent basis, tPA administration rates will improve. The theory was tested by tracking the following metrics:

- a. percent of ischemic stroke patients receiving tPA.
- b. percent of treated patients receiving tPA within 60 minutes of arrival at the hospital.

Methods: SETRAC aligned regional metrics with stroke treatment and timing metrics in Get With The Guidelines®-Stroke beginning in Q3 2014. SETRAC compiled and shared this data with stroke coordinators and hospital administrators on a quarterly basis. Bar graphs were utilized for benchmarking hospitals in a blinded fashion. Linear tests were performed to validate increases in the percent of patients treated with tPA and the percent of patients treated within 60 minutes of arrival at the hospital. Results from hospitals that consistently reported data for each of the six quarters were included in the analysis.

Results: Twenty-six area hospitals reported 10,396 ischemic stroke patients between Q3 2014 through Q4 2015. In that time, tPA administration increased from 10.3% in Q3 2014 to 12.0% in Q4 2015

In conclusion, following the uniting of hospital leaders and utilizing nationally aligned stroke metrics, a higher percentage of ischemic stroke patients received tPA. Of those that received tPA, an improvement in the timeliness of administration was also realized.

Footnotes

Author Disclosures: **A. Jaeger:** None. **J.I. Suarez:** None. **S.I. Savitz:** None. **K. Ramos:** None. **D. Pile:** None. **G. Farquhar:** None. **C. Bissell:** None.

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