

# Implementing Best Practices and Performance Measures for the Benefit of Your Patient

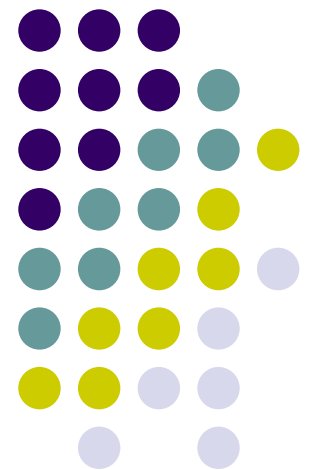
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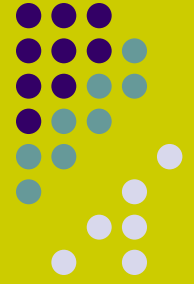
Georgann Dickey, MMC

Sharon Hartl, NERHP

Eileen Hawkins, PBMC

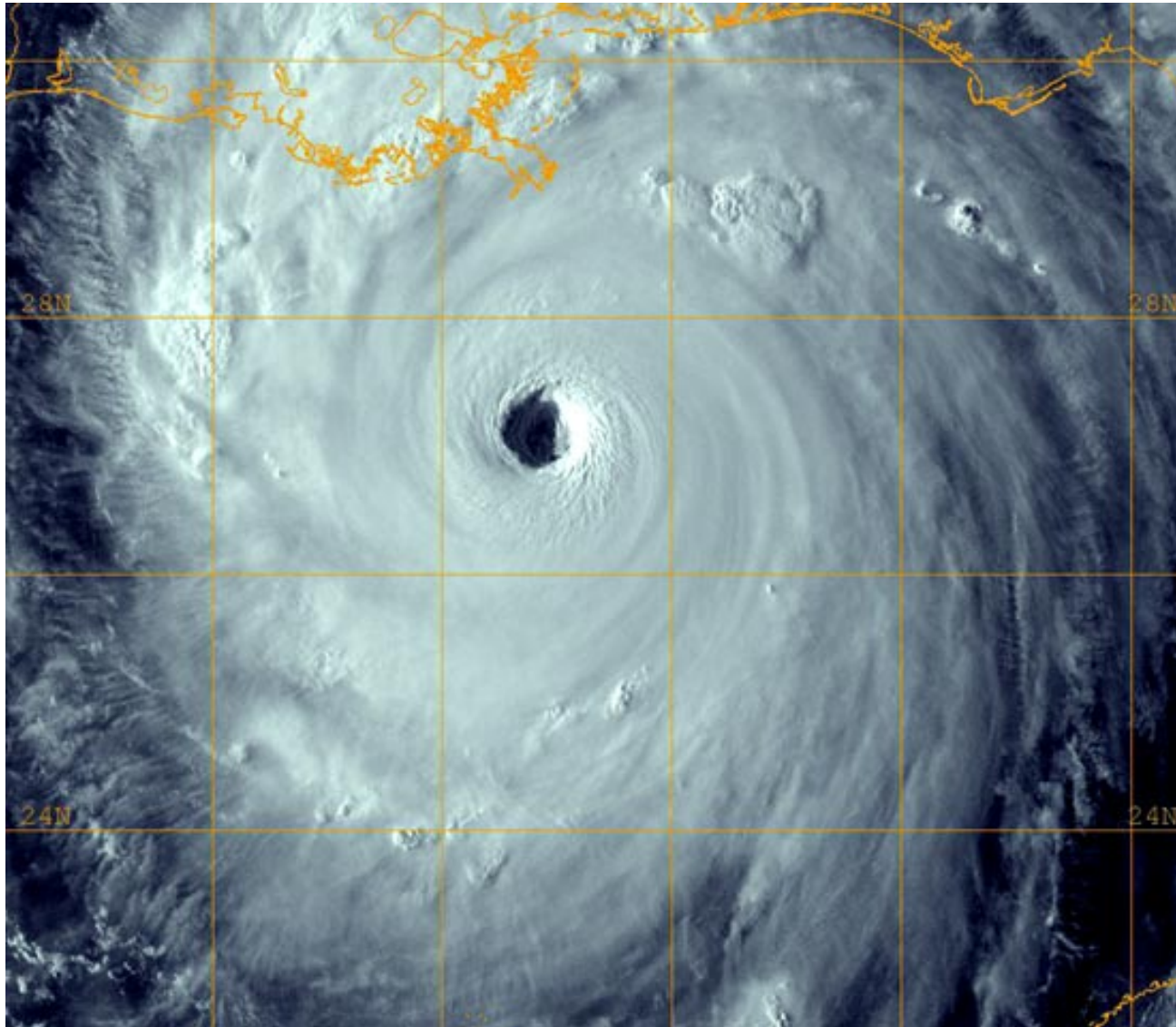
Mary Becker, MH





"Our Nation is prepared, as never before, to deal quickly and capably with the consequences of disasters and other domestic incidents."

–FEMA Director Michael Brown, March 9, 2005



**August 29, 2005**

# Hurricane Katrina: Lessons Learned



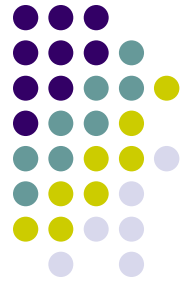
- No one was in charge
- Systems were not in place to deliver care when it was needed where it was needed



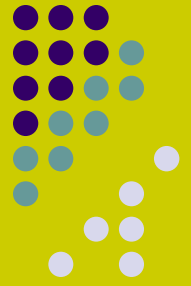
# Objectives for this session

- Review, compare, contrast the real life stories of 3 stroke centers in southern Maine.
- Highlight lessons learned.
- Review stroke specific performance measures emphasizing the evidence to support each.
- Generate a discussion with you on the process of improving stroke care for our patients.

# What do hurricanes have to do with stroke care?



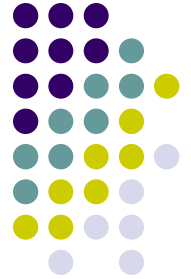
- We all think we are doing a good job
- If we don't test and measure our performance, we do not know how we are doing
  - Lessons from the PHO



*“All organizations can improve their performance only by incorporating care process and outcome measures into their daily work.”*

-IOM Report: Crossing the Quality Chasm, 2001

# Data on Stroke Centers



- 790 hospitals, 5 years, 7 stroke performance measures
- Participation in Get With the Guidelines–Stroke was associated with improvements in the 7 individual and 1 composite measures from baseline to the fifth year
- Using GWTG was associated with a 1.18-fold yearly increase improved care



# Data on Stroke Centers

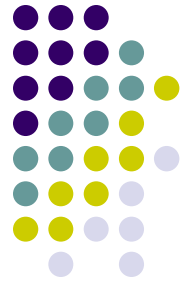
- Schwamm, et al., cont.
- Consideration for tPA use 42%→73%
- Early antithrombotics 91%→ 97%
- Discharge antithrombotics 96%→ 99%
- DVT prophylaxis 74%→90%
- Lipid trtmnt for LDL 65%→88%
- Smoking cessation 65% → 94%





- There is nothing magical about stroke centers
- At this point we are not saving stroke patients by high tech equipment or procedures but by consistent attention to *'low tech' details*

# Stroke Performance Measures- Rehab Hospitals



- % UTIs acquired at the hospital
- Catheter removal considered within 48 hours
- Glucose management
- Htn Control
- Lipids checked
- Smoking cessation counseling
- Medication teaching documented completed 3 d prior to d/c
- Acute transfer rate
- Discharge to community
- LOS Efficiency

# Stroke Center Performance Measures- Acute Care Hospitals



- **Stroke-1**  
Deep Vein Thrombosis (DVT) Prophylaxis
- **Stroke-2**  
Discharged on Antithrombotic Therapy
- **Stroke-3**  
Patients with Atrial Fibrillation Receiving Anticoagulation Therapy
- **Stroke-4**  
Thrombolytic Therapy Administered
- **Stroke-5**  
Antithrombotic Therapy By End of Hospital Day Two
- **Stroke-6**  
Discharged on Statin Medication
- **Stroke-7**  
Dysphagia Screening
- **Stroke-8**  
Stroke Education
- **Stroke-9**  
Smoking Cessation / Advice / Counseling
- **Stroke-10**  
Assessed for Rehabilitation

-From the Joint Commission 1/08

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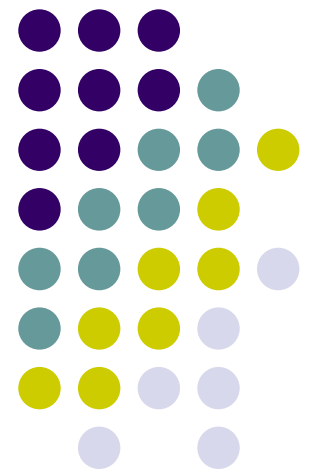
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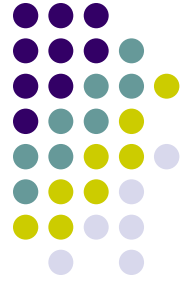
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# Panel Questions

- How did your hospital become a stroke center?
  - Where did the idea come from?
  - How long did it take to bake?
  - What were the pivotal events that drove the process forward?



# Panel Questions

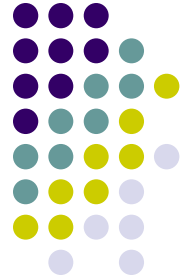
- What is your program structure?
- What systems did you develop to create and sustain your stroke centers, to get the work done?

# Stroke Center Performance Measures- Acute Care Hospitals

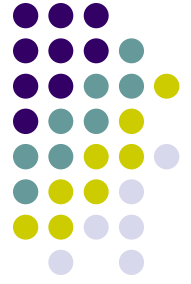


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# Panel Questions

- How did your hospital implement a system to address these measures?
  - What challenges did you face?
  - What lessons learned can you pass on?



***QUESTIONS?***



# Best Practice in Stroke Care

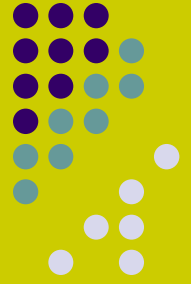
- Providers want to do the right thing
- There is too much to remember ('low tech details')
- Systems are needed to support best practice



# Best Practice in Stroke Care



- Interdisciplinary teams working in a highly coordinated manner (with a designated team leader) obtain the best outcomes
- Success depends on customizing systems and solutions to your hospital or care setting



*“Knowing is not enough; we must  
apply.*

*Willing is not enough; we must  
do.”*

-Goethe (1749-1832)