



Senator Paul Coverdell

**M**innesota hospitals have a reputation for providing high quality patient care. However, there is much room for improvement in the area of acute stroke treatment. All hospitals – large or small, urban or rural – can improve their processes in order to provide “defect-free” treatment and care to all stroke patients.

The Minnesota Department of Health (MDH) is committed to working with Minnesota hospitals to improve the quality of acute stroke treatment and care. In 2007, the MDH was awarded a grant from the Centers for Disease Control and Prevention (CDC) to implement a statewide quality improvement program: the CDC Paul Coverdell National Acute Stroke Registry, named after the late senator from Georgia who died of a cerebral hemorrhage in 2000. The Minnesota Stroke Registry (MSR) collects and uses data about processes of treatment and care given to stroke patients to identify opportunities for quality improvement.

The MDH is proud to be partnering with the American Heart Association (AHA) and the University of Minnesota to support and provide resources for Minnesota hospitals in their efforts to improve quality of stroke care.

### OUR SERVICES: DATA COLLECTION

- Data collection tool. Our secure online data entry tool is available to all participating hospitals at no cost. Hospitals may also participate in the AHA Get With The Guidelines (GWTG) Stroke program simultaneously. We provide training and technical support for data abstraction. All data are confidential; hospitals can view and use only their own data, and only aggregated data are reported publicly.
- Data analysis, interpretation, and translation support. We provide reports of performance indicators and other measures as requested to all participating hospitals. Data analysis support is also provided upon request.
- Quality Assurance. We abstract a sample of charts semi-annually and provide hospitals with feedback on data abstraction.

### OUR SERVICES: QUALITY IMPROVEMENT

- Personalized QI Consultations. Our QI staff will visit hospitals for a personalized consultation and discussion of quality improvement work and the opportunities for achieving success. We hope that our ability to provide this service will benefit stroke teams at all hospitals!
- Technical Assistance. Our QI staff is “on call” for quality improvement technical assistance questions and needs. Stroke coordinators and quality improvement leaders receive ongoing technical assistance with improvement initiatives from the MSR quality improvement staff.
- Quality Improvement Reports. We regularly analyze each hospital’s data to identify opportunities for improvement and evidence of progress. Each hospital receives an in-depth customized report twice yearly.





- Resources. We connect hospitals with information on conferences, meetings, and educational opportunities. We also are a clearinghouse for protocols, clinical pathways, and other tools to help hospitals facilitate their patient care. Finally, we connect hospitals to grant opportunities to support quality improvement.
- Teleconferences and Webinars. We coordinate with our partners at the AHA and the Great Lakes Regional Stroke Network to provide audio and web-based conferences on a variety of relevant topics. Continuing education units are frequently available for these conferences.
- Coordination with the AHA and the Get With The Guidelines (GWTG) Stroke program. In addition to coordinating conferences with the AHA, we provide in-kind support to address QI issues specific to the GWTG-Stroke program. We are proud to be working with the AHA to address stroke care.
- Networking and Connecting. Hospitals are connected to one another through the stroke registry program. We facilitate the sharing of practices and resources between hospitals – all for the benefit of patients across Minnesota.
- Annual Capacity Assessments. We ask hospitals to update an assessment of stroke care capacity which is administered annually. This inventory provides us with the context in which to analyze hospitals’ data and develop an individualized QI plan.
- Recognition. High performing hospitals are formally recognized for their efforts through a recognition program.

## PARTICIPATING HOSPITALS: EXPECTATIONS

### DATA COLLECTION

- Collect registry data and submit data to MDH within three months of patient discharge
- Correct data entry errors based on quarterly reports provided by MDH
- Provide access for MDH to reabstract a sample of charts semi-annually for quality assurance
- Participate in data abstraction teleconference calls

### QUALITY IMPROVEMENT

- Commit to working on quality improvement measures
- Host consultations or teleconferences with members of the MSR QI team to share ideas and discuss ongoing hospital QI efforts
- Participate in quality improvement teleconference calls
- Participate in QI learning sessions facilitated by the MSR to share experiences, best practices, and tools for optimizing patient care in collaboration with other hospitals

## FOR MORE INFORMATION

Please contact us if you are interested in joining the Minnesota Stroke Registry, finding tools or information to improve stroke patient care in your hospital, or with any questions. Contact: [health.stroke@state.mn.us](mailto:health.stroke@state.mn.us) or visit: [www.mnstrokeregistry.org](http://www.mnstrokeregistry.org)

