



A CDC Paul Coverdell National Acute Stroke Registry Program

Frequently Asked Questions

Why should we participate?

The Minnesota Department of Health is encouraging hospitals to participate so they can identify areas to improve their stroke care processes. Hospitals receive technical assistance to analyze their own data, identify gaps in care, and improve the quality of stroke care in their facility. Because stroke is a leading cause of death and disability in Minnesota and the United States, doing the best we can to effectively treat stroke patients is a major priority.

Is there any cost or fee to participate?

No.

Is there any financial support for participating?

YES. Hospitals are granted limited funds per year to help support the time and effort involved.

What resources will we need to invest?

The primary investment comes in the form of staff time for data abstraction; we also ask that programs convene multi-disciplinary teams to discuss the data and plan quality improvements. Each hospital invests different amounts of time, depending on their stroke patient volume and level of engagement in quality improvement work.

What are we expected to do?

There are two major activities that we expect hospitals to engage in. First, collection of data from their medical records on acute stroke patients. Second, engaging your staff (ideally, a stroke team) in regular analysis of the data and implementing quality improvement changes in your care processes where necessary in order to improve your stroke care.

In addition, optional activities include stroke collaborative learning sessions, data quality conference calls, and an annual statewide stroke conference.

What data are collected?

Quality-of-care data elements are collected through medical record abstraction. It typically takes approximately 30-45 minutes to abstract each case, depending on the complexity.

We ship out all of our stroke patients. Is this program still relevant to us?

YES. Triage, diagnosis, and treatment processes for acute stroke patients can always be improved, even if you do not admit the patients to your hospital. This program will help you identify opportunities to improve your stroke patient care – and learn lessons which may apply to other acute conditions that you treat. Over one-third of the data elements are eliminated if you transfer out your stroke patients.

Do we have to pay for a data collection tool?

No. In fact, there are three ways that hospitals can collect and submit data. (1) Sign up to participate in the American Heart Association's *Get With The Guidelines - Stroke* program and enter data through their online tool. Your annual fee is reimbursed by the Minnesota Department of Health through the grant award. (2) Use the Minnesota Stroke Registry Tool (a web-based data entry and reporting system) – at no charge. (3) Use your own data collection system, and upload your data into the Minnesota Stroke Registry database.

Which other hospitals are participating?

As of November 2011, there are 36 Minnesota hospitals participating. Hospitals range from small rural facilities to large primary stroke center hospitals in the Twin Cities. A full listing of hospitals can be found at www.mnstrokeregistry.org.

Nationally, there are over 250 hospitals in seven states participating in the CDC Paul Coverdell National Acute Stroke Registry.

How do we get started?

Contact Dr. Albert Tsai, at albert.tsai@state.mn.us or (651) 201-5413 to receive enrollment information or if you have more questions.

You will be sent a grant agreement to sign and return to the Minnesota Department of Health. Your staff will be given an orientation in person or via teleconference, and your abstraction staff will receive training on data collection.