

## COMPARISON OF THE USE OF GET WITH THE GUIDELINES IN PATIENTS WITH STROKE IN OREGON IN URBAN AND RURAL HOSPITALS

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AN OVERVIEW OF THE CAPSTONE PRESENTED TO THE NURSING FACULTY OF WESTERN GOVERNORS UNIVERSITY IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE MASTER OF SCIENCE IN NURSING-LEADERSHIP AND MANAGEMENT

### PROJECT OVERVIEW

- This study compares the use of the American Heart Association’s Get With the Guidelines protocols for patients with stroke in rural hospitals in Oregon as compared to their urban counterparts
- The study further provides retrospective quantitative analysis of the impact of stroke care in the state, barriers to implementation, and future action recommendations.

### THE IMPORTANCE OF STROKE CARE IMPROVEMENT IN OREGON

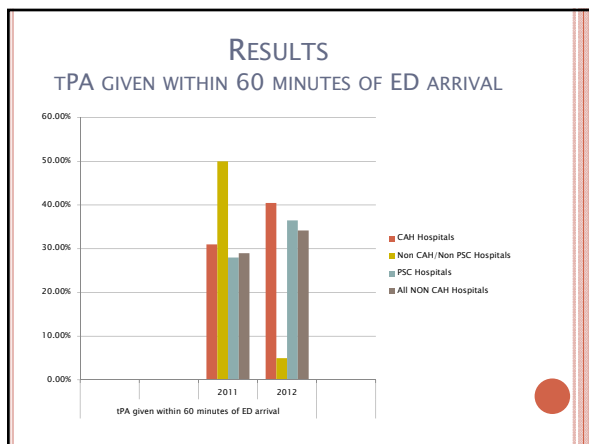
- The State of Oregon has one of the highest incidences of stroke per capita in the United States.
- A study done by the CDC indicates the prevalence among Oregonians of hypertension and hypercholesterolemia did not change during the years 2000–2010.
- Urban/rural disparity exists in Oregon
- Prevalence of risk of stroke is higher in the rural population base than in that of the urban based population.
- Of the 3 million adults in Oregon, **91,236** were stroke survivors!

### WHAT WE ARE DOING TO IMPROVE STROKE CARE

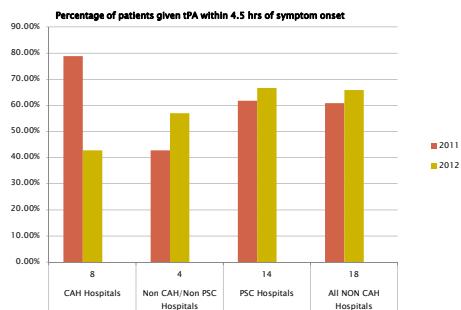
- Public health and state wide organizations working together
- Telestroke network formation
- Public education
- Increased team work with EMS and air transport agencies
- Educating hospitals, providers and nurses to improve care and knowledge of Get With the Guideline protocols.

### PROJECT RESEARCH DESIGN

- Retrospective analysis of data reported to the AHA through Get With the Guidelines data from the calendar years 2011 and 2012 by hospitals in Oregon.
- Hospital data was blinded and grouped by hospital size as
  1. Primary Stroke Centers (PSC)
  2. Non PSC, urban community hospitals larger than CAH
  3. Hospitals designated as critical access by the OAHHS (CAH)
- Data was collected as treatment within 60 min and the extended window of 4.5 hours



## EXTENDED WINDOW RESULTS TPA GIVEN WITHIN 4.5 HOURS OF SYMPTOM ONSET



## CONCLUSIONS

- In 2011 approximately 30% of all patients were treated with tPA within 60 minutes.
- Patients presenting to one of Oregon's eight CAH's who report the AHA's Get With the Guideline protocols had a 3% better chance of receiving best practice care in AIS than those who presented at one of Oregon's fourteen Primary stroke centers.
- In 2012, over 40% of the patients presenting at a CAH received treatment within one hour as compared to 36% at a PSC.
- Oregon increased the percent of patients who received best practice care from 2011 to 2012 by 10%.
- In 2012 the data proved that large numbers of patient who do not make the 60 minute goal, did receive timely treatment under the extended window administration of tPA.
- Over 60% of ischemic stroke patients presenting received treatment within 4.5 hours.

## STATEWIDE TARGET STROKE FINDINGS

- The American Stroke Association (ASA) goal is to reach 50% treatment rate within 60 minutes under the Target Stroke Initiative.
- Oregon's rate in 2011 was 32% compared to the national average of 33.4%.
- Oregon's 2012 rate rose to 34.1% in 2012, however the national rate rose to 43.1%.
- Even with improvement from 2011 to 2012, there continues to be a need for improvement.

## GOALS FOR FUTURE STROKE CARE IN OREGON

- Encourage reporting! Oregon needs data!
- Use Target Stroke Best Practice tool. Do what works.  
[http://www.strokeassociation.org/idc/groups/heart-public/@wcm/@private/@hcm/@gwtg/documents/downloadable/ucm\\_310253.pdf](http://www.strokeassociation.org/idc/groups/heart-public/@wcm/@private/@hcm/@gwtg/documents/downloadable/ucm_310253.pdf)
- Be a champion in your organization. Oregonians are worth it!

## QUESTIONS?



Thank you!

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