



Hospital Participation in a Voluntary Stroke Quality Improvement Collaborative in Massachusetts

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INTRODUCTION

The Stroke Collaborative Reaching for Excellence (SCORE) is a stroke quality improvement (QI) collaborative, funded by the Centers for Disease Control and Prevention's Paul Coverdell National Acute Stroke Registry (PCNASR) (Grant # 5U58DP000863-05) to the Massachusetts Department of Public Health (MDPH). SCORE, a partnership between MDPH and the American Heart/Stroke Association, has assisted Massachusetts Primary Stroke Service designated hospitals in monitoring and improving the quality of care for acute stroke patients since 2005. Currently 58 hospitals participate in SCORE representing 83% of the Primary Stroke Service designated hospitals in the state and 85% of annual statewide stroke admissions.

OBJECTIVE

To evaluate the sustainability of hospital participation in a voluntary QI initiative.

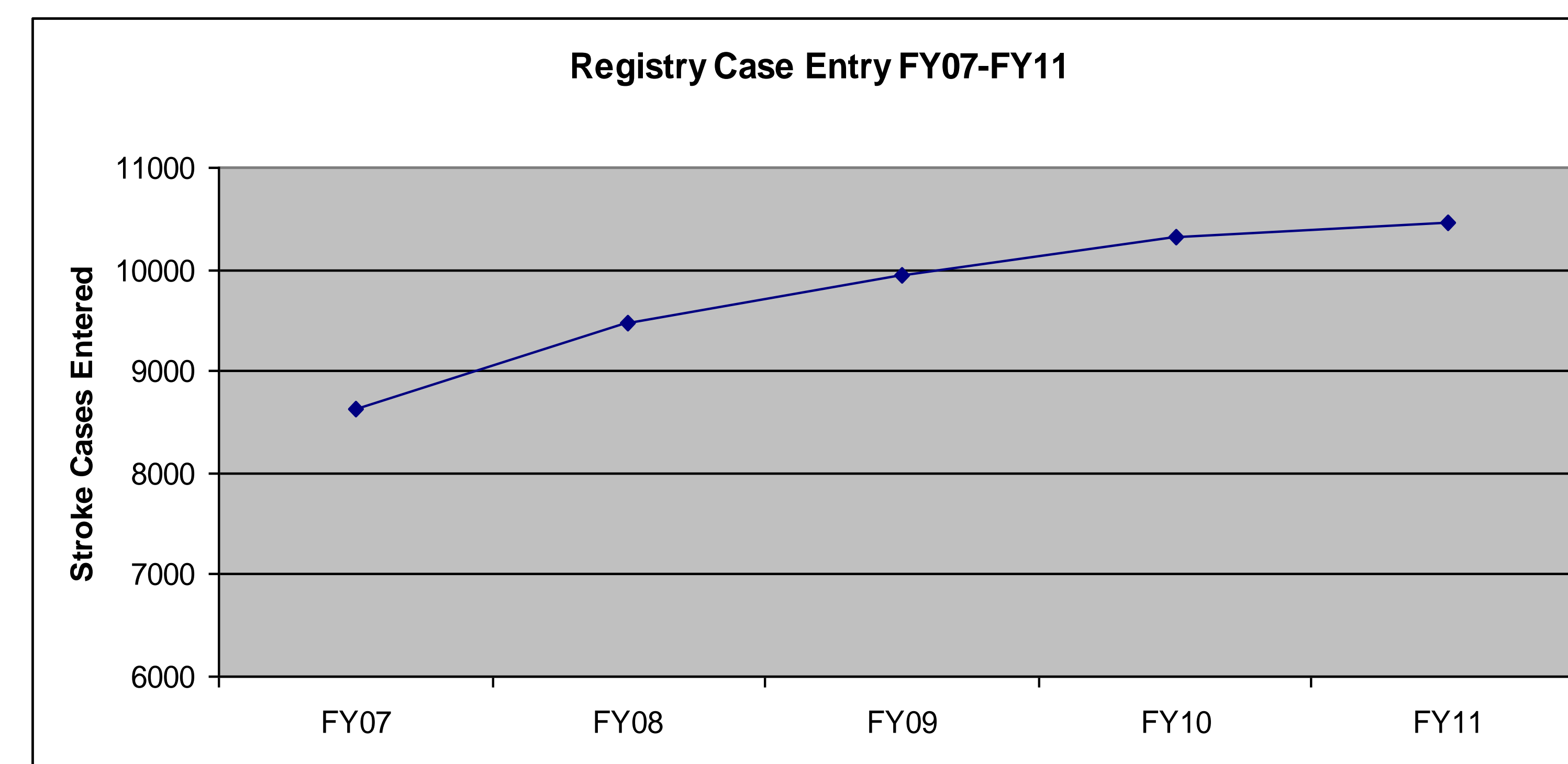
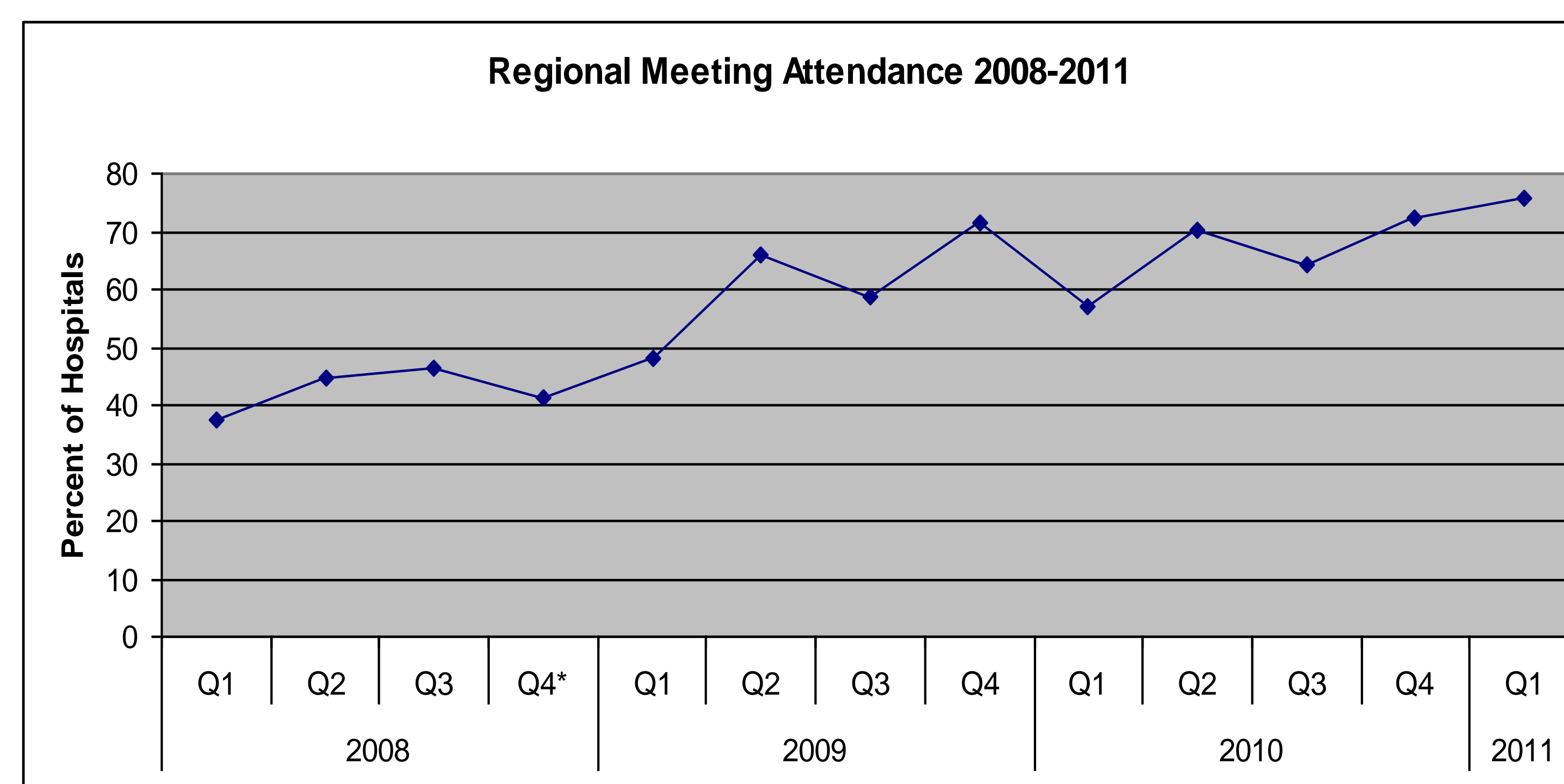
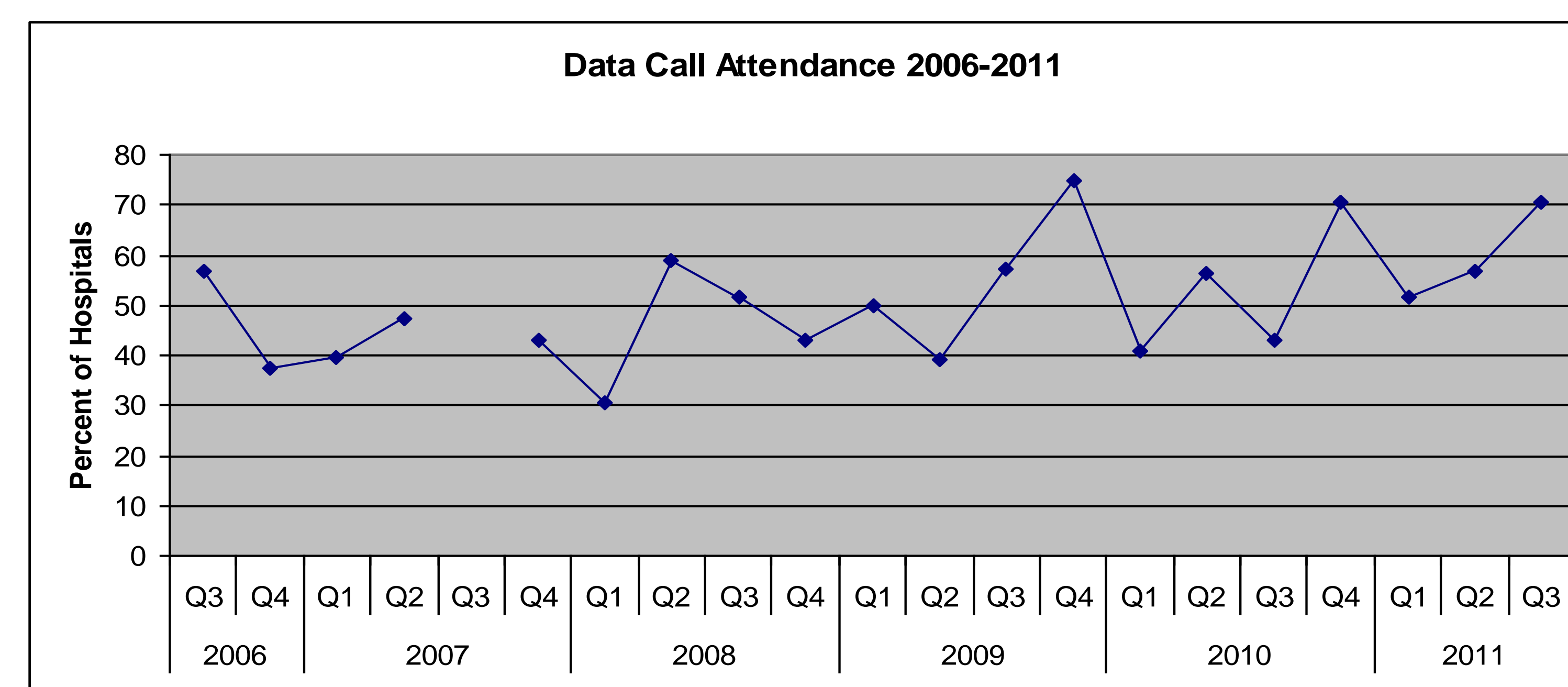
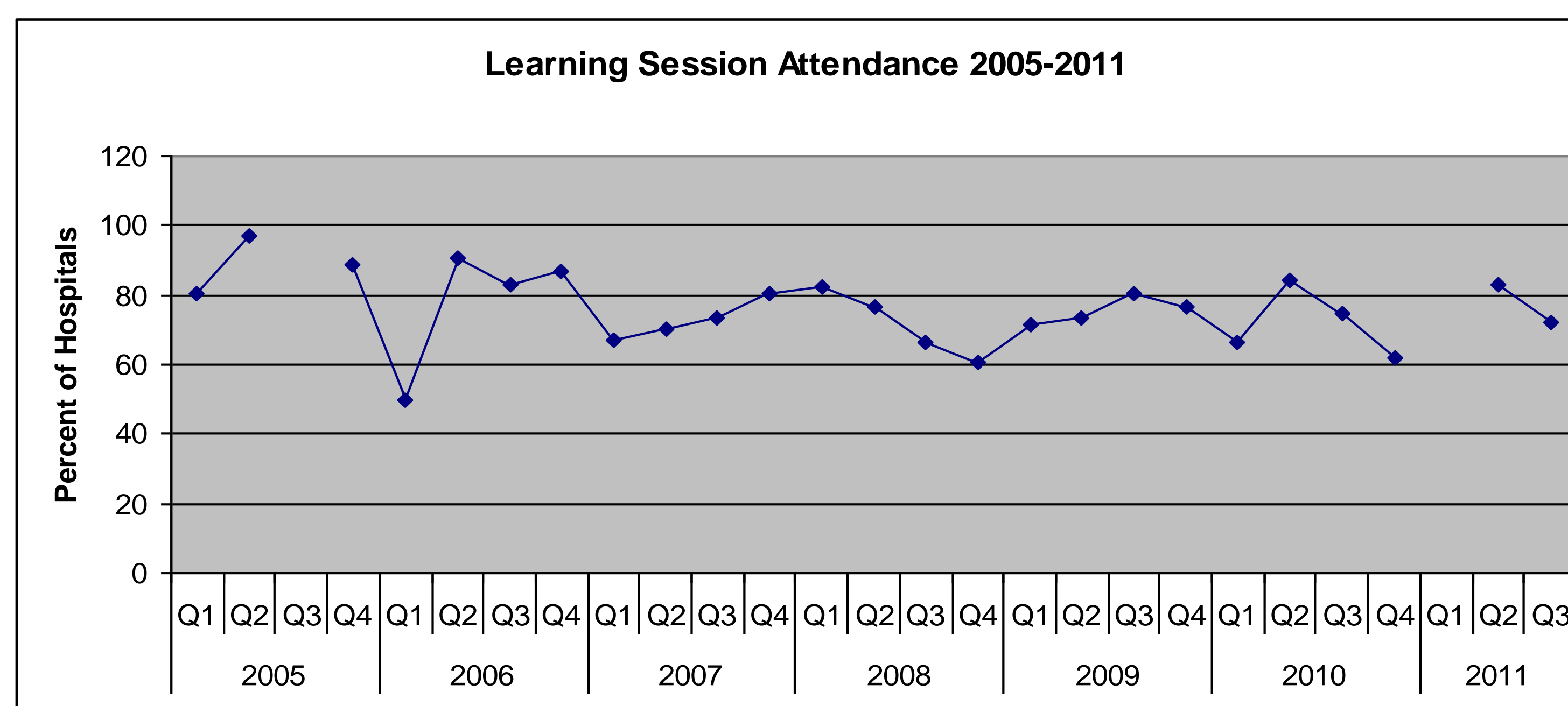
METHODS

Start up funding was provided to hospitals in the initial phase but decreased overtime from \$10,000 to \$1,000 per site from 2005 to 2008 respectively. No direct funding was provided to sites after 2008. PCNASR and SCORE programmatic data from 2005 through 2011 were analyzed. Hospital assistance included three main types of training. Quarterly learning sessions began in 2005 and are full-day meetings with didactic sessions on clinical stroke care, QI, and data abstraction topics. Data training calls began in 2006 and are 1-hour calls held multiple times per year focused on data abstraction to improve data quality. Quarterly regional meetings began in 2008 and are half-day, discussion-based, small group meetings focused on clinical QI strategies. Participation was measured using: number of participating hospitals, hospitals' training attendance, and registry case entry. Joinpoint regression analysis was used to test for trend. The overall trends for attendance were computed and statistical significance was set at $p < .05$. Sustained attendance was defined as neither an upward or downward trend.

RESULTS

Hospital retention rate in SCORE has remained above 96% over a 7-year period. Hospitals joined in cohorts and over time, decreasing amounts of start-up funding were provided. Hospital enrollment is voluntary and increased over time despite a decrease in funding. High rates of stable attendance at quarterly statewide learning sessions, and quarterly data quality conference calls has been sustained. Regional meeting attendance increased significantly over time ($p < .0001$). Case entry into the Registry has also increased significantly over the last five years ($p < .01$).

Cohort	Collaborative Join Date	Total Number of Hospitals	Start-up Funding Received
1	July 2005	36	18,800
2	February 2006	52	17,800
3	March 2007	57	12,800
4	November 2010	58	0



* For the Q4 2008 regional meeting only 17 hospitals were invited and 41% (7/17) of hospitals attended.

CONCLUSIONS

SCORE hospitals demonstrated sustained participation in a voluntary stroke QI collaborative without direct funding suggesting the model may be sustainable. Results from participant evaluations identified the opportunity for networking; learning best practices from peers; and effectiveness and relevancy of training session presentations as highly valued aspects of the program. Ensuring these aspects are maintained will likely result in sustained participation rates. Further analysis to explore the relationship between participation and performance measure improvement is warranted.

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