



# **SCORE:** Stroke Collaborative Reaching for Excellence

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The NorthEast Cerebrovascular Consortium (NECC)  
6<sup>th</sup> Annual Summit  
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# Disclosure

- The speaker has nothing to disclose...

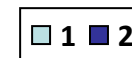
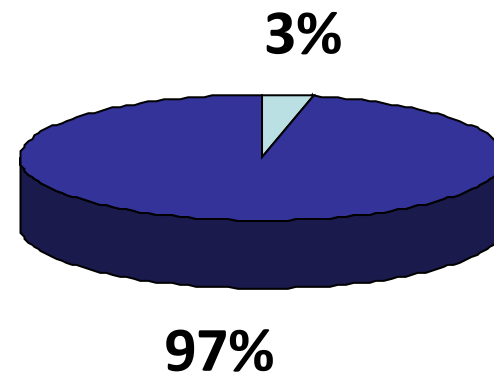
# Introduction

- Stroke Program Coordinator
  - Performance and Quality Measures Analyst
  - Clinical Counterpart
    - Eileen Allosso, MS, APRN,BC
  
- Read, review and analyze
  - Maintain certification
  - Maintain quality patient care
  
- Hospital Liaison for SCORE

# Test: How many children do I have?

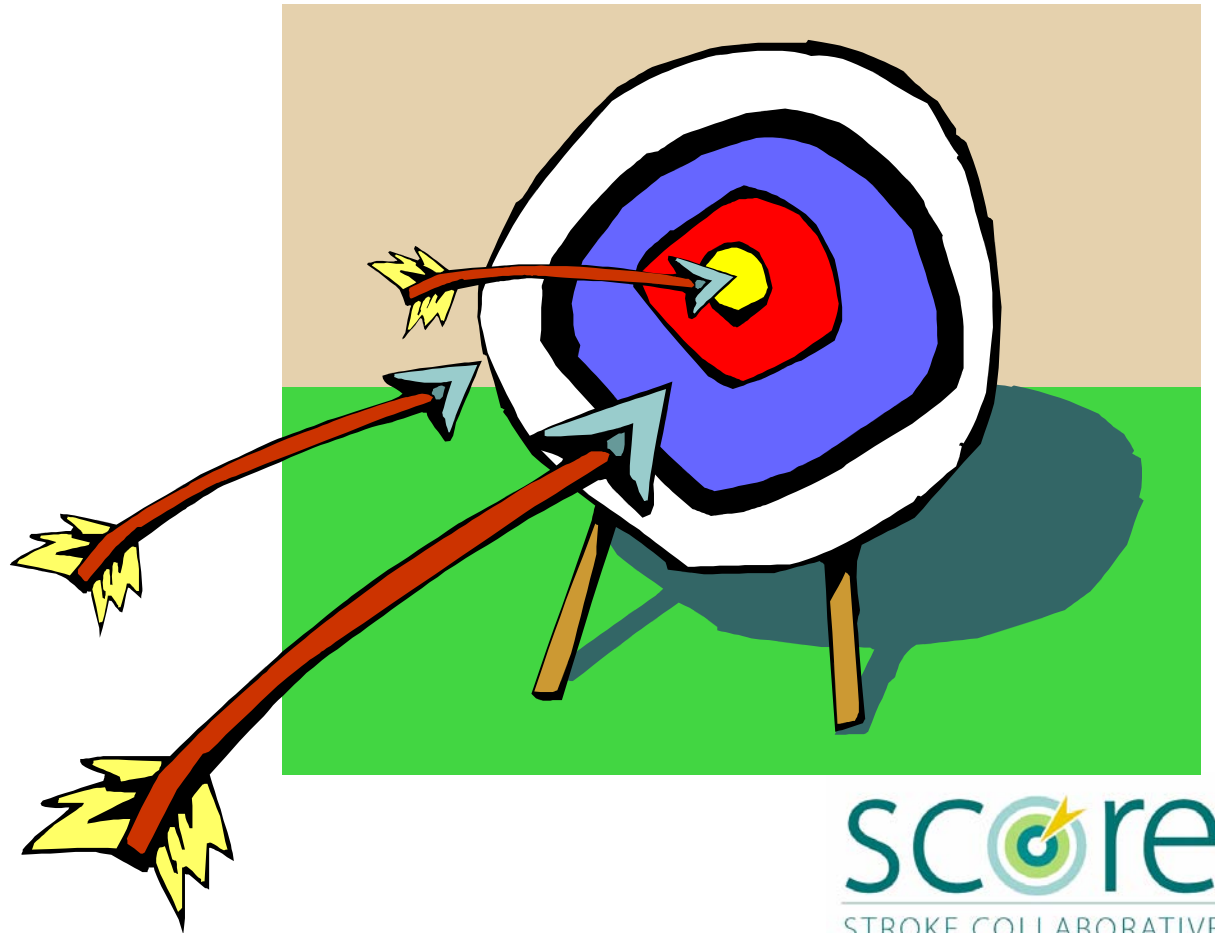
1. You have children???

✓ 2. Two



# SCORE

- Past
- Present
- Future



# History I

- 2001 Centers for Disease Control and Prevention (CDC)
  - State based registries
  - Track acute stroke care
  - Improve quality of stroke care
- Paul Coverdell National Acute Stroke Registry

# History II

- Piloted by academic medical institutions
  - Massachusetts among the first to participate
- Study revealed large gaps between recommended guidelines for acute stroke patients and hospital practices.
- Intensive quality improvement efforts
- 2004 MA Department of Public Health received funding to establish statewide registry
- **Primary Stroke Services** – Regulations developed in 2004

# Collaboration with AHA

- MDPH partnered with AHA GWTG – Stroke to form Collaborative for PSS hospitals
  - Common objective
  - Patient Management Tool
  - Reduce duplication for hospitals
  - Share resources
  - Reduce competition
- Provide staff and resources to SCORE

# What is SCORE?

- Program Components
- Collaborative Learning
- Focus on Quality Improvement

# SCORE is...

- Continuous QI project focused on 10 measures of acute stroke care
- Joint (AHA/DPH) initiative in MA
- 58 of 69 Primary Stroke Service hospitals  
~ 86% of MA annual stroke volume (FY09)
- Structure based on the IHI Model for QI Collaboratives

# Stroke Measures

1. Thrombolytic Therapy Administered
2. Antithrombotic Therapy by End of Hospital Day 2
3. DVT Prophylaxis
4. Dysphagia Screening\*^
5. Discharged on a Statin
6. Discharged on Antithrombotic Therapy
7. Pts with A-Fib receiving Anticoagulation Therapy
8. Smoking Cessation/Advice/Counseling^
9. Assessed for Rehabilitation\*
10. Stroke Education\*

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^ not NQF endorsed or included in CMS MU or IPPS programs

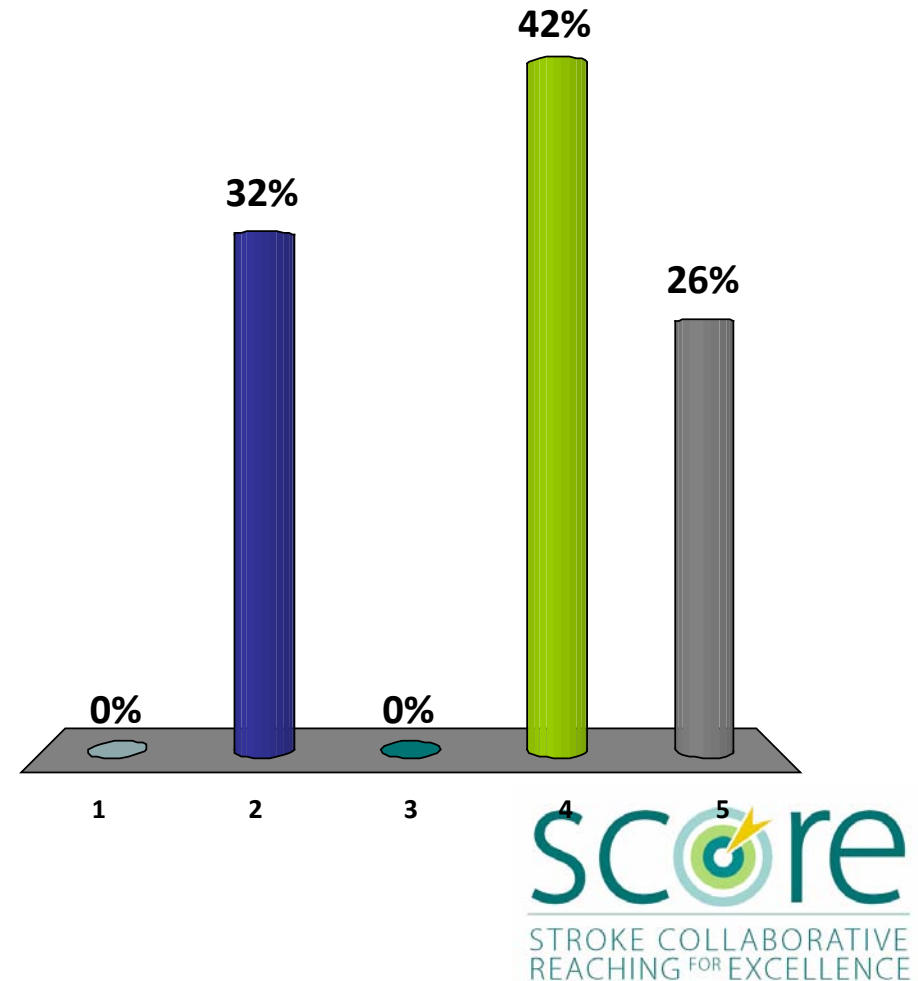
\* not included in GWTG achievement set

# Program Components

- **Didactic training sessions**
  - In-person learning sessions (3x/year)
  - Data Quality conference calls
  - Abstractor training
- **Collaborative learning**
  - Regional meetings
- **One-on-one assistance**
  - Site visits, calls, and emails
  - Chart audit
- **Website** – [www.scorema.org](http://www.scorema.org)
- **Leadership engagement**

# What is the most effective aspect of your stroke network?

1. Training sessions
2. Collaborative learning
3. One-on-one assistance
4. All of the above
5. Other



# SCORE Accomplishments

- 48% of hospitals have achieved defect-free care rates >70%
- 75% of hospitals have achieved statistically significant improvement on the composite measure
- Statistically significant improvement in all 10 performance measures overtime
- 84% of PSS hospitals participate in SCORE
- 96% retention rate since 2005 (2 drop outs)
- Participation rates remain high

# Excellence

- 2011 Manuel Carballo Governor's Award for Excellence in Public Service

Mirian Barrientos

Laura Coe

Katrina D'Amore

Joanne LaBelle

# Future

- Sustainability
- Maintain QI focus on key measures
- Engage administrative and clinical leaders
- Continue to develop relationships with EMS to improve the transition of care from EMS to ED
- Community outreach



***Thank you!***