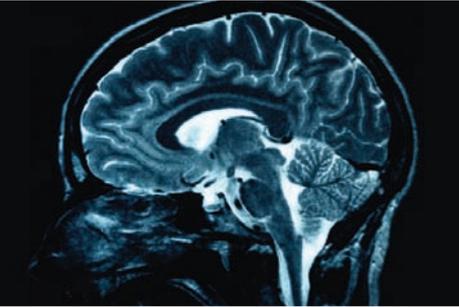
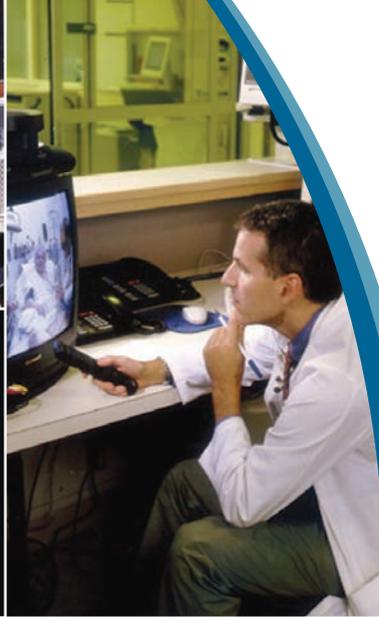




PAUL  
**Coverdell**  
NATIONAL ACUTE STROKE REGISTRY



Time Lost Is Brain Lost.



## Time Lost Is Brain Lost

Each year, more than 700,000 Americans suffer from a stroke; about 25% of them die at the time of the event or soon after, and 15%–30% of survivors remain permanently disabled. More than 1 million Americans and their families live with the disabling effects of stroke. In 2001, Congress charged CDC with implementing state-based registries to track acute stroke care and to use data from the registries to improve the quality of that care. Congress named the registry the Paul Coverdell National Acute Stroke Registry (PCNASR) after the late U.S. Senator Paul Coverdell of Georgia, who suffered a fatal stroke in 2000 while serving in Congress.

### Paul Coverdell National Acute Stroke Registry (PCNASR)

CDC, in consultation with stroke specialists, piloted eight prototype registries led by academic medical institutions across the United States. Models for measuring the quality of care delivered to stroke patients were tested. Large gaps were found between recommended guidelines for acute stroke patients and hospital practices. Closing these gaps called for intensive quality improvement efforts through a unique partnership between

state health departments and hospitals. In June 2004, CDC funded the state health departments of Georgia, Illinois, Massachusetts, and North Carolina to establish statewide stroke registries to improve acute care in hospitals. By the end of a three-year project period, over 180 hospitals were participating and over 45,000 stroke patients benefited from hospital participation.

In July 2007, CDC awarded funds to Georgia, Massachusetts, Michigan, Minnesota, North Carolina, and Ohio to continue this important work of improving care for patients with ischemic stroke, hemorrhagic stroke, or transient ischemic attacks (TIA).

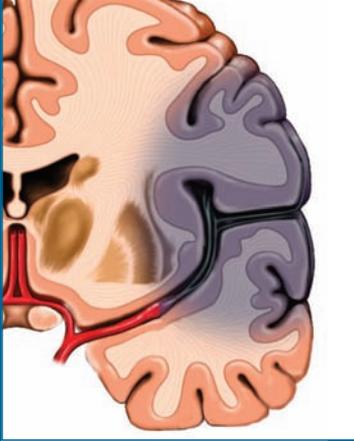
#### The mission of the Paul Coverdell National Acute Stroke Registry is to

- Measure, track, and improve the quality of care for acute stroke patients
- Increase public awareness of stroke treatment and prevention
- Through secondary prevention, decrease the rate of premature death and disability from acute stroke
- Reduce disparities in acute stroke care by providing underserved populations with better access to high-quality care

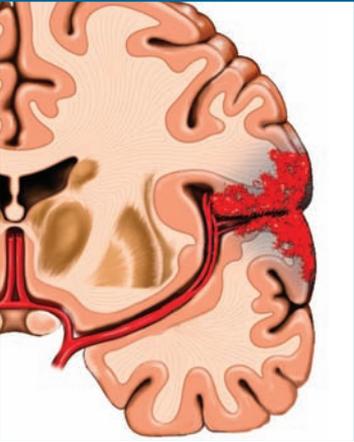


Participating States

## The Two Major Types of Stroke



Ischemic stroke: A clot blocks blood flow to an area of the brain.



Hemorrhagic stroke: Bleeding occurs inside or around brain tissue.

Copyright ©2005 Nucleus Communications, Inc.  
All rights reserved. [www.nucleus.com](http://www.nucleus.com)

## Consensus Stroke Performance Measures

CDC collaborated with The Joint Commission, and the American Heart Association/American Stroke Association to develop consensus stroke performance measures. Ten performance measures for acute stroke care were developed based on evidence from multiple clinical trials and in the peer-reviewed stroke literature. PCNASR endorses these measures as a foundation of our work to improve quality of care:

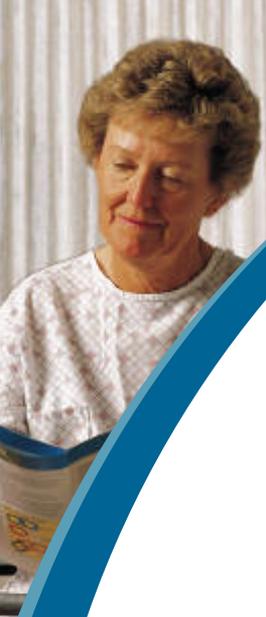
### For hemorrhagic and ischemic stroke patients

- Deep vein thrombosis prophylaxis by end of the second hospital day
- Dysphagia screening
- Assessment for rehabilitation
- Smoking cessation counseling (TIA patients also)
- Stroke education (TIA patients also)

### For ischemic stroke and TIA patients

- Antithrombotic therapy by end of day two and prescribed at discharge
- Lipid-lowering therapy for patients with strokes of atherosclerotic origin with LDL  $\geq 100$
- Anticoagulation for atrial fibrillation
- Use of tPA intravenous thrombolytic therapy — a clot-busting medicine (ischemic stroke patients only)

For detailed information,  
visit [www.cdc.gov/DHDSP/stroke\\_registry.htm](http://www.cdc.gov/DHDSP/stroke_registry.htm)



## Delivering the Right Care to Every Patient – Every Time!

PCNASR is funded by CDC and implemented by state departments of public health. Participating hospitals represent a wide spectrum of hospital type or size, from critical access hospitals to academic centers. PCNASR provides many benefits to hospitals, including the following:

- Strong collaboration between hospitals for overcoming barriers in delivering best care
- Resources for quality improvement from stroke experts and leaders
- Education for stroke teams
- Technical assistance for enhanced standardization of data collection and interpretation of results

Assuring high quality of care is a vital component of stroke systems of care. PCNASR has potential for integration with state-based emergency medical service data collection for improved pre-hospital care and with rehabilitation facilities for ensuring high-quality post-hospital care for stroke patients.

**The long-term goals of PCNASR are to ensure that all Americans receive the highest quality of acute stroke care and to reduce the number of untimely deaths attributable to stroke, prevent stroke-related disability, and prevent stroke patients from suffering recurrent strokes.**

Detailed information on the PCNASR is available at [cdc.gov/DHDSP/stroke\\_registry.htm](http://cdc.gov/DHDSP/stroke_registry.htm)



Centers for Disease Control and Prevention  
National Center for Chronic Disease Prevention and Health Promotion  
Division for Heart Disease & Stroke Prevention  
Mail Stop K-47 • 4770 Buford Highway, NE • Atlanta, Georgia 30341  
800-CDC-Info (800-232-4626 • TTY: 888-232-6348