| American Heart Association Update

North Carolina Stroke Advisory Council Meeting September 9, 2022





Get With The Guidelines®-Stroke Awards















2022 North Carolina Award Recognition

- > 67 Hospitals Recognized
- > 68 Total Awards (Achievement Measures)
 - ➤ One Hospital Received both Bronze and Silver Recognition
- 65 PLUS AWARDS (Quality Measures)
- > 55 TARGET: STROKE HONOR ROLL AWARDS
- > 57 TARGET: TYPE 2 DIABETES AWARDS



Expanding And Enhancing Stroke And Cardiac Rural Quality
Programs To Equitably Address The Needs Of Acute Care Hospitals
In The Rural Setting







Call To Action: Rural Health

Call to Action: Rural Health: A Presidential Advisory From the American Heart Association and American Stroke Association Originally published 10 Feb 2020 https://doi.org/10.1161/CIR.00000000000000753Circulation. 2020;141:e615-e644

According to the Call to Action: Rural Health: A Presidential Advisory from the American Heart Association and American Stroke Association published in February 2020

- In 2016 the American Public Health Association all cause mortality data shows a 20% rural disparity (847.7 versus 713.0 per 100,000)
- Rural residents in the U.S. have a 30% increased risk for stroke mortality compared with urban residents
- Health outcomes are now significantly worse in rural than in urban areas.

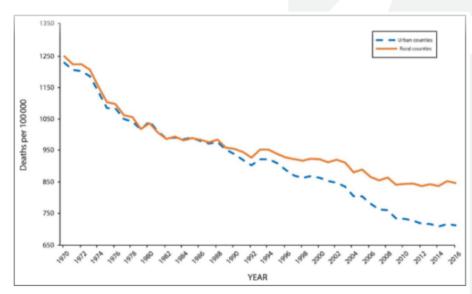


Figure 1. Trends in rural and urban age-adjusted (all-cause) mortality for the United States (1970–2016). Reproduced from Cosby et al⁷ with permission. Copyright © 2019, American Public Health Association.



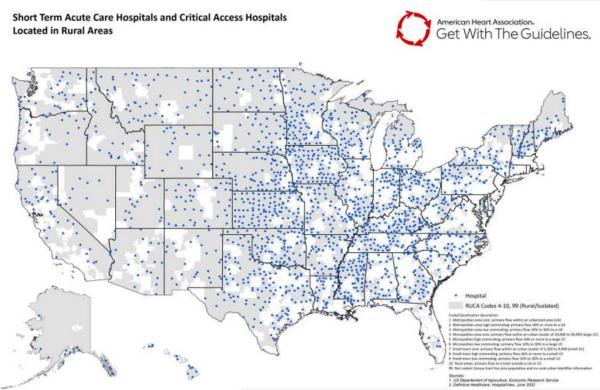


RHCOA Eligibility

- Rural Urban Commuting Area (RUCA)
 <u>Codes</u> utilize census tracts instead of
 counties as building blocks for RUCA
 codes provides a different and more
 detailed geographic pattern of urban
 and rural areas.
- RHCOA eligible hospitals will be located within Primary RUCA codes 4-10 and 99 classed as small, large, or isolated rural areas

Rural Demographics

- Population residing in Rural RUCA 2,959,466
- Median bed size is 42
- Median annual discharges is 1,565



Am I Rural? Tool - Rural Health Information Hub

Determine whether your specific location is considered rural based on various definitions of rural, including definitions that are used as eligibility criteria for federal programs.





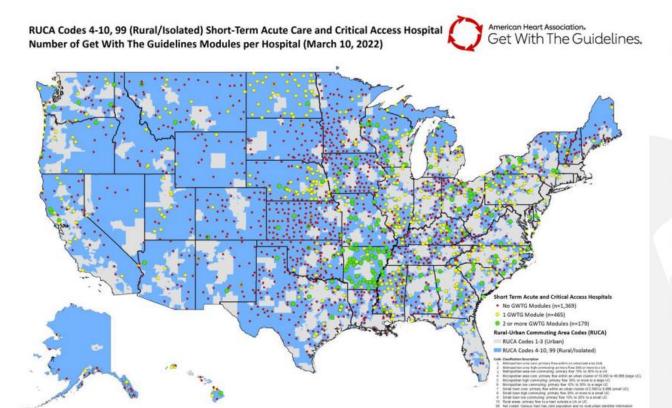
Participant Benefits

- No cost GWTG Stroke, CAD, and/or Heart Failure programs until Dec 31, 2025
- Enhanced Rural QI Hospital 1:1 Consultation
 - Quality Improvement Resources
 - GWTG Rural Abstraction Courses
- AHA Lifelong Learning Center (LLC) Rural Disease Specific Continuing Education Bundles
- AHA Facilitated Stroke and Cardiac Rural Learning Collaboratives
 - Model Practice Sharing
 - Rural Aggregate Data Sharing, Analysis, and Publication
- Access to AHA Profession Membership
- Rural Community Network
 - Connect with Rural Clinical Content Experts from across the nation
 - Share Policies and Procedures, Quality Improvement Tools, Order Sets
 - Consensus based state and regional Clinical Decision Pathways
- GWTG Rural Recognition
 - Performance measures tailored to the rural acute care setting opportunities
 - GWTG Stroke & Coronary Artery Disease (CAD) Rural Project beginning in 2023
 - GWTG Heart Failure Project beginning in 2024
- RHCOA Term: July 1, 2022 June 30, 2025





Benefits for currently enrolled GWTG Rural hospitals

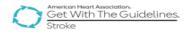


- Eligible to add an additional module GWTG CAD, GWTG Stroke or GWTG HF at no cost (Enrolled modules are not eligible for no cost option)
- Participate in Rural Learning Collaboratives
- Continuing Education Opportunities
- Rural Community Network
- GWTG Rural Recognition











Four or more consecutive quarters and ≥2 stroke or TIA records annually



Four consecutive quarters and ≥2 stroke or TIA records annually



One calendar quarter and ≥1 stroke or TIA record per quarter

Rural Acute Stroke Composite Score Criteria: At least 75% Compliance

Time to Intravenous Thrombolytic Therapy
≤ 60 minutes

Door-In/Door-Out Time at First Hospital Prior to Transfer for Acute Therapy ≤ 90 Minutes

National Institutes of Health Stroke Scale (NIHSS) Reported

Door to CT ≤ 25 Minutes

Dysphagia Screen

Documentation of Last Known Well or Time of Discovery of Stroke Symptoms

IV Thrombolytic Therapy Arrive by 3.5 Hours Treat by 4.5 Hours

EMS Pre-notification

Non-Contrast Brain CT or MRI Interpreted Within 45 Minutes of Arrival

Telestroke Consultation Done



Get With The Guidelines® – Stroke Rural Recognition is available as a stand-alone award or add-on banner to a standard Get With The Guidelines- Stroke award, starting with 2022 data submitted.

Eligible Hospitals

Federally Designated Critical Access Hospitals

Short Term Acute Care Facility and Rural Hospital located within Rural Urban Commuting Area Codes (RUCA) indicating large rural, small rural and isolated acographic locations





Enrollment

Interested? Apply Now and be

contacted by Rural Team Member to discuss:

- Eligibility
- Program
 Benefits and
 Responsibilities
- Enrollment Next Steps

Rural Health Care Outcomes Accelerator

Working to ensure Americans living in rural areas have the best possible chance of survival and the highest quality of life attainable by promoting consistent, timely and appropriate evidence-based care.

Apply Now



- Rural Health Care Outcomes Accelerator Web Page
- Rural Health Care Outcomes Accelerator Press Release
- Am I Rural? Tool
- Sept 22nd- GWTG Rural Stroke Recognition Webinar





Thank You.

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