

TENNESSEE STROKE REGISTRY

Regional Report

Volume 1, Issue 2

December 2020

This report is published quarterly using data from the Tennessee Stroke Registry to show regional differences in stroke in the state.

Inside this report

- Data stratified by region on diagnosis, gender distributions, age distribution, arrival modes, insurance status, last known well to arrival, and medical history
- Data from April 2020 to June 2020
- Contact information for the Tennessee Stroke Registry



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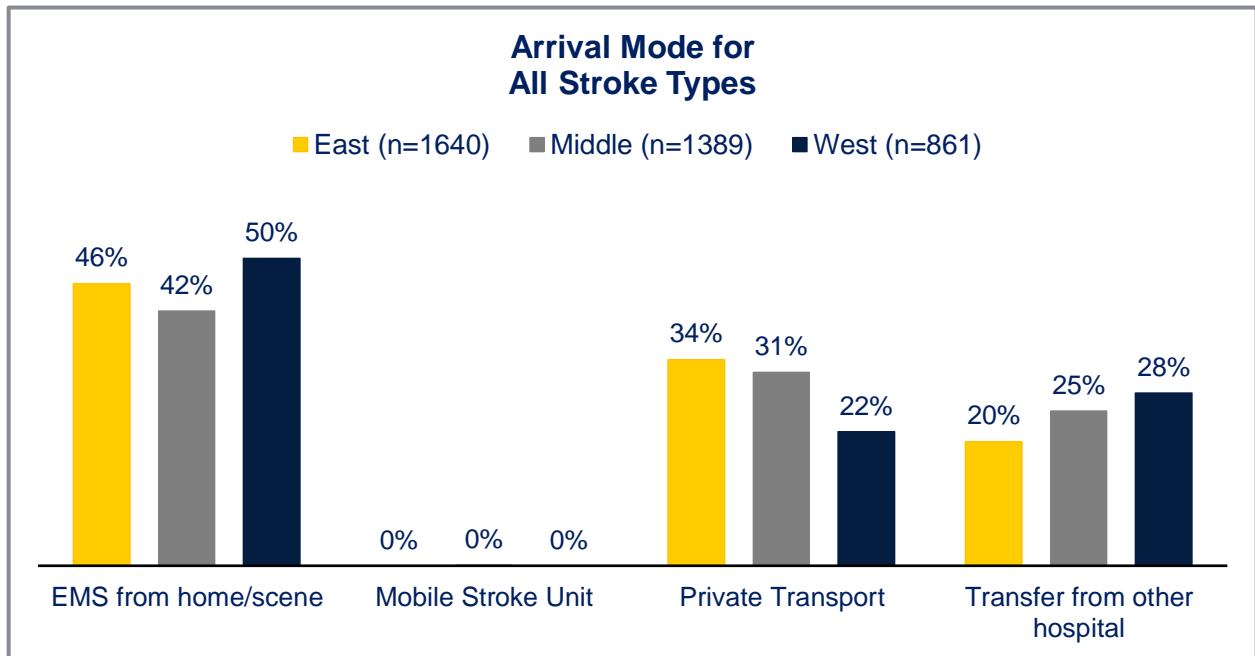
EAST TENNESSEE STATE UNIVERSITY

Background

The Tennessee Stroke Registry (TSR) was created in 2009 through the Tennessee Stroke Registry Act of 2008. In July 2017, the legislation was updated with Tennessee House Bill 123, requiring all certified comprehensive and primary stroke centers in Tennessee to share their data with the TSR in order to improve stroke care in the state. The bill requires data to be provided from hospitals on a quarterly basis. The data are uploaded to the American Heart/American Stroke Association's Get with the Guidelines (GWTG) data system, Quintiles.

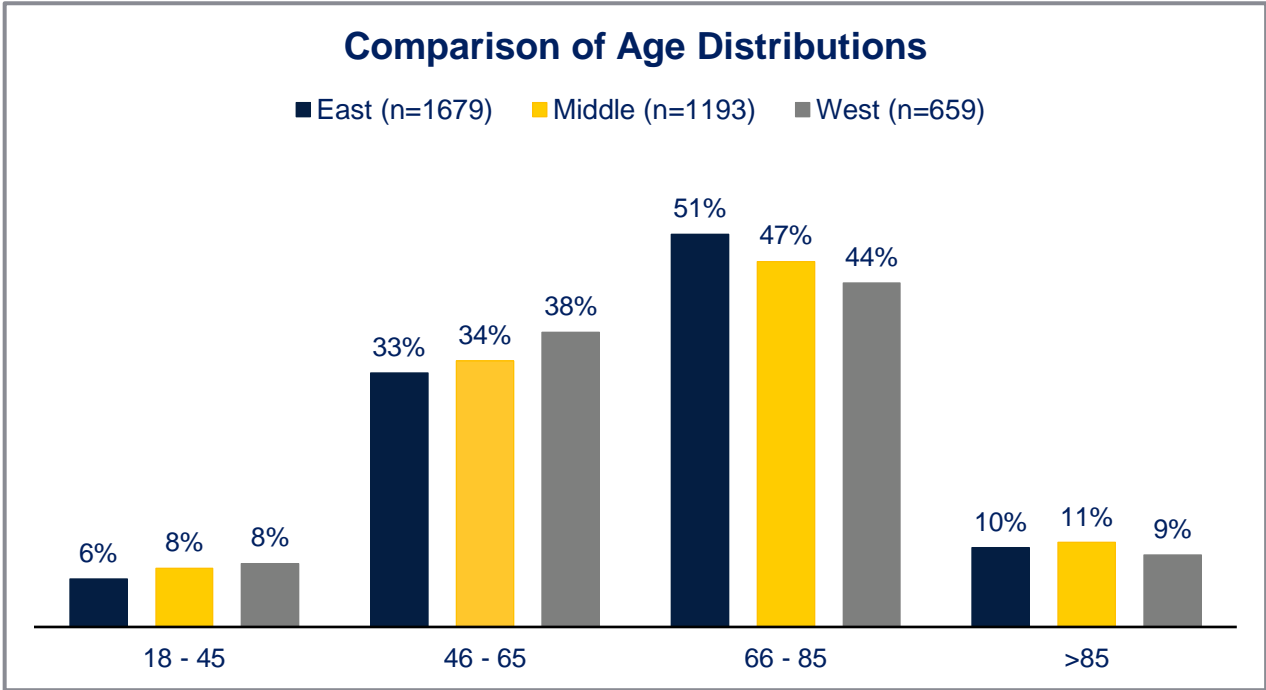
This quarterly regional report provides a summary of the TSR data for April to June 2020 and will be referred to as the Quarter 2 regional report of 2020. The data are aggregate data from the 36 hospitals currently reporting to Quintiles. In this report, illustrations are made on similarities and differences between each region in Tennessee (East, Middle, and West), which are referred to as Grand Divisions of Tennessee. The limitations of this report include that data reported are based on the data provided to the Tennessee Stroke Registry from reporting hospitals and may not be inclusive of all strokes in the state of Tennessee. There was a total of 3,987 strokes in the state during this time period. There were 1,640 in east, 1,389 in middle, and 861 west.

Arrival mode



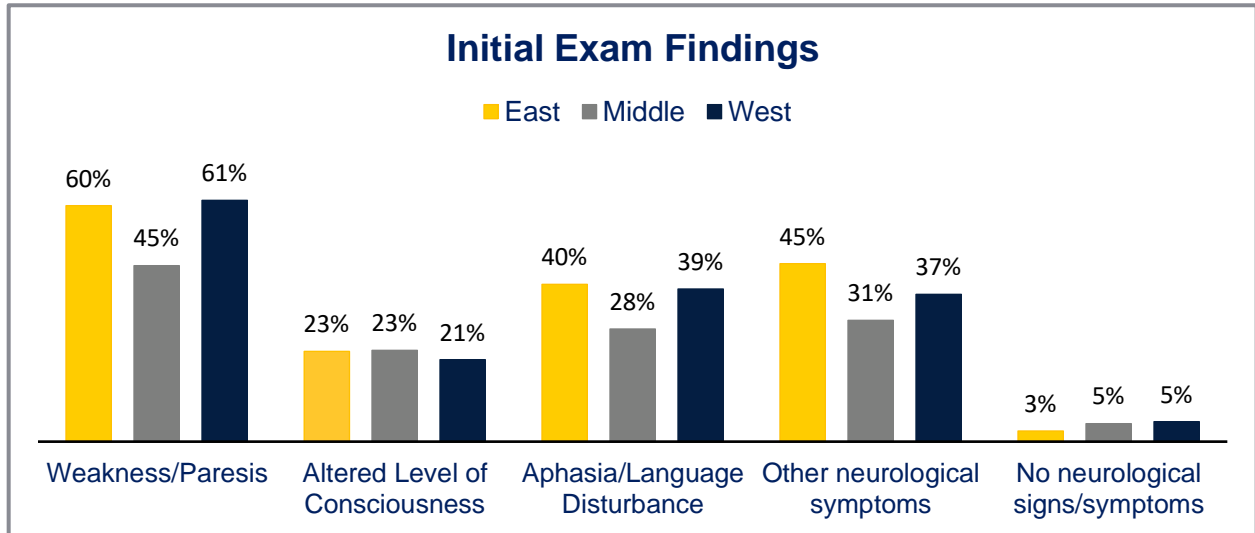
For all stroke types, most patients arrived via EMS transportation services. The west saw a 4% increase in EMS from home/scene from quarter 1, 2020. Private transport was the second most used mode of transportation reported in Quarter 2 regional report.

Age distributions



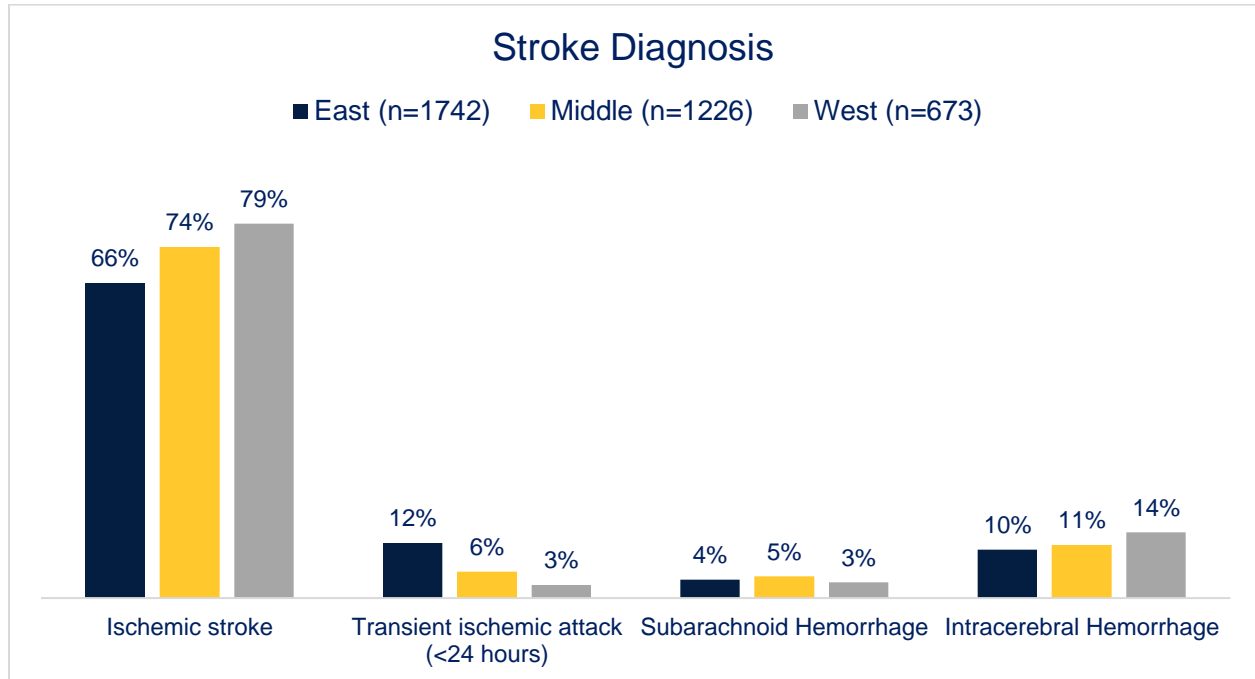
The most common age group experiencing strokes were those from ages 66-85. This was true for quarter 1, 2020 as well.

Initial exam findings



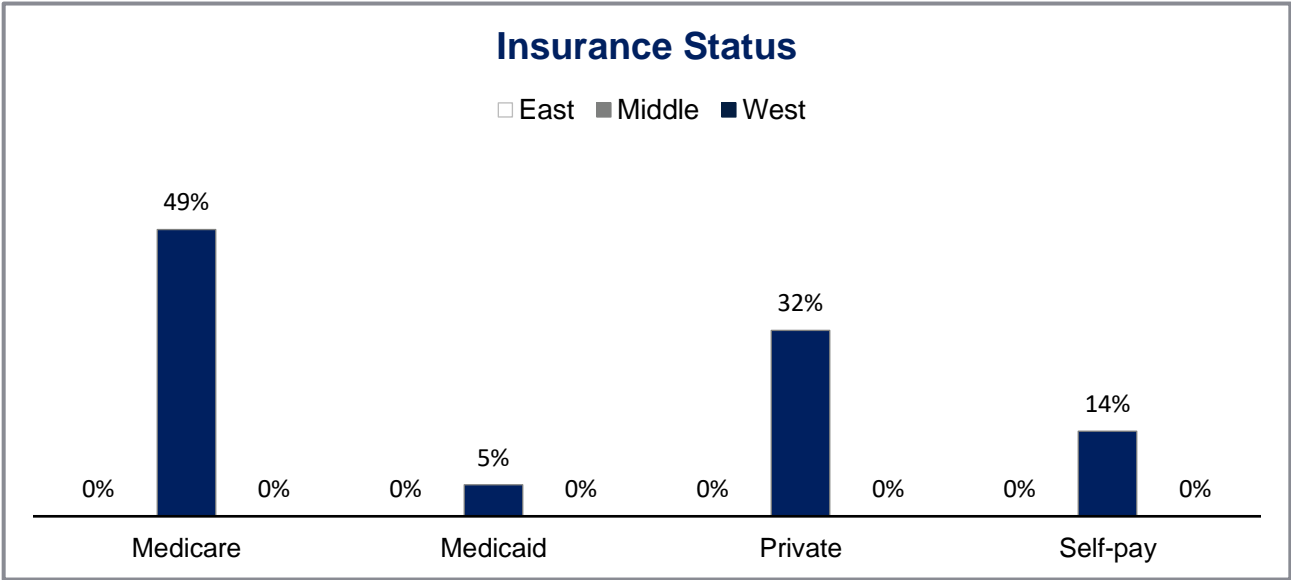
The three most common findings in initial exam of patients in Quarter 2 of 2020 were weakness/paresis, aphasia/language disturbance, and neurological other than altered level of consciousness and aphasia. This was true for quarter 1, 2020 as well.

Diagnosis



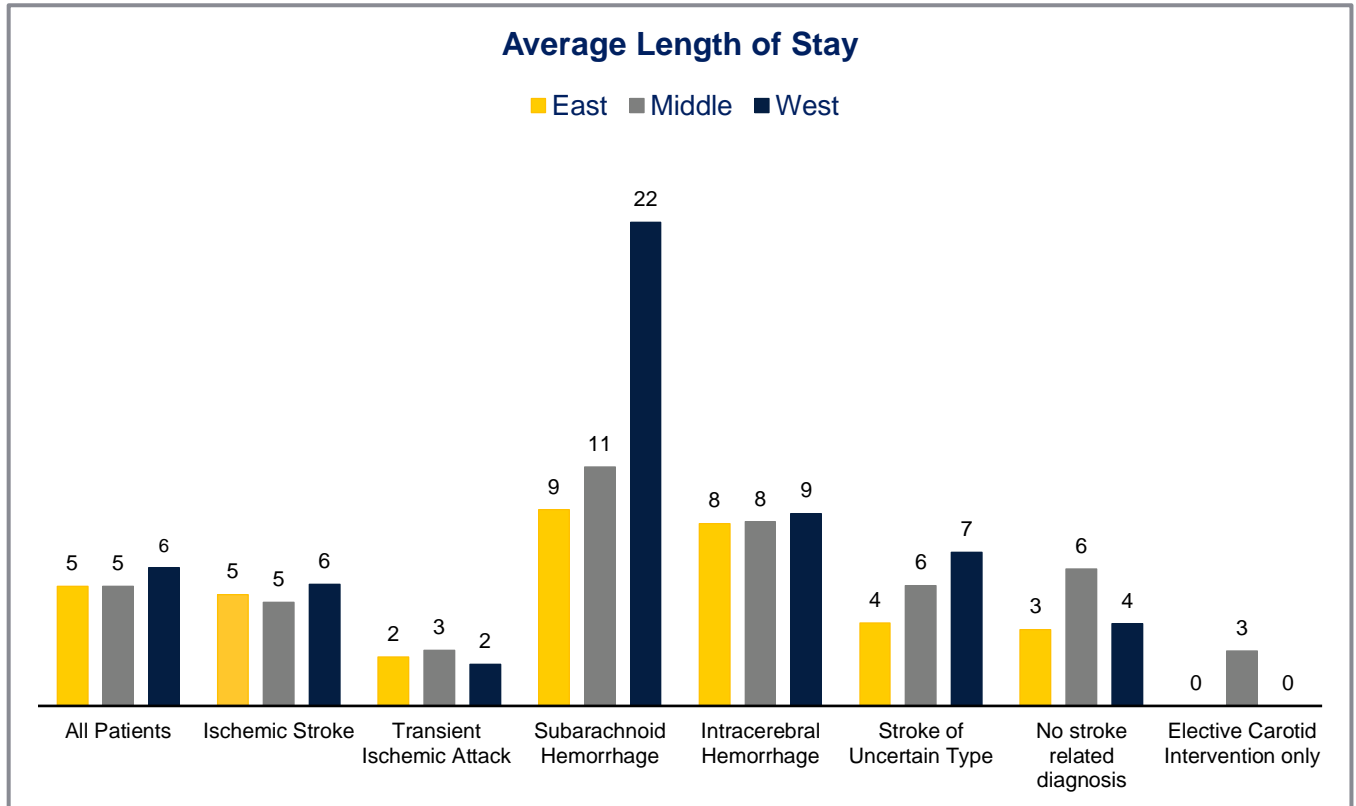
There were 2,582 ischemic strokes, 229 transient ischemic attacks (TIA), 151 subarachnoid hemorrhages (SAH), and 482 intracerebral hemorrhages (ICH). The most common cases were ischemic strokes reported to the registry. This was also true for quarter 1, 2020 as well.

Insurance status



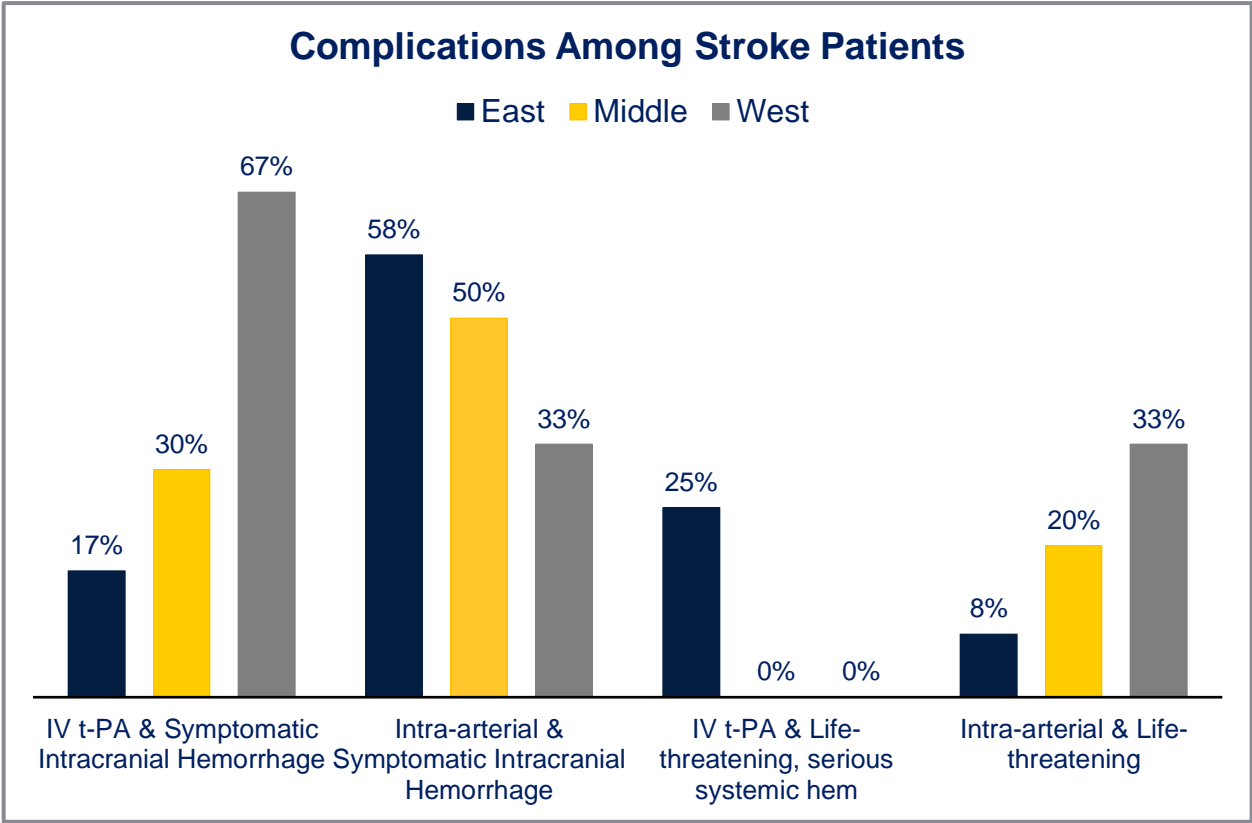
The majority of stroke patients had Medicare. This reflects that the most common age group experiencing strokes are those from ages 66-85. The west was the only region that reported insurance percentages this quarter.

Length of Stay



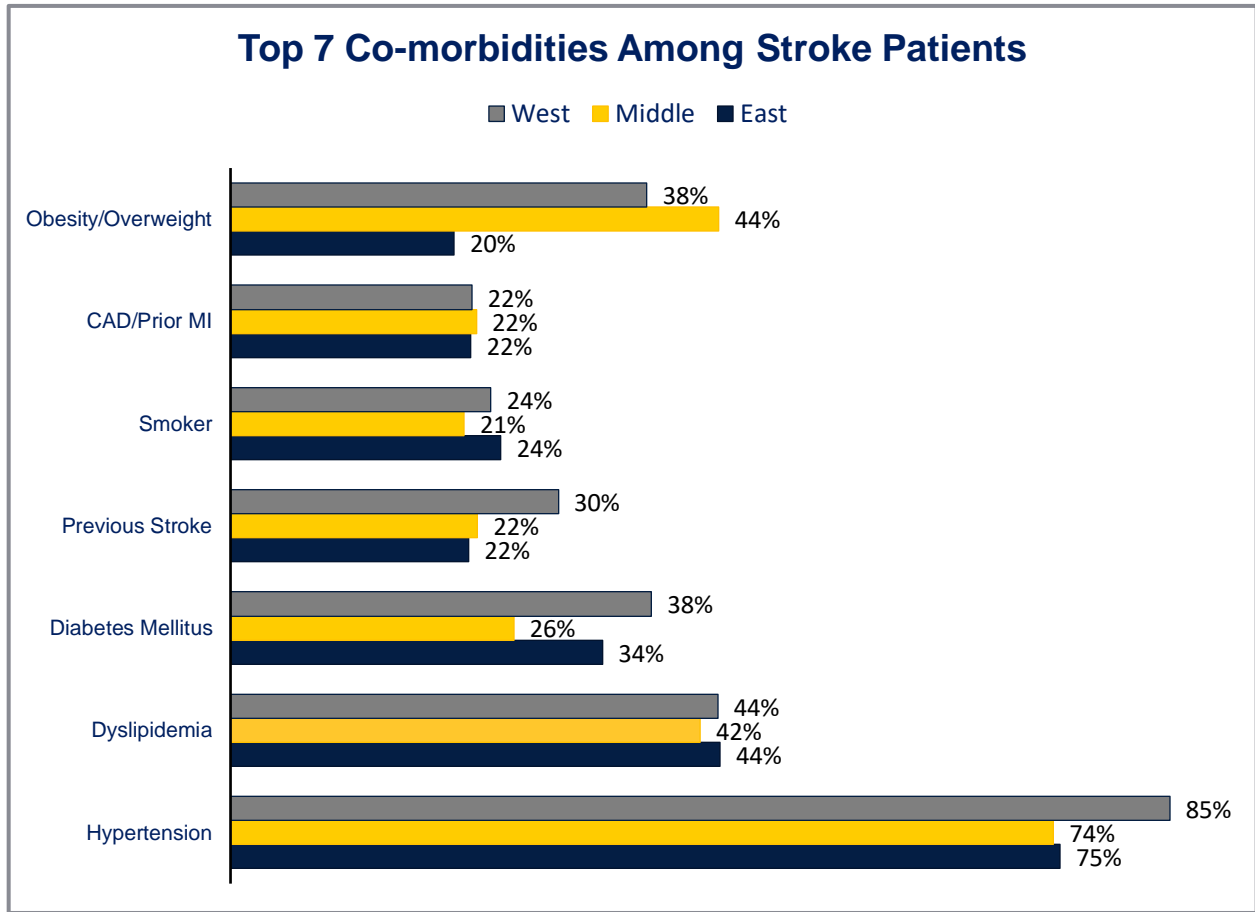
The type of stroke with the longest length of hospital stay (LOS) was SAH at about 14 days, and the shortest LOS was Elective Carotid Intervention at about 1 day. This was true for quarter 1, 2020 as well.

Complication types



The two most common type of complications for IV-tPA in Quarter 2 of 2020 was Intra-arterial and Symptomatic Intracranial Hemorrhage and IV-tPA & Symptomatic Intracranial Hemorrhage. This means that out of all patients with a primary stroke diagnosis of ischemic stroke who received IV t-PA or intra-arterial thrombolytic therapy, most complications were an Intra-arterial and Symptomatic Intracranial Hemorrhage.

Co-morbidities



The top three co-morbidities among stroke patients in Quarter 2 regional report of 2020 data, were hypertension, dyslipidemia, and overweight. This was true for Quarter 1, 2020 as well.

Contact Information

For more information about the Tennessee Stroke Registry and how to participate, contact:

Megan Quinn, TSR manager, or Kelsi McKamey, TSR graduate assistant.
Email (preferred): strokeregistry@etsu.edu or mckameykr@etsu.edu
Phone: (423) 439-4427

Local GWTG Representative:
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We look forward to working with you to improve stroke care in Tennessee.