

TCD Challenges and Solutions

I. Stroke and STEMI

Registries:

Challenges

- The current state TCD registry has not been updated since its inception
- There have been many updates to the guidelines to treat stroke and STEMI that need to be incorporated/updated in the registry
- There is no data dictionary, coding instructions or training on the registry to offer hospitals or EMS in order to verify that the data entered is comparable and accurate
- Hospitals and EMS complain that they have not received any meaningful data out of the registry for hospital or regions to support quality improvement efforts which is the purpose of the registry
- Lastly, it is very expensive and time consuming to address the issues stated above that are needed to improve the current registry
- The state registry is not a charge item to hospitals or EMS to use

Possible Solution

- American Heart Association's Get With The Guidelines (GWTG) quality improvement programs are used in some other states as the state registry
- State DOH's would not have to spend money and time creating a new registry, training hospitals, updating and maintaining a registry to new guidelines
- Hospitals would not have to do double data entry if they are using a national data registry such as GWTG and offering it as the state registry as well
- AHA takes care of the data dictionary and coding instructions and educates hospitals on abstracting and entering data into GWTG
- AHA maintains the registry to current and updated guidelines
- GWTG registries have real time data reports meaning as soon as the data is entered you can run reports to see where you are in compliance
- There is a built in decision support tool to assure hospitals are treating patients following the latest evidence based guidelines
- There are benchmark reports built into the tool so hospitals can benchmark themselves against other similar facilities, the state or nation so they can see where they stand in quality care
- For a yearly fee comparable to what a hospital pays for the tool, DHSS could own a super-user account and have access to all the states deidentified, aggregate data making an excellent tool for improving quality and compliance to the guidelines and state requirements
- GWTG is also customizable to add a special initiatives tab if the state wants to collect something that is not already built into the tool

- The state would have access to quality improvement Directors to work with hospitals and EMS on improving compliance to measures for treating stroke or STEMI
- AHA recently launched a new GWTG Coronary Artery Disease (CAD) registry on a new platform with many enhanced features that also has the ability to create a regional report so regions such as St. Louis or Kansas City for example could use it to work together to improve the STEMI system of care
- Both registries collect EMS or pre-hospital data
- Missouri has designated 62 stroke centers and 58 STEMI centers
- Out of those:
 - 47 of the stroke hospitals already use GWTG Stroke for their registries
 - 15 of the STEMI centers use GWTG CAD as their registries (this number is lower since we just launched a new CAD registry and we are still working on getting hospitals signed up for this but this would be a great tool to have since we can create the regional reports from this registry)
 - 32 hospitals have national stroke certifications
 - 10 hospitals have national STEMI and/or Chest Pain accreditation

Designations/Certifications/Accreditations

Challenges:

- The state offers state level designations, not certifications or accreditations
- There are many man hours required to process applications, do desk reviews and site reviews
- The state needs to maintain expert volunteers to manage the site visits
- Sites do not want to pay for national certification/accreditation programs when they are required to do the state designations to opt in to the TCD program
- The department will need to stay abreast of changing certifications and align them with state levels
- Hospitals who might be a level I under state designation may be a level II under national accreditation
- There was a bill that passed giving hospitals the option to use national certifications/accreditations but DHSS only has a partial list published as to which ones are acceptable and they do not recognize all of them which discourages hospitals from seeking those not on your list. There needs to be a simplified process for when hospitals do possess these national certifications/accreditations that DHSS will recognize and designate a hospital accordingly and follow nationally accepted accreditation recommendations and not base their designation decision on volume requirements which do not match any national accrediting body

Possible

Solution:

- There are several good national certification/accreditation programs offered for both stroke and STEMI
- The national certifying bodies are responsible for the site desk reviews and site visits and maintaining compliance
- They have full time paid staff who are experts in these fields
- Missouri really needs to convene an expert oversight committee to address these issues

General issues with TCD

- The rules and regulations that were drafted 10 years ago are too prescriptive and do not allow for changes to keep up with a changing health care system
- Regions that attempted to solve some of these issues by creating a regional report took way too long for approval from DHSS (three years) with the current process and the “plan” was already outdated by the time it was approved and had to be re-written and submitted once again
- There is no support from DHSS or oversight for regions who do create a regional plan to assure that hospitals and EMS follow it negating the purpose for having a regional plan

II. Trauma System

Registries

Challenges:

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Possible Solution:

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Designations/Certifications/Accreditations

Challenges:

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Possible Solution:

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