

Draft of a Proposal to Establish a CT Stroke Registry to Optimize Care for Connecticut Citizens with Stroke

The State of CT Stroke Advisory Council (a.k.a. SOC SAC) was established in 2018 with a mission to ensure that all Connecticut citizens receive standardized, timely and appropriate stroke prevention, treatment, and rehabilitation through the provision of education, evidence-based recommendations, and policy development.

As a strategy for enhancing stroke care across the state and to improve both health outcomes and quality of life for stroke survivors and their families, SOC SAC is advocating for the establishment of a centralized, statewide stroke registry to monitor for statewide trends in care and to explore potential disparities and inequities in the delivery of stroke care. Data aggregation and analysis will lead to implementing practice strategies for ensuring that all Connecticut citizens are afforded evidence-based standards of acute and recovery stroke care. This initiative is the logical, next phase of work building on prior successful 2017 Stroke Task Force efforts and the legislative efforts which lead to the passage of the House Bill 7222 (sections 40 & 41) which at that time, advocated for the creation of a continuous quality improvement program utilizing a state-wide stroke registry. This initiative is aligned with the AHA/ASA 2019 Stroke Systems of Care publication – see attached.

It is proposed that:

- a. The Department of Public Health (DPH) shall maintain a centralized, statewide stroke registry that compiles information and statistics on stroke care that align with the stroke Achievement Measures developed and approved by the American Heart Association/American Stroke Association and the Joint Commission and any additional measures the DPH determines appropriate.
- b. The DPH, in collaboration with the State of Connecticut Stroke Advisory Council, shall establish and implement a plan for achieving continuous improvement in the quality of care and identifying and addressing inequities and disparities in stroke care.
- c. The DPH shall utilize Get-With-The-Guidelines – Stroke or another nationally recognized data set platform, with appropriate confidentiality standards, as the stroke registry data platform. The DPH shall coordinate with current programs and personnel to avoid duplication and redundancy of efforts.
- d. DPH shall require Comprehensive Stroke Centers, Thrombectomy-Capable Stroke Centers and Primary Stroke Centers and encourage Acute Stroke Ready Hospitals and Emergency Medical Services agencies to report data consistent with nationally recognized guidelines on the treatment of individuals with confirmed stroke within the state.
- e. The DPH, in collaboration with the State of Connecticut Stroke Advisory Council and other stakeholders, shall establish a stroke registry data oversight committee that is charged with monitoring registry operations; advising registry investigators, program staff, and relevant stroke systems of stroke stakeholders; and providing direction and plan short and long-term goals for the stroke systems of care, in quality improvement efforts, as well as overall sustainability of the stroke systems of care.

Existing CGS 19a-490w

Sec. 19a-490w. Certification of hospital as comprehensive stroke center, primary stroke center [thrombectomy-capable stroke center] or acute stroke-ready hospital. Posting of list by department. Removal from list. (a) Not later than October 1, 2017, and annually thereafter, any hospital that has been certified as a comprehensive stroke center, a primary stroke center [thrombectomy-capable stroke center] or an acute stroke-ready hospital by the American Heart Association, the Joint Commission or any other nationally recognized certifying organization shall submit an attestation of such certification to the Commissioner of Public Health, in a form and manner prescribed by the commissioner. Not later than October 15, 2017, and annually thereafter, the Department of Public Health shall post a list of certified stroke centers on its Internet web site.

(b) The department may remove a hospital from the list posted pursuant to subsection (a) of this section if (1) the hospital requests such removal, (2) the department is informed by the American Heart Association, the Joint Commission or other nationally recognized certifying organization that a hospital's certification has expired or been suspended or revoked, or (3) the department does not receive attestation of certification from a hospital on or before October first. The department shall report to the nationally recognized certifying organization any complaint it receives related to the certification of a hospital as a comprehensive stroke center, a primary stroke center [thrombectomy-capable stroke center] or an acute stroke-ready hospital. The department shall provide the complainant with the name and contact information of the nationally recognized certifying organization if the complainant seeks to pursue a complaint with such organization.