

What are the benefits of participating?

- Hospitals participating in the NCSCC are part of a state-wide effort to improve the quality of stroke care.
- Participating hospitals have access to the online database to track their stroke care performance and provides “real time” reports on key performance measures.
- Customized performance reports are available for free within two weeks of submitting a request.
- Participants are able to collaborate with colleagues in hospitals throughout the state.
- The NCSCC provides monthly quality improvement conference calls which focus on ways to improve the quality of stroke care. Conference call participants are given one contact hour of continuing education credits for each call they attend.
- Participants have access to state and national stroke care experts.
- Use of the NCSCC database has helped some hospitals become JCAHO Certified Stroke Centers.
- Innovative grants for Hospital-based stroke QI projects in the amount of \$15,000 are available.

About the Project

The North Carolina Paul Coverdell Stroke Registry is a joint endeavor of the Heart Disease and Stroke Prevention Branch in the NC Division of Public Health and the Cardiovascular Disease Program in the Department of Epidemiology at the UNC Chapel Hill School of Public Health. Funding is provided by the Centers for Disease Control and Prevention.

For More Information

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The North Carolina Stroke Care Collaborative

A Paul Coverdell Acute Stroke Registry



**Working Together to Improve
the Quality of Stroke Care**

What is the Stroke Care Collaborative and why do we need one?

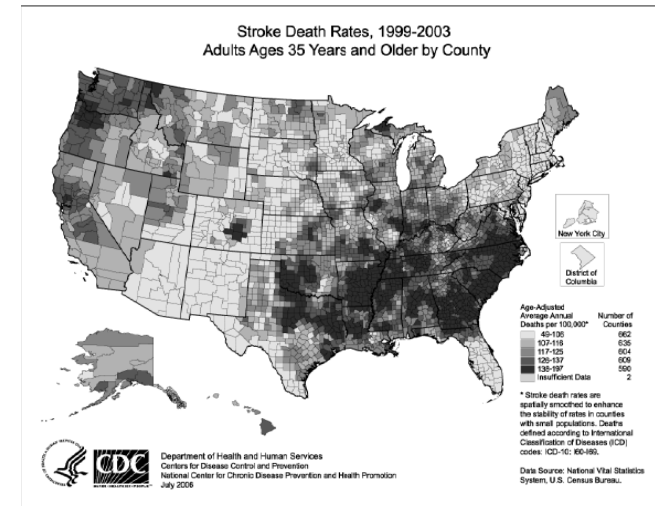
The purpose of the North Carolina Stroke Care Collaborative (NCSCC) is to help hospitals improve the quality of stroke care. The Collaborative facilitates quality of care improvements by collecting real-time data on key quality indicators. Reports can be downloaded from the database at any time, thus giving participating hospitals “real-time” feedback on the quality of care. Participating hospitals can then compare their data to aggregate data (from all NCSCC hospitals) and use these reports as a basis for their quality improvement initiatives. Once a quality improvement initiative has been implemented, data from the NCSCC can gauge the efficacy of the intervention.

The Collaborative began in July 2004 when the Centers for Disease Control and Prevention awarded funding to North Carolina and three other states to lead the country in establishing the Paul Coverdell National Stroke Registry. The initiative was named in honor of United States Senator Paul Coverdell of Georgia who died from a stroke in July 2000.

What is the impact of Stroke in North Carolina?

- Stroke is the third leading cause of death in North Carolina.
- North Carolina has the 5th highest age-adjusted stroke death rate in the nation.
- North Carolina is part the “Stroke Belt”, an area of 8-12 states that historically have had a significantly higher stroke mortality rate than the rest of the US .
- The Eastern counties of North Carolina are in the “Buckle” of the Stroke Belt, a region that has consistently had the country’s highest stroke mortality rate for the past 30 years.
- Conservative estimates suggest that stroke costs North Carolina \$1.05 billion annually.
- In 2004, total hospital charges for stroke in NC exceeded \$444 million annually and have been steadily rising.
- Nearly 180,000 North Carolinians have a history of stroke.
- In 2004, there were 27,092 hospitalizations for stroke in North Carolina.

Map of U.S. Stroke Death Rates by County (1999-2003)



U.S. stroke mortality rates for adults at least 35 years old. The darker colors signify higher stroke mortality rates.

Map of North Carolina Counties with Hospitals in the NCCSR

