

A Stroke System of Care 2000 – 2013 BREMSS: The Good, Bad, and Ugly! What to Expect

Satellite Conference and Live Webcast
Monday, April 29, 2013
10:00 a.m. – 12:00 p.m. Central Time

Produced by the Alabama Department of Public Health
Video Communications and Distance Learning Division

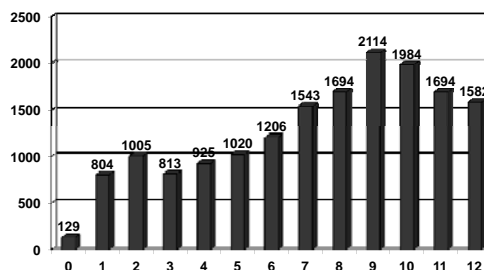
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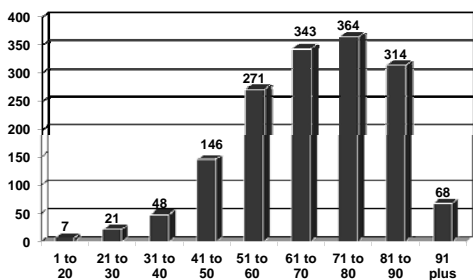
Data and Sources

- 1/01/2012 – 12/31/2012
- BREMSS Stroke System patients
- BREMSS hospital reports (%)
- Stroke death rates ADPH data

Stroke System Volume 2000-2012



Age: 2012



History

- TIA (known) – 7%
- Hypertension (known) – 23%
- Previous stroke (known) – 24%

Hospital Data: 2012

- Complete in 80% of patients

CT Performed: 2012

- Yes – 96%
- No – 4%

Stroke Hospital Confirmed: 2012

- Yes – 48%
- No – 52%
- Unknown – 4%

Hospital Admitted: 2012

- Yes – 85%
- No – 15%
- NSICU – 29%

Type and Treatment: 2012

- Ischemic – 80%
- Hemorrhagic – 20%
- Lytic – 14%

Outcome: 2012

- Alive – 88%
- Died – 12%

**Strokes:
Statewide and BREMSS**

- 2000 Statewide – 67 per 100,000
- 2000 BREMSS – 64 per 100,000
- 2009 Statewide – 56 per 100,000
- 2009 BREMSS – 49 per 100,000

Good

- Lowered death rate and # of stroke deaths in every BREMSS county
- Lowered death rate from stroke 8% greater than statewide rate decreased
- All hospitals remain in the system except one closure

Bad

- Neurosurgical services are the primary cause of yellow (conditioned) hospital
- SICU is the primary cause of red (unavailable) hospital
- Reduced to only one available stroke hospital on occasion

Ugly

- Hospital data hard to get
- Low LYTIC use
- Do not know rate of patients referred to rehabilitation
- Do not know number of stroke patients non-EMS