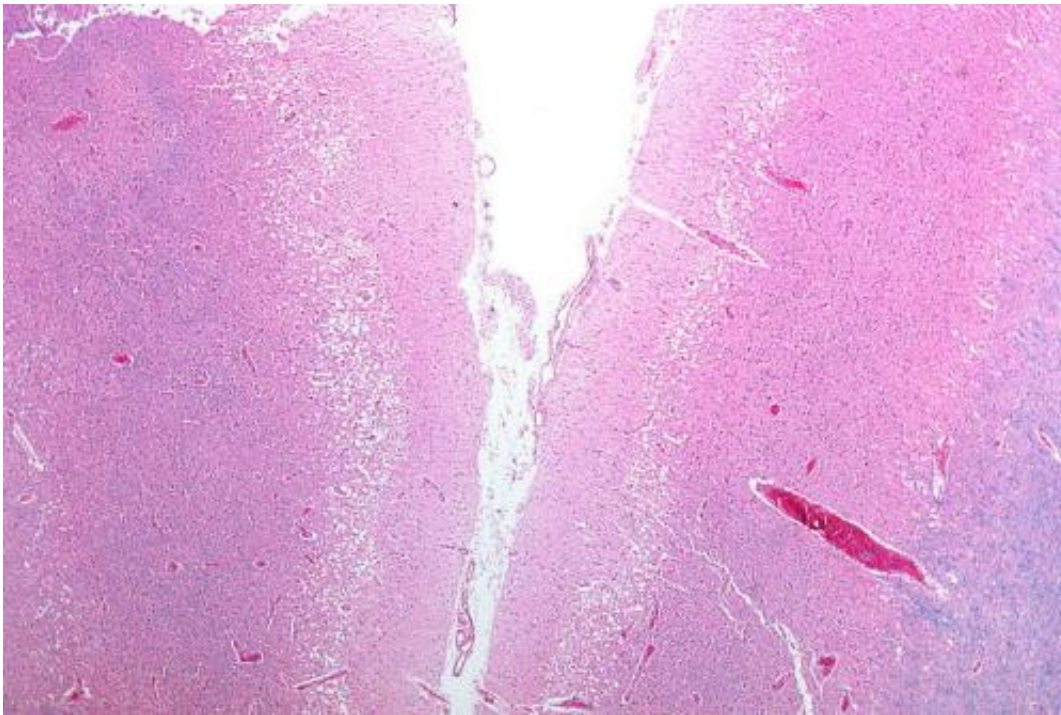


# Better patient outcome linked to get with the guidelines-stroke

April 14 2016

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Micrograph showing cortical pseudolaminar necrosis, a finding seen in strokes on medical imaging and at autopsy. H&E-LFB stain. Credit: Nephron/Wikipedia

Stroke patients at hospitals participating in a nationwide quality-improvement program were more likely to be discharged home and less likely to die after discharge than patients in non-participating hospitals, according to new research in the American Heart Association's journal *Stroke*.

The program, Get With The Guidelines-Stroke, established by the American Heart Association/American Stroke Association in 2003, helps hospitals provide [stroke patients](#) with the latest, most effective treatment for stroke. More than 1,600 hospitals have registered to receive patient-management toolkits, access to workshops, decision support, and many other resources.

"We know that in the past the Get With The Guidelines-Stroke program was associated with improved processes of care, such as appropriate medications and other interventions to prevent complications," said Sarah Song M.D., M.P.H., lead author of the study and an assistant professor in neurology at Rush University Medical Center in Chicago, IL. "Now we know that this improved care translates into improved [clinical outcomes](#)."

In this study, stroke patients who received treatment at hospitals participating in Get With The Guidelines-Stroke program were 10 percent more likely than those in non-participating hospitals to be discharged home, rather than to a rehabilitation center or other facility. Furthermore, 30 days and one year after discharge, patients from participating hospitals were 7-8 percent less likely to have died. These findings mean that participating hospitals would discharge 12 more [stroke patients](#) home for every 1,000 patients than non-participating hospitals, and 34 fewer patients would have died within one year.

A stroke is a medical emergency that occurs when a blood vessel either bursts or becomes blocked by fatty substances or a blood clot, interrupting blood flow to the brain. Without immediate treatment, cells in the brain begin to die, resulting in brain damage, paralysis, or even death. Warning signs and the necessary response are face drooping; arm or leg weakness or numbness; speech difficulty; time to call 9-1-1, or F.A.S.T.

In the United States, stroke is the fifth-leading cause of death, killing someone about every four minutes.

"By improving the infrastructure for [stroke care](#), the program has been effective, not only in improving measures of process and care, but also clinical outcomes, which is what patients should care about most," Song said. "Stroke patients in hospitals with Get With The Guidelines-Stroke tended to do better, were less likely to die and more likely to go home after [hospital](#) discharge."

The study consisted of 173,985 Medicare patients with stroke caused by a blocked blood vessel. Roughly half of participants received treatment at hospitals participating in Get With The Guidelines-Stroke, while the other half was treated at non-participating hospitals. Participants' average age was 79 years, three-fifths were women, and most were white.

Investigators analyzed data from the Centers for Medicare & Medicaid Service for 366 hospitals participating in Get With The Guidelines-Stroke and 366 non-participating hospitals. The study ran from April 1, 2003 to December 1, 2008, data collection began 18 months before participating hospitals' joined the program, and follow-up was up to 18 months after program implementation.

A study limitation is that unforeseen factors could have affected the results, although investigators did match patients and hospitals in terms of their characteristics. In addition, the study did not measure disability after hospital discharge and could not control for whether or not patients followed treatment recommendations after leaving the hospital. This study was also done only in the Medicare population, so only in people aged 65 or older.

Provided by American Heart Association

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