

## Stroke Encounter Quality Improvement Project (SEQIP)



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**State Web Site:** <https://chfs.ky.gov/agencies/dph/dpqi/cdpb/Pages/heart-disease-stroke.aspx>

**National Web Site:** <https://www.cdc.gov/heartdisease/index.htm>

### **Sources of Information for the Database**

SEQIP was created in 2009 as a statewide voluntary stroke quality improvement initiative of the Kentucky Heart Disease and Stroke Prevention Task Force - Cardiovascular Health (CVH) Delivery Systems Subcommittee and the American Heart Association/American Stroke Association (AHA/ASA). SEQIP initiated a voluntary participation in a stroke registry for hospitals, the first in Kentucky. This data summary report is compiled pursuant to KRS 211.575, which requires the Kentucky Department for Public Health (KDPH) to establish and implement a plan to address continuous quality improvement for stroke care. KDPH is required to provide an annual report to the Governor and the Legislative Research Commission that includes data, related findings, and recommendations to improve the delivery of stroke care efforts in Kentucky.

### **Description of the Data Collected**

SEQIP reports stroke data for most strokes that occur throughout Kentucky. Because the major hospitals in Kentucky participate in SEQIP, the estimation is that approximately 80% of all of the strokes occurring annually are tracked and managed through this surveillance system. Demographic data collected include gender, age, race, ethnicity, place of residence, and complete information regarding stroke type, mode of patient arrival, method of insurance payment, and clinically relevant information that is part of the American Heart Association's mission of 'Get With the Guidelines'. This information is sent from participating hospitals to Quintiles, a health information technology and clinical research organization that houses the data.

### **Strengths of the Data**

The major strength of this data is allowing for a thorough understanding of stroke types and severity according to the National Institutes of Health Stroke Scale score, as well as clinically relevant outcome measures such as the modified rankin scale score. By understanding the severity of a patient's stroke, the data allows for many attractive points of analysis into their medical treatment course, for example the use and dosage of anti-thrombolytics and anti-coagulants, or clot-busting drugs that can be directly connected to that patient's outcome. By examining the medical management strategies from hospital arrival to discharge, one can also determine the pharmaceutical milieu used for each unique stroke.

### **Data Limitations**

- Patient follow-up information beyond hospital discharge is not collected.
- Many records have incomplete information.

### **Specific Uses of Information**

- Identify demographic variables associated with stroke to improve program/policy decision-making.
- Analyze the efficacy of clot-busting drugs as it relates to the modified rankin scale score.
- Ensure that Kentucky is achieving greater than 85% on the consensus 'Get With the Guidelines' performance measures.

### **System Evaluation**

The data collection is routinely monitored utilizing quality control standards developed by CDC and the American Heart Association.

### **Data Set Availability**

The fully identified data set is not available to the public.

### **Data Release Policy**

Requests for specific analyses can be made to the program manager/data contact.

### **Data Publications**

The Heart Disease and Stroke Prevention Program produces a yearly statewide summary. Annual summaries can be found at:

<https://chfs.ky.gov/agencies/dph/dpqi/cdpb/Pages/heart-disease-stroke.aspx>

### **Suggested Data Citation**

Kentucky Cabinet for Health and Family Services. *The SEQIP Stroke Registry [year] Annual Report*. Frankfort, KY: KY Cabinet for Health and Family Services, Department for Public Health Heart Disease and Stroke Prevention Program, Stroke Encounter Quality Improvement Project, [year].

### **Contributing Author**

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