Top Ten Things To Know
Metrics for Measuring Quality of Care in Comprehensive Stroke Centers

1. The metrics were developed based on existing evidence as it relates to a higher level of stroke care and treatment modalities.

2. These metrics are not designed to rate hospitals but are a method to improve quality of care for stroke patients.

3. The concept of CSCs as the hub is a concept being developed at the state level as stroke systems of care are being organized. The “Hub and Spoke” model of stroke care has Primary Stroke Centers arise as a spoke.

4. These metrics allow for continued improvement in care delivered by Primary Stroke Centers and surpasses that level to involve the interaction within the stroke system of care.

5. Metrics addressed include those for ischemic and hemorrhagic stroke and aneurysmal subarachnoid hemorrhage.

6. This paper is the first to address using evidence based methodology to define potential metrics for hospitals delivering a higher level of stroke care.

7. Critical to these metrics is that many are time sensitive, proposing that patients are diagnosed and treated more quickly.

8. CSCs will be required to follow longer term outcomes, such as 90 day post discharge from the hospital using the modified Rankin Score.

9. This paper outlines 26 potential metrics for quality reporting by a CSC.

10. The metrics developed would be in addition to the metrics expected of a Primary Stroke Center with a goal of continuing to improve quality of care for stroke patients.