The 2014 Tennessee Stroke Registry (TSR) report has been published and distributed. The report was generated from data input by six TSR-participating hospitals in the state, representing 2,454 strokes and another 653 transient ischemic attacks (TIAs). According to Hospital Discharge Data from 2012, there were 26,820 stroke occurrences that year, therefore, the data reported to the TSR appears to be a significant undercount of strokes in Tennessee.

The data indicates that approximately 75% of strokes in Tennessee are ischemic strokes, another 24% are hemorrhagic strokes, and the remaining 1% are strokes not otherwise specified.

Gender distributions varied across stroke subtypes. For instance, 65% of subarachnoid hemorrhagic (SAH) stroke patients were female.

Average ages and age distributions also varied across subtypes with the highest average age of 68 years in TIA patients and the youngest average age of 60.2 years seen in SAH stroke patients.

Hypertension was found to be the most common co-morbidity reported for stroke and TIA patients with 71.9% of patients reporting high blood pressure.

Overall arrival mode (either by private transport, EMS, or transfer from another hospital) was approximately equally distributed among all stroke and TIA patients. This distribution varied across subtypes. TIA patients tended to arrive via private transport (53%) while hemorrhagic stroke patients tended to arrive to TSR-reporting hospitals via transfer from another hospital (59%).

Of patients arriving within 5 hours of onset of stroke symptoms, most arrived via EMS as opposed to private transportation (553 vs. 235). Of the 553 arriving via EMS within 5 hours, 82.1% arrived within 3 hours, the recommend cutoff time for administering tPA, the “clot-busting” drug. A lesser percentage, 74.9% of patients arriving by private transportation arrived within this 3 hour time period.

For all stroke and TIA patients, a much larger percentage of the 938 patients arriving to the hospital via private transport arrived more than 5 hours after the onset of stroke symptoms compared to the 1,090 patients arriving via EMS (74.9% vs. 49.3%)

Most stroke and TIA patients (61.3%) had Medicare health insurance. 9.0% of patients were recorded as either “self-pay” or "no insurance."

The TSR report also includes a map of the Joint Commission/American Heart Association-certified stroke centers with estimated 30-, 60-, and 90-minute travel times for each location’s service area. A descriptive analysis was conducted to observe potential patterns of stroke center locations with county-level stroke mortality rates.

TSR-participating hospitals report on quality measures which are presented in the report as aggregate data.

Details and graphs regarding the data summarized here can be found in the Tennessee Stroke Registry Report, 2014. Please contact us to request a copy of the report, or visit our website.
New Stroke Bill Proposed in Tennessee Legislation

New legislation has been proposed at the Tennessee General Assembly involving stroke treatment and care. House Bill 1156/Senate Bill 1034, co-sponsored by Representative Bob Ramsey and Senator Bill Ketron, was introduced to the Tennessee House and Senate on February 12, 2015. The proposed legislation seeks to improve stroke systems of care within hospitals, emergency medical services, and the state health department. On March 13, the bill was rolled to the first calendar of 2016. Representative Ramsey made the following statement regarding the bill in the House Health Subcommittee meeting on March 17:

“This bill has become quite an important issue. It’s about categorizing treatment capabilities in stroke treatment facilities… In fact, strokes are the fifth leading cause of death in the United States. We will work over the summer and try to get all of the parties involved and we will bring you back a bill...”

Tennessee Senate and House committees will host meetings over the summer with representatives including doctors, nurses, pharmacists, EMT, health department officials and various other members involved in stroke treatment across the state.


New Certified Stroke Centers in TN

The following hospitals were mistakenly left out or have recently obtained stroke center certification by The Joint Commission; these hospitals were not included in the 2014 TSR report, but deserve recognition for their achievements:

<table>
<thead>
<tr>
<th>Hospital</th>
<th>City</th>
<th>Type</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Memorial Hospital</td>
<td>Chattanooga</td>
<td>Primary Stroke Center</td>
<td>3/23/13</td>
</tr>
<tr>
<td>North Knoxville Medical Center</td>
<td>Powell</td>
<td>Primary Stroke Center</td>
<td>5/20/15</td>
</tr>
<tr>
<td>Turkey Creek Medical Center</td>
<td>Knoxville</td>
<td>Primary Stroke Center</td>
<td>5/20/15</td>
</tr>
</tbody>
</table>

Contact Information

For more information about the Tennessee Stroke Registry and how to participate, contact Megan Quinn, TSR manager, or Casey Morrell, TSR graduate assistant.
Email (preferred): strokeregistry@etsu.edu or zclm74@goldmail.etsu.edu
Phone: (423) 439-4427

We look forward to working with you to improve stroke care in Tennessee.