INTEGRATING STROKE CARE ACROSS THE CONTINUUM FROM ONSET OF STROKE TO HOSPITAL DISCHARGE:
PRE HOSPITAL SETTING – IN HOSPITAL – POST HOSPITAL SETTING (Hosp – In-Hosp – Post-Hosp)

**Funded Programs Strategies/Activities**

- Coordinate public stroke prevention messaging
  - Coordinate Partnerships by establishing/maintaining:
    - Steering committee to include stroke systems of care partners (emergency services [EMS], acute stroke care hospitals, and post-hospital settings) and major stroke partners/stakeholders
    - Collaborations with existing state-based stroke councils, coalitions, or stroke professional organizations
    - Collaboration with state or regional EMS Director(s)
- Recruit local/regional EMS systems and hospitals to:
  - Participate in EMS, in-hospital, and post-hospital data collection
  - Engage in quality improvement (QI) activities
  - Focus on coordinating effective hand-offs and improving care transitions
- Establish data system infrastructure for integrated data management system to measure, track, and assess quality of care, specifically:
  - Establish data collection for pre-, in-, and post-hospital settings
  - Develop and implement data linkages of all data collected in specified care settings
  - Conduct annual analysis of data quality
  - Disseminate select findings from data collection efforts
- Analyze and use data to:
  - Provide feedback to EMS and hospitals on quality of care
  - Identify gaps in care in all settings and address through QI methods/interventions (e.g., PDSA, Lean, Six Sigma, etc.)
  - Identify methods/models to improve transitions and patient outcomes post-discharge to home
  - Disseminate select findings from data collection efforts
- Coordinate Stroke Care QI Efforts
  - Implement intensive trainings, QI learning sessions, regular workshops, monthly QI calls, site visits
  - Provide resources/tools, guidance, technical assistance, customized data results feedback, coaching to program partners
  - Promote use of stroke protocols and team-based acute stroke care
- Coordinate program sustainability

**Short Term Outcomes (1-2 years)**

- Increased public awareness of signs and symptoms and appropriate emergency response
- Broad and/or increased state-wide reach of acute stroke patients in the program
- Increased data usage and sharing between stroke care systems
  - Improved reliability and validity of data
- Increased workforce capacity and scientific knowledge for stroke care within stroke systems of care
  - Increased implementation of QI strategies for acute stroke care across the continuum
  - Increased pre-notification of hospitals of suspected stroke patients
  - Increased efficiencies and effectiveness of pre-hospital, in-hospital, and post-hospital stroke care practices and resources
- Improved patient/caregiver receipt of education on ongoing post-stroke care needs
  - Improved patient/caregiver understanding of ongoing post-stroke care needs

**Intermediate Outcomes (3+ years)**

- **Systems of Stroke Care**
  - Improved transition of care from EMS to hospital emergency department (ED)
  - Reduced time to treatment for acute stroke events
  - Improved transition of care from hospital to home to include: improved reintegration with primary care provider, enhanced patient/caregiver education, and secondary prevention
  - Improved access to community services and rehab
  - Improved coordination of recurrent stroke prevention & care activities
- **Stroke Care**
  - Improved quality of EMS care for possible stroke patients
  - Improved quality of acute and subacute ED and hospital stroke care as measured by adherence to established guidelines for care and quality metrics
  - Improved defect free care for acute stroke patients
  - Reduced disparities in stroke care
  - Strengthened state-wide infrastructure and increased financial resources to support registry and QI
- **Health Outcomes**
  - Improved tobacco control/reduction in smoking
  - Improved medication adherence post-hospital
  - Reduced hospital acquired conditions
  - Reduced 30-day hospital readmissions and ED visits for complications after stroke
  - Reduced 30-day mortality after acute stroke

**Long Term Outcomes**

- Improved cholesterol and hypertension control among stroke patients
- Reduced recurrent stroke
- Reduced disparities in death and disability due to stroke
- Reduced death and disability due to stroke
- Reduced costs related to stroke care
- Sustainable state-wide infrastructure across the continuum of stroke care
- Prevent first stroke

**Contextual Factors:** National standards/guidelines, Practice based evidence, Trends in stroke burden, QI trends in health care system, Funding environment, State policy environment