

Paul Coverdell National Acute Stroke Registry Program (2015 FOA)

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

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