The Paul Coverdell National Acute Stroke Program

Stroke is a brain attack. Stroke alone accounts for disability in nearly 1 million Americans and is a leading cause of serious, long-term disability in the U.S.

The Centers for Disease Control and Prevention (CDC) in 2001 was directed by the U.S. Congress to implement the Paul Coverdell National Acute Stroke Registry Project, developing state-based registries to measure and track acute stroke care to improve the quality of that care. The CDC has provided funding and technical assistance to states to develop, implement, and enhance systems for collecting data on patients experiencing an acute stroke, to help analyze these data, and to use those results to guide quality improvement interventions for acute stroke care.

Since July 2012, the CDC through the Paul Coverdell National Acute Stroke Program has funded Iowa to improve the stroke system of care from onset of symptoms through EMS response and hospitalization.

The Iowa Coverdell Stroke Project

The goal of the Iowa project is to improve triage, treatment and outcomes for stroke patients.

A key strategy for reaching this goal is the development or enhancement of local Stroke Action Teams who participate with the State Coverdell Team in quality and system improvement activities.

The Stroke Action Team is a group of people who are united in their commitment to positive stroke patient outcomes. The Stroke Action Team will engage in a variety of activities including sharing a vision, working and learning collaboratively and participating in shared decision making about stroke care. The Stroke Action Team is a powerful development approach and a potent strategy for change and improvement in the stroke system of care.

Each Stroke Action Team will be comprised of staff from a Primary Stroke Center (PSC), Stroke Capable Hospitals, Emergency Medical Services (EMS) transport units, and other professionals as determined locally.

State Coverdell Team

This project is sponsored by the Iowa Department of Public Health (IDPH) in collaboration with the Iowa Healthcare Collaborative and the University of Iowa College of Public Health, and includes training materials, on-going conference call and/or webinar support and education, on-site training, data collection and analysis, and networking.

Who should be involved?

- Hospital and Emergency Medical Service (EMS) executives.
- Primary Stroke Center (PSC) staff, including the stroke coordinator, neurologist, emergency department (ED) personnel, quality improvement professionals, abstractionist, and stroke care nurses. The PSC will serve as the lead organization for their team.
- Stroke Capable Hospital staff, including the trauma coordinator or emergency department nurse manager and emergency department personnel.
- EMS personnel from both paid and volunteer services, including the service director, paramedics and emergency medical technician’s.

Reasons to be involved

- Iowans expect the best possible care by the full continuum of healthcare providers.
- Effective acute stroke care is dependent on the rapid identification of stroke symptoms, the immediate activation of the EMS system, and delivering the stroke victim to an facility capable of providing appropriate assessment and treatment. Effective treatment and management can lead to a higher quality of life, prevent deaths and reduce disability.
- By improving the knowledge, attitudes and skills of the stroke patient care team around a culture of safety team performance and patient outcomes are optimized. The end result will be a higher performing team where members share a clear vision of the plan, utilize concise/structured communication techniques, adapt to changing situations, and maximize the use of information, skills and resources for optimal outcomes.
Benefits
Stroke Action Teams will receive the following from the State Coverdell Team:

- Quality improvement and technical assistance resources. Each Team will participate in quality improvement training in part via conference call and webinar and also via in-person training.
- Assistance in analyzing and interpreting outcomes data to assist in focusing local performance improvement efforts. Hospital and EMS data relating to stroke-related cases will be collected, analyzed and provided as a way of measuring improvement.
- Opportunity to engage with others in their local delivery system - this is a community effort working to impact the delivery system and the continuum of care for stroke from EMS response through hospital discharge.
- Training, local collaborative and planning opportunities, collection of data and feedback on performance, assistance with data interpretation, and the use of data as a performance improvement tool.
- Monthly content and coaching webinars will be used to share quality improvement tools and provide participants with opportunities to plan system responses for their area regarding efforts to improve triage and treatment of stroke patients to improve care. Those who participate will be eligible to receive continuing education credits.

All of these services are free of charge.

Project Requirements

- **State Coverdell Team:** The Iowa Department of Public Health, the Iowa Healthcare Collaborative and the University of Iowa College of Public Health commit to funding and coordinating team calls, face-to-face networking sessions, an annual meeting, and data collection and analysis.

- **Hospitals and Emergency Medical Service Units:** Commit to participation through June 30, 2015, and:
  - Identify hospital-based and EMS executive sponsors, who agree to communicate regularly about the project.
  - Assemble a Stroke Action Team to include (at a minimum): PSC personnel, including the stroke coordinator, an emergency department physician and/or neurologist; trauma/ED nurse coordinators and ED staff from Stroke Capable Hospitals; and EMS professionals from area services (paid and volunteer).
  - Have a minimum of one team member participate in weekly orientation webinars (1 hour/week for 7 weeks), monthly content and coaching webinars and the Iowa Healthcare Collaborative annual conference; and have as many team members as possible attend two day-long training sessions.
  - Regularly meet as a team to implement interventions and monitor performance (monthly meetings are recommended)
  - Sign a data use agreement with the University of Iowa Stroke Registry and regularly submit data for analysis.
  - Implement quality improvement tools to increase teamwork, communication and patient safety.

Opportunity to Participate:
We are currently recruiting Stroke Action Teams, with the goal of having up to 17 teams from across the state enrolled in the project. The first orientation webinar will be held during the last week of September.

Interested in enrolling or learning more? Contact Rebecca Swift at rebecca.swift@idph.iowa.gov or 515-725-2904