



COVERDELL EMERGENCY MEDICAL SERVICES (EMS) PARTNER AGREEMENT

This agreement represents our agency's interest in partnering with the Wisconsin Coverdell Stroke Program ("Coverdell") to improve stroke systems of care. As a **Coverdell EMS Partner**, we commit to completing one or more stroke-related education or quality improvement activities listed below by **June 29, 2029** with an expectation of annual efforts related to stroke care and education.

The benefits of participating as a Coverdell EMS Partner include:

- Access to the "Best Practices to Improve Coordinated Stroke Care for EMS Professionals" toolkit
- Technical and face-to-face assistance to plan and implement stroke-related activities
- Offerings and invitations to educational opportunities meeting Wisconsin EMS licensure renewal requirements and the National Registry of Emergency Medical Technicians (NREMT) recertification requirements
- Access to community education outreach materials
- Peer-to-peer contact and mentoring with other EMS agencies to share best practices
- Recognition on the state stroke program website
- Satisfaction in advancing your knowledge and skills to benefit your community and your patients

Our EMS agency agrees to complete one or more of the following (check all that apply):

- ☐ Community outreach and/or community education Annual stroke education for our EMS agency members
- ☐ Review our stroke protocols (e.g., pre-hospital care, inter-facility transfer, ground and/or air transport)
- ☐ Accurate, complete, and thorough patient care reports with timely (<24 hour) entry into the Wisconsin Ambulance Run Data System (WARDS)
- ☐ Work with local hospitals to obtain regular feedback on suspected stroke patient calls Review and share the stroke QI toolkit for EMS with agency members
- ☐ Collaborate with Community Health Workers and/or Patient Navigators in the prevention (primary, secondary, tertiary) of stroke occurrence and mitigation of stroke effects

- ☐ By checking this box, I acknowledge that I have the authority to commit the EMS agency identified below to partner with the Wisconsin Coverdell Stroke Program and that our organization agrees to complete the above activity/activities as a voluntary partner with the Wisconsin Coverdell Stroke Program.

EMS Agency Name (as it should appear on the Coverdell Website)

Street Address	City	State	ZIP Code
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Contact Name

Phone Number	Email (department and/or contact person)
Medical Control Hospital	Name of EMS Medical Director

Name and Title of Authorized Person

SIGNATURE – Authorized Person	Date Signed
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To participate return the complete, signed memorandum of understanding via email to dhscoverdellstroke@dhs.wisconsin.gov

You should retain a copy for your records. For more information, please contact Ka Xiong at ka.xiong@dhs.wisconsin.gov or call 608-266-1154.