



Coverdell Stroke Hospital Agreement

This agreement represents our hospital's commitment to partner with the Wisconsin Coverdell Stroke Program ("Coverdell") to improve stroke systems of care. **As a Coverdell Hospital Partner**, we agree to achieve the following and receive technical assistance from Coverdell staff **through June 29, 2029**, with an expectation of annual efforts related stroke care and education, as described below.

- **Identify a primary staff contact for the program.** (e.g., Stroke Coordinator or Stroke Performance Improvement Lead).
- **Monitor data across the stroke care continuum.** The stroke registry will include collection of **pre-arrival and acute care** measures using American Heart Association's (AHA) Get With The Guidelines® (GWTG's). Registry participants are encouraged to consider the benefits and feasibility of monitoring patient care across the stroke care continuum by abstracting post-discharge measures.
- **Follow-up on high-risk patients after discharge according to organizational guidelines.**
- **Submit quarterly data to the state stroke registry.** Identify at least one data abstractor (e.g., Stroke Coordinator or other) who will abstract and submit stroke performance data in the form of a limited data set (as described under the Health Insurance Portability and Accountability Act, "HIPAA") using the GWTG® tool. Chart abstractions are encouraged to be entered into the registry within 45 days after the end of each quarter. The parties acknowledge that Coverdell has entered into an agreement with AHA to allow Coverdell (or its contractor) to access the hospital's limited data set using AHA's GWTG®. The hospital has also signed an agreement with AHA that allows AHA to disclose the limited data set to Coverdell.
- **Collaborate with Community Based Organizations and EMS providers to improve transitions of care.**
- **Engage in the Hospital Learning Collaborative (Formerly known as the Coverdell Learning Collaborative).** Best practices are shared, and de-identified data is reviewed to identify areas where stroke care can be improved. Participate in 75% of quarterly meetings (in-person or virtually) and performance challenges.
- **Complete quarterly data re-abstraction.** Participate in quarterly re-abstraction process to enhance data validity and reliability. The Coverdell Program will analyze data for concordance and provide a quality improvement (QI) report. Hospitals have the option to discuss this report virtually with the Coverdell Stroke Project Specialist.

Coverdell program staff agrees to support participating hospitals in the following ways:

- Provide learning opportunities for stroke teams.
- Share resources for stroke QI and community stroke education.
- Coordinate the development of Coverdell-related abstracts and presentations (e.g., for professional meetings), where appropriate.
- Maintain chart re-abstraction results according to CDC standards for quality and security.
- Facilitate peer-to-peer and mentoring opportunities between hospitals to share best practices.
- Enter into data use agreements (as defined under HIPAA) and other documents necessary, to obtain the limited data set from AHA.
- As a Coverdell Hospital Partner your site will be listed on the stroke program's website, and you will receive a press release template acknowledging this relationship that can be used for local publicity.
- Coverdell also agrees to the following:
 - To not use or further disclose patient information other than as permitted by this agreement or as otherwise required by law.
 - To use appropriate safeguards to prevent use or disclosure of patient information other than as provided for by this agreement.
 - To report to the hospital any use or disclosure of the information not provided by this agreement of which it becomes aware.
 - To ensure that any agents to whom it provides the limited data set agree to the same restrictions and conditions that apply to the limited data set recipient with respect to such information.
 - To not identify the information or contact the individuals.

☐ **Statement of Acknowledgement:** By checking this box, I acknowledge that I have the authority to commit our hospital to partner with the Wisconsin Coverdell Stroke Program and that our organization agrees to complete the activities outlined above. I understand that this is a completely voluntary program and that we may exit the program at any time. Upon termination of this agreement, Coverdell will remove their access to the hospital's limited data set.

Hospital name (as it should appear on the Coverdell website)

Street address	City	State	ZIP code
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Primary contact name	
Primary contact phone number	Primary contact email (department and/or contact person)
Secondary contact name	
Secondary contact phone number	Secondary contact email (department and/or contact person)
Name and title of authorized person	
Signature – Authorized person	Date signed

To participate complete, sign, and return this memorandum of understanding as a PDF to:
The Wisconsin Coverdell Stroke Program
Email: dhscoverdellstroke@dhs.wisconsin.gov

You should retain a copy for your records. For more information, please contact Dot Bluma at dbluma@metastar.com or call 1-800-362- 2320 Ext. 8203.