Wisconsin Coverdell Stroke Program
A Paul Coverdell National Acute Stroke Program State

Hospital Participation Guide

Revised: May 2019
The Wisconsin Coverdell Stroke Program

The Centers for Disease Control and Prevention (CDC) has funded stroke quality improvement (QI) initiatives since 2001, providing competitive grants to state health departments to support the development of stroke systems of care (SSoC). This funding is called the Paul Coverdell National Acute Stroke Program (“Coverdell”), named after Georgia Senator Paul Coverdell who suffered and died of a stroke while serving in Congress.

In 2012, Wisconsin received Coverdell funds to improve transitions of stroke care (TOC) among emergency medical services (EMS) and hospital emergency departments (ED). The grant also supported professional education, a performance improvement (PI) learning collaborative, PI challenges, a statewide stroke registry, and technical support to stroke teams on re-abstraction and system improvements.

Wisconsin was fortunate to receive continued funding for June 30, 2015 through June 29, 2020. The focus of this funding is to demonstrate improvement across SSoC— from EMS response to in-patient care, secondary prevention, and rehabilitation post-stroke by linking and monitoring patient-level data across the continuum of care.

The Wisconsin Coverdell Stroke Program at the Wisconsin Department of Health Services, and MetaStar will assist hospitals and EMS providers in their mission to provide quality stroke care by supporting QI and continuing education for stroke teams and EMS professionals. Implementation of these standards will contribute to reaching our goals to:

1) Improve the quality of care for acute stroke patients
2) Improve recovery, and adherence to post-stroke guidelines
3) Reduce complications, readmissions, and early mortality for acute stroke patients

The following are the objectives of the Wisconsin Coverdell Stroke Program:

1) Public Awareness: Promote messaging for stroke prevention, signs and symptoms and importance of calling 911.
2) Partnerships: Increase and maintain multi-disciplinary partnerships (e.g., Stroke Coordinators of Wisconsin, the EMS Board Physician Advisory Committee) to guide the Wisconsin Coverdell Stroke Program and coordinate with other statewide stroke efforts.
3) Recruitment: Recruit and engage EMS and hospital systems in quality improvement.
4) Data infrastructure: Implement an integrated data management system to measure, track and assess quality of care (QOC).
5) Data Use: Increase the reliability and use of stroke data across transitions of care (EMS-hospital, hospital-home, primary care-community services).
6) Quality Improvement (QI): Coordinate stroke care QI efforts.
7) Sustainability: Develop a sustainability plan and/or mechanisms to support ongoing coordinated stroke care systems.
To encourage broad participation, the Coverdell program is inviting hospitals to engage with the program as either a Stroke Care Partner or a Stroke Champion. Hospitals at both levels of participation will be recognized on the Wisconsin Coverdell Stroke Program website and receive a press release template for publicity use.

**Stroke Care Partners**

Although hospitals can participate at either level, activities for Stroke Care Partners are intended to assist rural or smaller hospitals build their local stroke programs or prepare for Acute Stroke Ready Hospital (ASRH) certification. Hospitals that commit to being Stroke Care Partners will have access to stroke education and QI resources along with technical assistance from partner organizations such as the American Heart Association/American Stroke Association, Rural Wisconsin Health Cooperative, and the Wisconsin Office of Rural Health.

_Coverdell Stroke Care Partners agree to work on one or more of the following:_

- Deliver stroke community education.
- Participate in annual clinical stroke education for the designated stroke team.
- Review or establish stroke protocols (e.g., inter-facility transfer, ground, and air transport).
- Keep a log or database of stroke performance data.
- Complete a mock stroke code.
- Provide regular feedback to EMS on stroke runs.
- Implement stroke performance improvement activities (other than those listed here).

**Stroke Care Partners Coverdell Program Support**

- Access to the “Building Blocks of a Stroke Program Toolkit”
- Access to Hemispheres free online stroke education as resources are available
- Free BE FAST community education materials
- Member of the Stroke Coordinators of WI
- Member of the Coverdell Learning Collaborative Committee
- Technical assistance to answer questions regarding stroke care and related activities
- Collaboration with the American Heart Association/American Stroke Association for technical assistance on data collection
- Invitations to stroke education opportunities
- Recognition on the state stroke program website
- A press release template on being a Stroke Care Partner to use for local publicity
Instructions for Stroke Care Partners Enrollment

Hospitals have been invited to participate in the Wisconsin Coverdell Stroke Program. Those sites who decide to participate as a Stroke Care Partner must complete the Memorandum of Understanding (MOU). A hospital representative must sign this agreement.

Coverdell Stroke Champions

Activities at the Coverdell Stroke Champions level are intended for hospitals that have experience collecting and monitoring stroke performance data (whether or not they are certified stroke centers). Stroke Champions will enter data into the state stroke registry to compare their performance to national and regional benchmarks, and participate in performance challenges and webinars via the Coverdell Learning Collaborative. Hospitals participating at this level will also receive resources for community stroke education, abstraction technical assistance, and support for QI activities. Stroke Coordinators who participated in the state’s previous stroke registry reported investing an average of 2-4 hours per month on Coverdell activities.

Responsibilities of Champion Hospitals

• **Identify a primary staff contact for the program.** (e.g. Stroke Coordinator or Stroke Performance Improvement Lead).

• **Monitor data across the stroke care continuum.** Initial core measures for the stroke registry will focus on acute care. However, registry participants are encouraged to consider the benefits and feasibility of monitoring patient care across the stroke care continuum using Get With The Guidelines® (GWTG’s) free Special Initiatives (pre-arrival) and Discharge, Mortality and Readmission (post-discharge) care tabs.

• **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 blinded stroke performance data using the GWTG tool. Chart abstractions must be entered into the registry within 45 days after the end of each quarter.

• **Implement stroke quality improvement.** Use GWTG data to develop and implement at least one QI initiative annually to improve the transition of care from EMS to the hospital or hospital to home.

• **Collaborate with EMS providers to improve transitions of care.**

• **Engage in the Coverdell Learning Collaborative.** Best practices are shared, and program blinded data is reviewed to identify areas where stroke care can be improved. Participate in 75% of quarterly meetings (in-person or by phone) and performance challenges.

• **Complete quarterly data re-abstraction.** Participate in quarterly re-abstraction process to enhance data validity and reliability. MetaStar will analyze data for concordance and provide a QI Report. Hospitals have the option to discuss this report via a site visit or teleconference with the Coverdell Stroke Project Specialist.
• **Complete an annual hospital inventory** about basic stroke program information. Data from the inventory is blinded and analyzed in aggregate for annual review.

**Champion Hospitals Coverdell Program Support**

- 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) when appropriate.
- Safely and securely manage all de-identified data submitted by the hospital.
- Maintain chart re-abstraction results according to Centers for Disease Control and Prevention standards for quality and security.
- Facilitate peer-to-peer and mentoring opportunities between hospitals to share best practices.

**Instructions for Coverdell Stroke Champions Enrollment**

Hospitals have been invited to participate in the Wisconsin Coverdell Stroke Program. Those sites who decide to participate as a Champion must:

- Complete the Coverdell Data Amendment and send to IQVIA®.
- Complete the Memorandum of Understanding (MOU). A hospital representative must sign this agreement.
- Attain access to a GWTGs Re-abstraction site. Coverdell’s Stroke Project Specialist will assist with this.

**Benefits for Champion Hospitals**

The biggest value Coverdell can offer is to provide an overall picture of stroke care in Wisconsin. Further, the participant gains an appreciation of how your site fits into the larger picture of stroke care nationally.

**Quality Improvement Benefits:**

1) Free access to educational programs
2) The opportunity to network with other hospitals and informally share best practices and how to address common challenges
3) Improved outcomes
4) Dedicated project leadership
5) Free access to technical assistance

**Stroke Systems of Care Benefits:**

1) Increased collaboration and educational opportunities for EMS providers and referring hospitals
2) Participation in development of SSoC in Wisconsin
**Data Abstraction Benefits:**

1) Free access to the re-abstraction inter-rater reliability patient management tool for each site.
2) Free development of annual agreement reports for each site to ensure your data quality remains high.
3) Quarterly report cards for pre-hospital and in-patient quality measures which provide benchmark groups for comparison, and have established goals for each measure to assist in motivating and gauging progress.

**Data collection**

Each hospital will need to designate at least one person to collect and enter data on eligible patients into the Get With The Guidelines® patient management tool.

**Activities of Partner and Champion Hospitals**

**Stroke Coordinators of Wisconsin (SCOW)**

The SCOW Committee meets quarterly. Any hospital in the state of WI may participate that has an objective of improving stroke patient outcomes by promoting evidence based care and quality initiatives. Currently over 80 hospitals in WI have representation in SCOW. The mission of SCOW is to collaboratively improve the quality of stroke care and prevention in Wisconsin. Where the goals are to identify quality improvement needs in WI and recognize a process for measuring and monitoring performance. Attendance in-person or via teleconference is recommended of WI Coverdell hospitals.

**Coverdell Learning Collaborative**

Coverdell Learning Collaborative meets for one hour quarterly either in-person or via teleconference. The meeting provides members with the opportunity to network with fellow stroke coordinators as well as ask questions and share best-practices. The meeting consists of updating members on Wisconsin Stroke Coalition (WSC) and SSoC development, recruitment, and QI initiatives. The Coverdell Learning Collaborative will review blinded data to identify areas where stroke care can be improved. Attendance is required at three of four (75%) of these meetings.

**Wisconsin Stroke Coalition (WSC)**

The WSC meets bi-annually and consists of members representing organizations and regions from throughout the state as well as medical professionals. This committee works collaboratively to enhance statewide stroke initiatives; initiate and support state SSoC and develop a state strategic plan. The coalition is largely funded through the PCNASR grant.
For more information on participation, contact
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P-01137 (06/2019)