



WISCONSIN COVERDELL
STROKE PROGRAM



WISCONSIN DEPARTMENT
of HEALTH SERVICES

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

Hospital Participation Guide

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 falls under the Paul Coverdell National Acute Stroke Program (PCNASP) and is named after Georgia U.S. Senator Paul Coverdell who suffered and died of a stroke while serving in Congress in 2000.

Wisconsin has received PCNASP funds since 2012 which has encompassed three grant iterations.

In 2024, Wisconsin applied for and was awarded additional funding for a new five year grant for the period of September 30, 2024-June 29, 2029. The aim of this program is to support state SSoC in partnerships with learning collaboratives or coalitions to improve state-level stroke care for those at the highest risk of having a stroke.

1. The Wisconsin Coverdell Stroke Program (Coverdell) at the Wisconsin Department of Health Services and MetaStar will assist hospital, EMS, and community partners in their mission to provide quality stroke care by supporting QI and continuing education. Implementation of these standards will contribute to reaching our objectives of: Prevent strokes through HTN detection and control
2. Improve stroke care through enhanced data collection
3. Strengthen linkages between clinical and community resources for those at the highest risk of stroke

The following are Coverdell program strategies to achieve the long-term outcomes:

1. Track, monitor, and assess clinical and social services and support needs measures and referrals across the stroke continuum of care for those who have experienced a stroke, those at the highest risk of stroke due to undiagnosed or uncontrolled hypertension, and to identify health care disparities.
2. Promote the implementation of a team-based care approach across the stroke continuum of care for those who have experienced a stroke and those at the highest risk of stroke, focusing on hypertension prevention, detection, control, and management through the mitigation of barriers to social services and support needs to improve outcomes.
3. Link individuals to community resources and clinical services to support bidirectional referrals, self-management, and lifestyle changes for those who have experienced a stroke and those at the highest risk of stroke and to mitigate barriers to social services and support needs to improve outcomes.

Coverdell is inviting hospitals to partner with the program. Hospitals participating will be recognized on the Coverdell website and receive a press release template for publicity use.

Coverdell Hospital Partners

Activities of Coverdell Hospital Partners are intended for those collecting and monitoring stroke performance data (whether or not they are certified stroke centers). Hospital Partners will enter pre-arrival and acute care data into the state stroke registry to compare their performance to national and regional benchmarks, and participate in performance improvement projects and webinars via the Hospital LC (formerly known as Coverdell Learning Collaborative). Hospitals 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 registries reported investing an average of 2-4 hours per month on Coverdell activities.

Responsibilities of Coverdell Hospital Partners

- **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 Get With The Guidelines® (GWTG's).
- **Follow-up of high risk patients** Registry participants are encouraged to consider the benefits and feasibility of monitoring patient care across the stroke care continuum by abstracting post-discharge measures.
- **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. Hospitals are encouraged to complete abstractions into the registry within 45 days after the end of each quarter.
- **Collaborate with Community Based Organizations and EMS (emergency medical services) providers to improve transitions of care.**
- **Engage in the Coverdell Learning Collaborative.** Best practices are shared, and blinded program 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 QI report. Hospitals have the option to discuss this report virtually 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.

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) where appropriate
- Safely and securely manage all de-identified data submitted by the hospital
- 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

Benefits for 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 their site fits into the larger picture of stroke care nationally.

- Free access to stroke BE FAST Bella and Risk Factor Rick community education materials
- The opportunity to network with other hospitals and informally share best practices and how to address common challenges
- Dedicated project leadership
- Development of quarterly concordance agreement reports for each site to ensure your data quality remains high
- Quarterly report cards of quality measures across the continuum of care which provide benchmark groups for comparison and have established goals for each measure to assist in motivating and gauging progress
- Free access to Hemispheres free online stroke education as resources are available
- Member of the Coverdell Hospital Learning Collaborative
- Technical assistance to answer questions regarding stroke care and related activities
- Invitations to stroke education opportunities
- Eligible to receive awards at the annual Performance Improvement Awards
- Recognition on the state stroke program website
- A press release template on being a Coverdell Hospital Partner to use for local publicity

Meetings for Coverdell Hospitals

Stroke Coordinators of Wisconsin (SCOW)

The SCOW Committee meets quarterly. Any hospital in the state of WI or surrounding states that has an objective of improving stroke patient outcomes by promoting evidence-based care and quality initiatives may participate. Currently, over 110 hospitals 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 Coverdell hospitals.

Coverdell Hospital Learning Collaborative

Coverdell Hospital Learning Collaborative meets for 1.5 hours quarterly either in-person or virtually. 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:

- Reviewing blinded data across the SSoC to identify areas where efficiency and quality of care can be improved
- Identifying and creating collaborative QI initiatives for PDSAs
- Updates on EMS and community partners, and LCs
- Inform on stroke-related activities at the state

Attendance is required at three of four (75%) of these meetings.

Wisconsin Stroke Coalition (WSC)

The WSC meets bi-annually and is made up of representatives from:

- Community-based organizations
- EMS
- Hospitals
- Professional organizations
- Academic institutions
- Public health
- Industry partners

The mission of the WSC is to reduce the burden of stroke, improve patient outcomes, and support a healthy population. The coalition is largely funded through the PCNASR grant.

Instructions on becoming a Coverdell Hospital Partner

Hospitals have been invited to participate in the Wisconsin Coverdell Stroke Program. Those sites who decide to participate must complete the Memorandum of Understanding (MOU), the [Coverdell Hospital Agreement, F-01649](#). A hospital representative must sign this agreement. The concordance process necessitates a second free, add-on, GWTG site/module to perform re-abstractions. The Coverdell Stroke Project Specialist will assist hospitals with this.

For more information on participation, contact:

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