



WISCONSIN DEPARTMENT
of HEALTH SERVICES

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

Hospital Participation Guide



WISCONSIN COVERDELL
STROKE PROGRAM

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.

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

Wisconsin received continued funding for June 30, 2015 through June 29, 2021. The focus of this funding was 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.

In 2021, Wisconsin applied for and was awarded additional funding for a new three-year grant for the period of June 30, 2021–June 29, 2024. The aim of this program is to support the implementation of comprehensive stroke systems for individuals at highest risk for stroke events and to improve the quality of care for stroke patients across the continuum of care.

The Wisconsin Coverdell Stroke Program (Coverdell) 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 quality improvement (QI) and continuing education for stroke teams and EMS professionals. Implementation of these standards will contribute to reaching our long-term outcomes:

- Increased access to care and improved quality of care for stroke patients.
- Decreased disparities in access to care and quality of care for populations at highest risk for stroke events.

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

- Track and monitor clinical measures to improve data infrastructure across stroke systems of care.
- Implement a team-based approach to enhance quality of care for those at highest risk for stroke events and stroke patients across systems of care.
- Link community resources and clinical services that support those at highest risk for stroke events and stroke patients across systems of care.

To encourage broad participation, Coverdell 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 Coverdell website and receive a press release template for publicity use.

Coverdell 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 complete an annual inventory about basic stroke program information and 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, and ground and air transport).
- Provide regular feedback to EMS on stroke runs.
- Engage in collaboration with Community Health Workers and/or Patient Navigators in the prevention (primary, secondary, tertiary) of stroke occurrence and mitigation of stroke effects.
- 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
- Networking opportunities with other Coverdell hospitals
- Member of the Stroke Coordinators of Wisconsin
- Member of the Coverdell Learning Collaborative
- Technical assistance to answer questions regarding stroke care and related activities
- Collaboration with the American Heart Association and 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.

<https://www.dhs.wisconsin.gov/forms/f01648.pdf>

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 improvement projects 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 registries reported investing an average of two to four 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.** Measures for the stroke registry will focus on care across the continuum. While not mandatory, registry participants are highly encouraged to consider the benefits and feasibility of entering data into Get With The Guidelines® (GWTG) free Special Initiatives (pre-arrival) and Discharge, Mortality and Readmission (post-discharge) care tabs. This allows for assessment of pre- and post-hospital activities for improved, comprehensive care across the entire continuum.
- **Follow-up of high risk patients** after discharge by exploring the use of a patient navigator or community health worker with data entry into the Discharge, Mortality, and Readmission care tab.
- **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.
- **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 collaboration with Community Health Workers and/or Patient Navigators** in the prevention (primary, secondary, tertiary) of stroke occurrence and mitigation of stroke effects.
- **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 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 via a site visit or 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.

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 CDC standards for quality and security.
- Facilitate peer-to-peer and mentoring opportunities between hospitals to share best practices.

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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 the site fits into the larger picture of stroke care nationally. Champion hospital benefits include:

- Free access to educational programs.
- The opportunity to network with other hospitals and informally share best practices and how to address common challenges.
- Dedicated project leadership.
- Free access to technical assistance.
- 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.

Data collection

Each hospital will need to designate at least one person to collect and enter data on eligible patients into the GWTG patient management tool.

Activities of Partner and Champion Hospitals

Stroke Coordinators of Wisconsin (SCOW)

The SCOW Committee meets quarterly. Any hospital in Wisconsin or surrounding states that has an objective of improving stroke patient outcomes by promoting evidence-based care and quality initiatives may participate. Currently, over 95 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 Wisconsin and recognize a process for measuring and monitoring performance. Attendance in-person or via teleconference is recommended of Coverdell hospitals.

Coverdell Learning Collaborative (CLC)

CLC 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.
- Discussing, exploring, and sharing best practices on the role of community health workers and patient navigators in post-discharge care.
- Identifying and creating collaborative QI initiatives for PDSAs.
- Updating on EMS.
- Informing 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 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, please contact:

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P-01137 (09/2021)