

Key **Stroke Care** Change Concepts - Rural Hospital Stroke Improvement Project

Self-Management	Decision Support	Delivery System Design	Community	Organization of Healthcare	Clinical Info Systems
Culturally/literacy appropriate education and self-management materials	Develop systems/mechanisms to facilitate communication between PCP, specialist, and hospital	Use of clinical pathways based on national guidelines and standards of care	Obtain free or discounted resources from pharmaceutical firms, service groups &/or health plans for meds and education programs	Senior leaders to identify and allocate resources and remove barriers for implementation of stroke care guidelines	Systematically identify stroke patients upon admission
Standardized education at all levels of care: acute, clinic, rehab, home care	Provider education: guidelines and availability of patient education resources	Use of multidisciplinary care team (MD, RN, nutritionist, pharmacist, ST/OT/PT, social worker, rehab, etc.)	Promote non-traditional partnerships (i.e. clubs, schools, faith-based organizations, restaurants, large employers, public health)	BOD, senior leaders and QI Committee receive regular reports on stroke team progress	Cross train staff to enter data and track outcomes
Patient tailored collaborative goal setting with form and follow-up – copy of goals to patient and medical record	Personalized patient education around guidelines	Care planned and coordinated including screening to ensure timely & appropriate transition from inpatient to next level of care	Conduct at least 2 annual educational programs on prevention and recognition of stroke S&S	Senior leader endorses and presents stroke improvement team work to BOD and staff	Evaluate outcomes on a regular basis (monthly, quarterly?)
Comprehensive self-management program: nutrition, exercise, stress mgmt, med mgmt	Educate EMS personal & hospital staff on stroke S&S standard stroke assessment, acute care guidelines etc.		Include high profile community members on the team and use for marketing to the community	Identify a stroke champion and stroke coordinator	Have IS person as part of team
Family/significant other involvement in disease management	Process to assure potential stroke patient receives a CT scan within 2 hours of the onset of symptoms	Protocol to assure that acute ischemic stroke patients receive IV t-PA within 3 hours of the onset of symptoms unless contraindicated	Work with local media to market stroke program & educate the public on stroke S&S	Provide results and compliance with guidelines to practitioners (MD, RN and others) on a regular basis	Budget for ongoing use of GWTG Patient Management Tool
	Process to assess stroke patients for DVT prophylaxis needs	Protocol to assure that non-ambulatory stroke patients receive DVT prophylaxis by end of hospital day 2	Community assessment performed to determine strengths/needs	Identify role and responsibilities of hospital including protocols for triage, treatment and transfer of stroke patients	
	Process to assess stroke patient cholesterol level	Protocol to include cholesterol lowering medication in discharge plan if required		Develop transfer agreements for stroke patients that require care beyond the capabilities of the hospital (may include telemedicine)	

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	Process to evaluate tobacco use of patient and family members	Process to provide tobacco cessation counseling if appropriate		Develop partnerships with other health care organizations interested in stroke patient care and outcomes	
	Process to assess stroke patients for atrial fibrillation	Protocol to assure that stroke patients with atrial fibrillation receive anticoagulation therapy			
	Process to screen stroke patients for dysphagia prior to receiving anything by mouth	Protocol to assure stroke patients receive antithrombotic therapy by end of hospital day two and upon discharge if appropriate			
	Implement standardized screening and assessment tool of functional statue to evaluate need for rehab services	Use of a standard discharge package including risk factors, medications, stroke warning signs, follow up activities (including rehab/therapy) & EMS activation			

Items in **bold** are included in the 10 stroke GWTG measures