

Rural Hospital Stroke Improvement Project II (2008-2009)

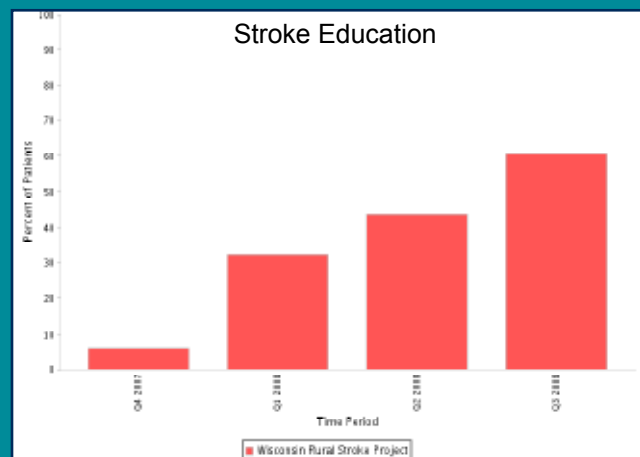
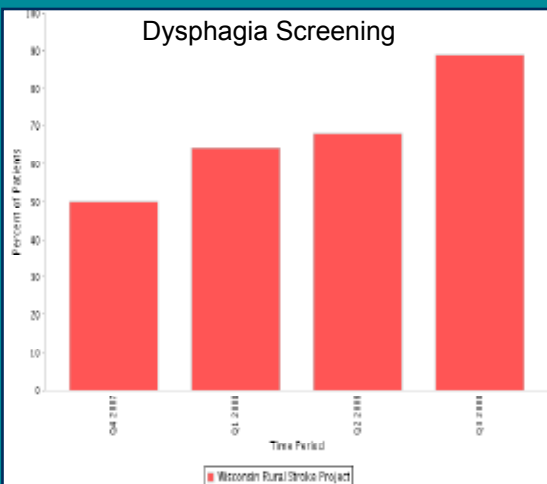
Program Description

The Rural Hospital Stroke Improvement Project II will focus on reducing stroke morbidity and mortality through the implementation of the Brain Attack Coalition standards of care. This project is open to rural hospitals that participated in the 2007-2008 Rural Hospital Stroke Improvement Project, as well as rural hospitals that did not participate in that project. Each participating hospital will receive one year of free access to the Get With The Guidelines (GWTG) Patient Management Tool which includes the consensus measures endorsed by the American Stroke Association, The Joint Commission and the Centers for Disease Control, as well as patient management tools. In addition to improving care within the hospital, this project will focus on engaging your community to improve stroke outcomes.

Benefits of Participating in this Stroke Project

Major advances have been made during the past decade in stroke prevention, treatment and rehabilitation. Despite these improvements, significant obstacles remain in consistently translating these evidence based guidelines into practice. Hospitals that participated in the 2007-2008 Rural Hospital Stroke Improvement Project made great strides towards improving their care (see graphs below). How did they accomplish this? Through education, use of data, and sharing of best practices and lessons learned, hospitals that participated in the 2007-2008 project were able to overcome obstacles and redesign their care processes.

The American Stroke Association and the Wisconsin Stroke Committee are working towards a Stroke System of Care in Wisconsin. Many Wisconsin hospitals are already on their way to defining their role in this system of care. It is critical that every Wisconsin hospital, regardless of location or size, be part of this transition to ensure access to the highest possible stroke care throughout Wisconsin.



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Schedule of Activities

December 2008:	Hospital enrollment
January 2009:	Team leader conference call
January 2009:	Training on the GWTG Patient Management Tool for new hospitals
Feb. 5, 2009:	Learning Session #1: a full-day, on-site session for all team members (location TBD)
March 2009:	Teleconference meeting for team members
April 2009:	Teleconference meeting for team members
May 2009:	Teleconference meeting for team members
June 2009:	Learning Session #2: a full-day, on-site session for all team members and invited community partners (date & location TBD)

Expectations of Hospital

Each participating hospital is expected to develop an improvement plan, collect data using the GWTG Patient Management Tool, test and implement improvements, and participate in the learning sessions and conference calls.

Participation Cost

There are no program costs to hospitals that choose to participate in the project. In addition, each participating hospital will receive one year of free access to the GWTG Patient Management Tool (a \$550 value for CAH, \$1,100 value for PPS hospitals). These expenses will be covered by the Wisconsin Office of Rural Health – Flex Grant Program. Hospital staff and resources used for improvement, as well as travel expenses to attend the learning sessions will be the responsibility of the participating hospital.

How to Enroll

Complete the attached enrollment form, including a signature from the organization's CEO/Administrator, and return it to WHA by January 5, 2009.

Additional Information Needed?

For more information about this project, contact Dana Richardson at 608-274-1820 or drichardson@wha.org or Michelle Gardner at 414-227-1411 or Michelle.Gardner@heart.org. For questions regarding completion of the enrollment form, contact Lisa Geishirt at 608-274-1820 or lgeishirt@wha.org.

Project brought to you by:

American Heart Association

Wisconsin Hospital Association



Team Members

Each participating hospital should designate a team leader, as well as core team members that will attend each session and guide changes within the hospital and community. It is recommended that a physician be a member of the core team to facilitate peer conversation, but this is not required to participate. Suggested members of the core team:

- Quality improvement
- Nursing
- Physician (i.e. medical director, department chair, ER physician, neurologist, radiologist, primary care)
- Emergency department
- Radiology
- Speech/OT/PT/rehab
- Pharmacy
- Staff/patient education
- CEO/senior staff

You are encouraged to add others to your team as supporting members, as needed.

Project funded by:

Wisconsin Office of Rural Health



Enrollment Form

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Enrollment Form Due: Monday, January 5, 2009

Fax your completed enrollment form to 608-274-8554, Attn: Lisa Geishirt, Wisconsin Hospital Association

YES, my hospital would like to participate in the Rural Hospital Stroke Improvement Project II.

By the signature below, we agree to enter patient data into the Get With the Guidelines Patient Management Tool. We allow the Wisconsin Hospital Association access to de-identified data in coordination with the American Stroke Association.

CEO/Administrator Name _____

Signature _____

Organization _____

Address _____

City, State, Zip _____

Project Team Leader Name _____

Team Leader Title _____

Team Leader Email _____

Team Leader Phone _____

Team Leader Fax _____

Other core team member names and titles:

Name _____ Title _____

Email _____ Phone _____

Name _____ Title _____

Email _____ Phone _____

Name _____ Title _____

Email _____ Phone _____

Name _____ Title _____

Email _____ Phone _____

