

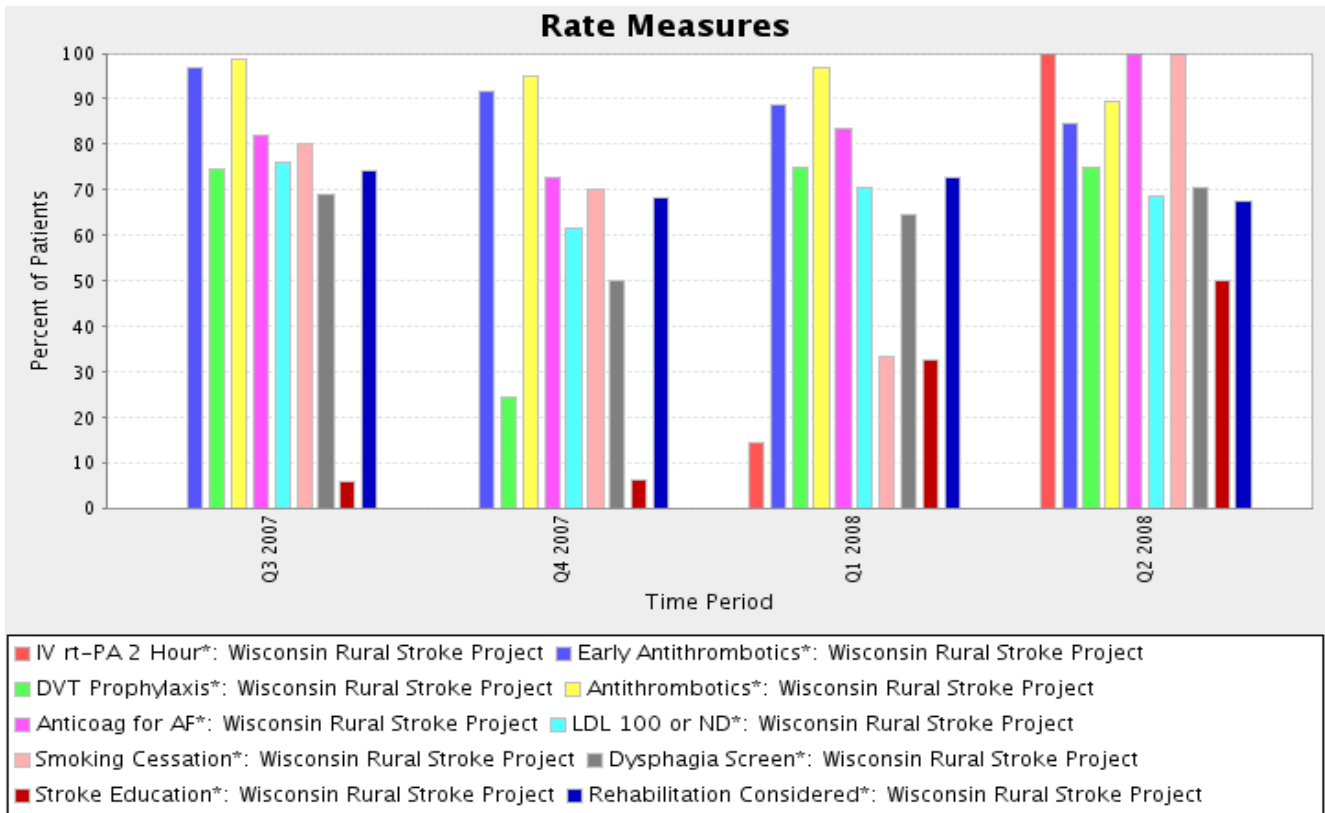
Rural Hospital Stroke Improvement Project II 2008-2009 Project Charter

Problem Statement

Stroke is the third leading cause of death in the US when considered independently from other cardiovascular disease. Approximately, 700,000 Americans have a new or recurrent stroke each year. Stroke also remains the leading cause of serious, long term disability in the US. Major advances have been made in stroke prevention, treatment and rehabilitations. Despite these improvements, significant obstacles remain in consistently applying the evidence-based standards of care into practice.

The American Stroke Association has released recommendations for the establishment of Stroke Systems of Care in every state. Approximately 25 Wisconsin hospitals have completed The Joint Commission Primary Stroke Center (TJCPSC) certification. These hospitals are predominately in the major urban centers of Wisconsin. In order to ensure patient access to stroke certified hospitals in all counties in Wisconsin, a sub-set of rural hospitals will also need to either obtain TJCPSC certification or develop a tele-stroke relationship with a TJCPSC hospital.

In 2007-2008, the Wisconsin Hospital Association (WHA) and WI representatives of the American Stroke Association (ASA) lead the Rural Hospital Stroke Improvement Project funded by the WI Office of Rural Health. Nineteen rural hospitals participated in the project with varying levels of engagement and success (see graph for group results).



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Mission

In this Rural Hospital Stroke Improvement project, the WHA and ASA, and the participating rural hospitals will work together to improve the care of stroke patients. Participating hospitals will use the Get With the Guidelines (GWTG) Patient Management Tool to monitor their progress in achieving improvement. In addition, tools provided by the Get With the Guidelines Patient Management Tool, the Brain Attack Coalition stroke guidelines and/or The Joint Commission primary stroke center requirements will be used to support change and achieve improvement. The project will strive to meet its goals in 7 months (January 2009-July 2009) through education, sharing of best practices and lessons learned, and a series of process changes within the hospital. The objectives of the project are to:

- Engage rural hospitals in the use of quality data to monitor the progress of improvement activities
- Support process change using evidence-based guidelines
- Engage rural hospitals in stroke care improvement using objective decision making and a team approach

Goals

The GWTG Patient Management Tool will be used to monitor progress of participating hospitals through the creation of a project benchmark that reflects the participating hospitals average. Each participating hospital will receive one year of access to the patient management tool with the access fee paid through the project. Each hospital will be able to create their own report and compare their results to the project, as well as other benchmarking groups. Each hospital will set target goal(s) in a written aim statement based on their current results for hospitals that participated in the 2007-2008 project, or baseline data from July 2008-December 2008 for new participants.

The performance indicators will be the AHA consensus stroke measures (see appendix A for definitions) listed below along with the project goals.

Performance Indicator	2007-2008 Group (2Q2008)	2008-2009 Group Goal
Thrombolytic Therapy Administered	100%	100%
Antithrombotic Therapy by End of Hospital Day Two	84%	90%
Deep Vein Thrombosis (DVT) Prophylaxis	75%	90%
Dysphagia Screening	70%	80%
Discharged on Cholesterol Reducing Therapy	68%	80%
Discharged on Antithrombotics	88%	100%
Patients with Atrial Fibrillation Receiving Anticoagulation Therapy	100%	100%
Smoking Cessation/ Advice/Counseling	100%	100%
Assessed for Rehabilitation	68%	90%
Stroke Education	50%	80%

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Methods

The improvement project will be led through a partnership of the WHA and the ASA. Clinical expertise will be obtained through the WI Stroke Committee. Volunteer hospitals will include those that participated in the 2008-2009 project that choose to continue in the project, as well as additional rural hospitals that did not participate in the past project. Participating hospitals will designate a team leader and an improvement team to participate in the project.

The American Heart Association's recommendations and guidelines and TJC primary stroke center requirements will be used to guide decision making within the hospitals. Improvement will be accelerated through a series of learning sessions and action periods conducted throughout the project. Milestones for the project are:

December 2008	Hospital Enrollment
January – July 2009	Data Collection
January 2009	Team Leader Conference Call – Project Plan
January 2009	Learning Session 1
	- Focus on the science & guidelines
	- Complete hospital project plan
March 2009	Conference Call
April 2009	Conference Call
May 2009	Conference Call
June 2009	Learning Session 2
	- Focus on community & EMS education
	- Sharing of lessons learned
July – December 2009	Continuation of support through ASA GWTG

Collaborative Expectations

The project leaders will:

- Provide each hospital with an overview of the project charter
- Provide each hospital with a template for the hospital based plan
- Supply each hospital with a CD with a copy of the AHA recommendations and guidelines, as well as other documents
- Provide each hospital
- Provide each hospital access to the GWTG Patient Management Tool at no charge
- Train new hospitals on the use of the GWTG Patient Management Tool
- Coordinate agendas for the learning sessions and conference calls
- Monitor the group benchmark monthly
- Provide individual consultation to the team as requested

The participating hospitals will:

- Enroll in the project before the Team Leader Conference call
- Provide WHA with a project team leader and team members (Assure support from senior management and the QI department if not team members)
- Consider additional champions within their organization/system

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- Participate in the January Team Leader conference call
- Develop a project plan and submit to WHA at the end of the first learning session
- Identify change, test and implement strategies to achieve improvement in stroke care throughout the project
- Attend and participate in the learning sessions in January and June
- Attend and participate in the conference calls
- Collect data using the GWTG Patient Management Tool (January –December 2009)
- Engage the community in stroke education
- Provide an overview of project to senior leaders, board or appropriate committee within the hospital

Project Leadership

Michelle Gardner, MBA
Senior Director, Quality Improvement Initiatives
American Heart Association, Midwest Affiliate
414-227-1407
Michelle.gardner@heart.org

Victoria O'Brien
State Health Alliances
American Stroke Association
414-227-1407
Victoria.obrien@heart.org

Dana Richardson, RN MHA
Vice President Quality Initiatives
Wisconsin Hospital Association
608-274-1820
drichardson@wha.org

Project Support

Lisa Geishirt
Education Coordinator
Wisconsin Hospital Association
608-274-1820
lgeishirt@wha.org

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Appendix A AHA Consensus Stroke Performance Measures

- 1. Thrombolytic Therapy Administered**
% of ischemic stroke patients arriving within 2 hours of stroke symptom onset who receive thrombolytic therapy
- 2. Antithrombotic Therapy by End of Hospital Day Two**
% of ischemic stroke patients who receive antithrombotic therapy by the end of hospital day two.
- 3. Deep Vein Thrombosis (DVT) Prophylaxis**
% of non-ambulatory ischemic stroke patients who start receiving DVT prophylaxis by end of hospital day two.
- 4. Dysphagia Screening**
% of ischemic stroke patients who undergo a screen for dysphagia before receiving any food, fluids or medication by mouth.
- 5. Discharged on Cholesterol Reducing Therapy**
% of ischemic stroke patients with lipid disorders (LDL \geq 100 or LDL not measured or on cholesterol reducer prior to admission) who are discharged on cholesterol reducing therapy.
- 6. Discharged on Antithrombotics**
% of ischemic stroke patients prescribed antithrombotic therapy at discharge.
- 7. Patients with Atrial Fibrillation Receiving Anticoagulation Therapy**
% of ischemic stroke patients with atrial fibrillation (paroxysmal or persistent) on anticoagulation therapy at discharge.
- 8. Smoking Cessation/ Advice/Counseling**
% of ischemic stroke patients with a history of smoking cigarettes (any cigarettes in past year) who receive smoking cessation advice or counseling at or prior to discharge.
- 9. Assessed for Rehabilitation**
% of ischemic stroke patients who were assessed for or received rehabilitation services at or prior to discharge.
- 10. Stroke Education**
% of ischemic stroke patients (or their caregivers) who received education or educational materials (risk factors for stroke, stroke prevention, medications, and follow-up) at or prior to discharge.

All measures exclude those patients with an appropriate reason documented in the medical record for not receiving the therapy/intervention.

This message is proudly brought to you by the Stroke Performance Measures Consensus Group; members include the American Stroke Association, a division of the American Heart Association, the Centers for Disease Control and Prevention, and The Joint Commission working together to harmonize quality improvement interventions in the field of stroke.