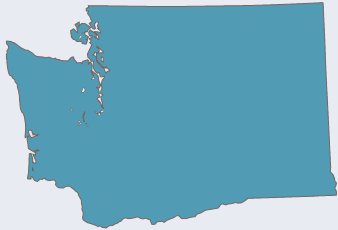


Washington | RECIPIENT PROFILE (2019-2020)

The Washington State Department of Health (WADOH) is a state recipient of the Centers for Disease Control and Prevention (CDC)'s Paul Coverdell National Acute Stroke Program, which aims to improve the quality of stroke care and stroke outcomes. This profile summarizes program activities and outcomes in Program Year 5 (June 30, 2019 - June 29, 2020).



Select Implementation Partners

- American College of Cardiology
- American Heart Association (AHA)
- American Stroke Association (ASA)
- Million Hearts®
- Department of Health EMS and Trauma Section
- EMS Medical Program Directors Group
- Washington EMS and Trauma Steering Committee
- Washington Fire Chiefs Association
- Washington State chapters of American College of Emergency Physicians
- Washington State Hospital Association
- Washington State Medical Association

State Prevalence of Stroke

2.9% of adults aged 18 and older report having had a stroke
(Source: Behavioral Risk Factor Surveillance System, 2019)

Award Amount

\$750,000 (Program Year 5 Award Amount)

Complementary CDC-Funded Cardiovascular Disease Programs

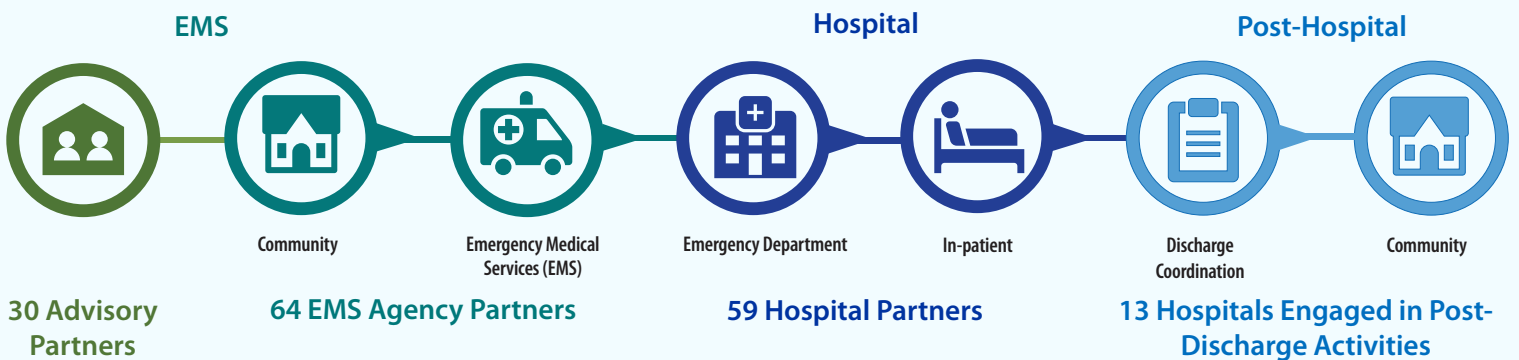
- DP18-1815 - Improving the Health of Americans through Prevention and Management of Diabetes and Heart Disease and Stroke
- DP18-1816 - WISEWOMAN
- DP18-1817 - Innovative State and Local Public Health Strategies to Prevent and Manage Diabetes, Heart Disease, and Stroke

Background on the Washington Coverdell Stroke Program (WACSP)

In 2015, CDC funded WADOH through the Paul Coverdell National Acute Stroke Program (DP15-1514) to implement the Washington Coverdell Stroke Program (WACSP). WACSP is a data-driven quality improvement (QI) project to monitor the quality of acute stroke care across clinical settings, including emergency medical services (EMS) care, hospital care, and care after hospital discharge. The aim of the project is to improve the quality of care for patients across the continuum of care. Program activities address stroke care from the time a patient has a stroke at home or in the community until after they are discharged and follow up with their doctor.



Program Implementation



By the end of Program Year 5, WACSP recruited 30 advisory organizations, 64 EMS agencies, and 59 hospitals. EMS agencies participated in WACSP-led data collection and quality improvement activities and expanded statewide reach of the Coverdell program to transport and treat stroke patients. Hospital partners entered data in the state stroke registry and participated in WACSP-led quality improvement activities. Of those hospitals, 13 engaged in post-hospital activities which included collecting post-discharge data through a nurse-supported automated call system.

Program Reach



EMS

Patients with acute stroke in Washington who were transported by Washington Coverdell-participating EMS (5,915 patients transported)



Hospitals

Acute stroke patients in Washington admitted to Washington Coverdell-participating hospitals (12,328 patients admitted)

EMS to Hospital Transitions of Care

Key Activities

WACSP implemented the Stroke Insights newsletter that shared both program and partner updates, stroke awareness, QI and relevant data. This has proven to be an effective way to communicate Coverdell updates across multiple groups. Additionally, WACSP funded several mini-grant projects that focused on EMS education on the documentation of the stroke Key Performance Indicators, the state stroke system and stroke awareness. Finally, good partner buy-in as well as support from a robust WEMIS data team, resulted in a revamped EMS report covering Coverdell pre-hospital measures.

Performance Measures

EMS agencies called in **2,839** pre-alert notifications for suspected stroke patients in Program Year 5.*

37% of EMS-hospital teams reported use of feedback from hospital to EMS in Program Year 5, allowing EMS to improve identification and treatment of acute stroke patients.



Quality Improvement (QI)

Key Activities

WACSP facilitated QI through forums, meetings, and trainings for their partners. Thirteen rural hospitals participating in the Washington Rural Health Collaborative used data from the previous year to design and implement a QI project focused on improving the percentage of stroke patients receiving a CT scan within 25 minutes of hospital arrival. As part of the project, the group held a workshop to address stroke care guidelines, protocols and challenges. Additionally, WACSP funded 10 other QI projects for both hospitals and EMS agencies. Quarterly reports were also created for EMS agencies to improve data entry completeness and quality.

Performance Measures

QI initiatives include workshops and trainings implemented by Coverdell recipients and their partners to improve implementation and focus of stroke care. These initiatives are implemented for EMS, hospital, and discharge hospital staff. WACSP implemented **16** initiatives for EMS staff, **36** initiatives for hospital staff, and **6** initiatives for discharge hospital staff in Program Year 5.

Data Linkages

Key Activities

WACSP linked EMS data from the Washington Emergency Medical Services Information System and hospital data from Get with the Guidelines - Stroke® (GWTG-S). WACSP also accessed WA hospital discharge and death data systems, which include stroke data from across the state and capture data not available in GWTG-S. All these components are used to link data across the system of care.

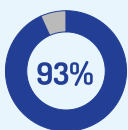
Performance Measures

63% of EMS agencies (n=64) had data linked to in-hospital data elements in Program Year 5.

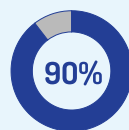


Stroke Quality of Care Outcomes Among WACSP-Participating Hospitals

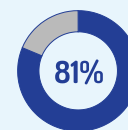
Activities contributed to performance in stroke quality of care as reflected in the following stroke outcomes:



of patient/caregivers received stroke education materials during their hospital stay



of acute ischemic stroke patients who were eligible for treatment received IV Alteplase, a clot busting drug, within 60 minutes of hospital arrival



of ischemic stroke patients received all available care for which they were eligible**

For more information, please visit https://www.cdc.gov/dhdsp/programs/stroke_registry.htm

Data sources: Year 5 recipient-reported performance measure data, hospital and patient level data, evaluation reports, and annual performance reports

*Advanced notification by EMS is under the condition of arrival by EMS. Percentage represents those stroke patients that were called in out of the total number that arrived via EMS.

**Please see Overwyk, et. al., Defect-free care trends in the Paul Coverdell National Acute Stroke Program, 2008-2018, American Heart Journal for included measures.