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Illinois Critical Access Hospital Network

Improving Stroke Care in Illinois
Making It a Reality

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The Vision

•Elevate the Quality of Stroke Treatment regardless of where a stroke patient lives by developing rural Emergent Stroke Ready Hospitals (ESRH).

•**Create an organized system of emergency care** to ensure transport to the nearest stroke ready hospital and rapid transfer to a Primary Stroke Center.

•Lead collaboration with stakeholders to develop regional plans eliminating gaps and disparities.

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Certified Primary Stroke Centers (PSC)

- While currently we have **40 PSC in IL** certified through The Joint Commission, the majority are in Chicago and its collar counties. Rockford has 3 PSC.
- Downstate we have 9 - 2 in Peoria, 2 in Decatur, 2 in Springfield, 2 in Bloomington-Normal and 1 in Kankakee.
- No centers south of central IL or in other rural areas are designated as PSC.
  - **Cost, volume and lack of specialists are factors**

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•Coordination: The obvious choice:

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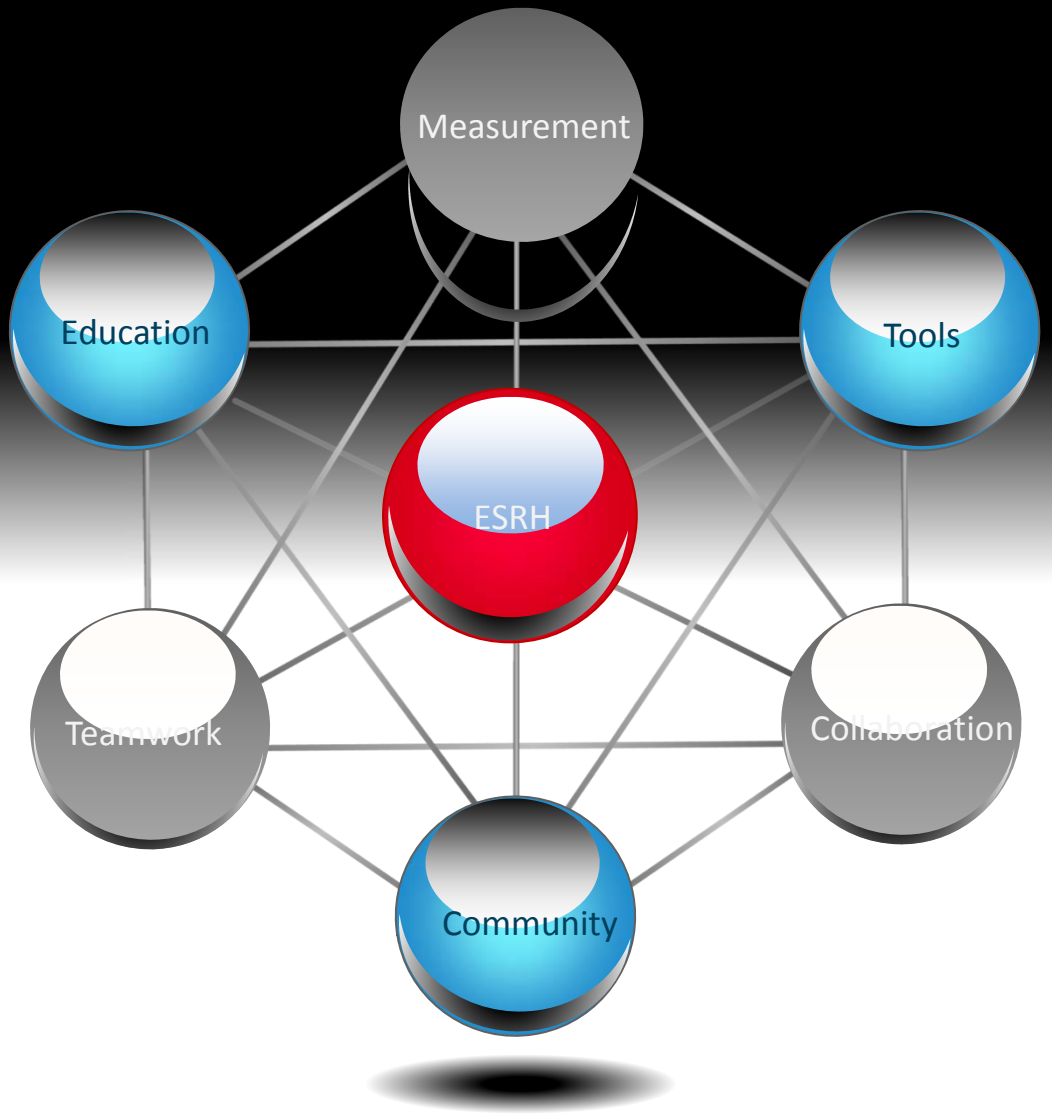
- Free to serve as fiscal agent without off the top fees
- Has an established network of 51 rural hospitals
- Is a collaborative partner with other rural hospitals and organizations supporting rural hospitals and Quality Improvement initiatives
- Is the only organization to step forward with a funded, organized approach to implementing Stroke Systems of Care for Rural Hospitals
- Videoconference sites in101 communities via SIU telehealth

ICAHN'S ESRH PLAN

Each circle represents a key element in preparing our Critical Access Hospitals for designation as an

Emergent Stroke Ready Hospital.

With ICAHN offering leadership and coordination of this initiative, hospitals will choose to participate and commit to process improvement in each of the identified elements.



checklists

•On-line resources

•FAQ Document

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EMS Role

**The Wall Street Journal, November 9, 2003, Physicians' Weekly, June 21, 2004, ADHERE Study*

- At state level, **support the plan**
- At regional level, **assign EMS team leader to participate in planning meetings**
- At every level, work with EMS leader and ICAHN coordinator to **provide input, feedback, and potential solutions**
- **Participate in EMS training** provided for stroke care and pre-hospital notification

Volume Predictions

Based on data of number of strokes per hospital zip code plus ten mile radius:

- Approximately one stroke transfer per week in rural areas
- Expect 12 Primary Stroke Centers in rural transfer regions – currently 11 are certified
- Of 51 hospitals in CAH network, expect 20 ESRH to be ready for designation by July 2011

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Proposed Role for Hub/Receiving Hospital

- **Consult with rural hospital ED on treatment**
- **Allow Rapid Transfer based on pre-approved transfer agreements**
- **Receive transferred patients**
- **Commit to collaboration and communication**
- **Participate in family orientation at transfer time**
- **Become a Supporting Partner in the ICAHN-ESRH initiative**

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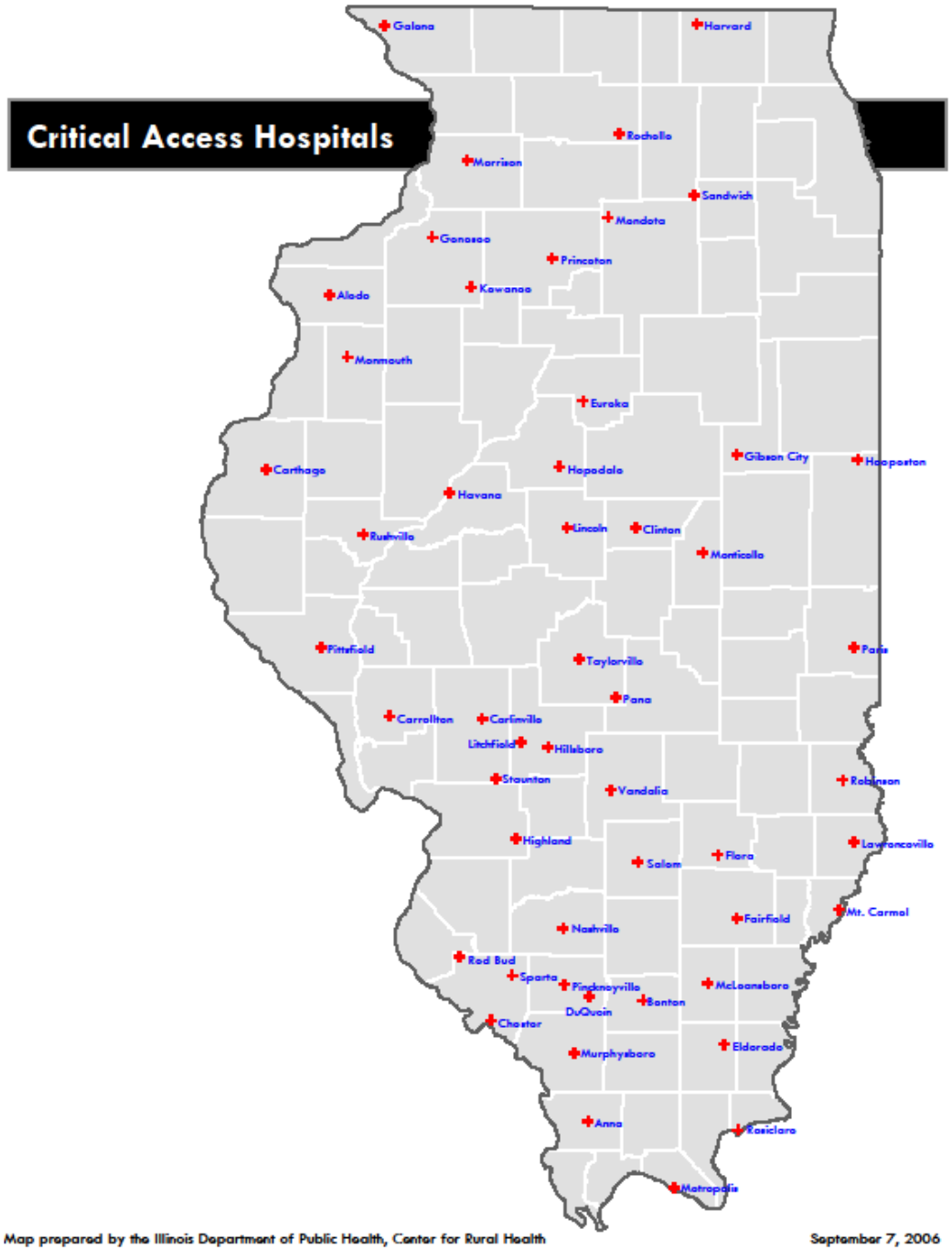
Role of ICAHN

- **Serve as the fiscal agent for grant funding and coordination**
- **Advocate for rural care, support and involvement**
- **Train and support through use of telehealth and telemedicine technology**
- **Lead a collaborative consortium of receiving hospitals and other stakeholders to involve them in planning, implementation and future development**
- **Create a Resource Library for standing order sets, discharge protocols, care paths, transfer agreements, and links to partner's sites**
- **Support and Recognize Stroke Champions across disciplines**
- **Implement a community education program**

Critical Access Hospitals



Map prepared by the Illinois Department of Public Health, Center for Rural Health

September 7, 2006

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Concurrent Steps and Coordination

- Stakeholder meetings
- On line training
- Regional Workshops for hospitals and EMS
- Webinars for anytime participation and review
- IDPH Rules Development for the new law
- Developing networks
- AHA support for using Get with the Guidelines
- Community Education programs

Leadership, Planning, and Collaboration

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Experienced Leadership at the Community and Statewide Level – Consultant- Coordinator, Peggy Jones

•Director of State Health Alliances and Health Strategies – 8.5 years AHA
•Led Regional implementation of Operation Stroke
•Certified Quality Action Team Facilitator and Train the Trainer
•Former nursing experience for neurosurgeon, general surgery, and admitting
•Community Leadership in Health issues and United Way Cabinet

- & 2008 Received Award for Excellence and Achievement in Health
- Strategies
- 2007 Health Educator of the Year for Corn Belt Health Educators Assoc
- 2003 AHA's Health Advocate of the Year
- Currently: Member AHA IL Advocacy Committee, IL State Task Force
- Telestroke Committee
- Member EMS Rules and Regulations Committee
- Served on recent IL EMS Strategic Planning Committee

Feedback and Collaboration

- What issues do you see that need to be addressed?
- Going forward, is there a key contact within EMS that you would like for me to work through or a list of people I should copy on questions and progress reports?
- As hospitals identify the receiving hospital in their area and develop transfer agreements, should we work with Regional Coordinators?
- To collaborate on providing educational opportunities to EMS in the rural areas, is their a specific educational coordinator I should work with?
- Are there specific EMS funding needs related to the stroke legislation and/or ESRH?