



MASSACHUSETTS



Stroke Systems of Care Inventory

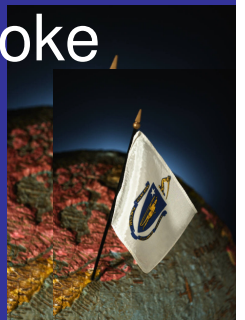
Primordial & Primary Prevention

- Promoting good nutrition and increasing physical activity
 - *Keep Moving Walking Clubs* for older adults
 - *Healthy Choices* for middle school children
 - Legislation has been filed to require quality physical education in grades K-12 and require schools to promote healthy food and beverage choices
- Integrating public health with planning and community design
 - Co-hosted Public Health and SmartGrowth roundtable with MA SmartGrowth Alliance
 - Created awareness by presenting at Regional Planning Agencies, municipal trade association meetings and local coalitions
 - “Taking Action for Healthier Communities” document
 - Conducted a survey assessing city/town infrastructure and policies affecting health



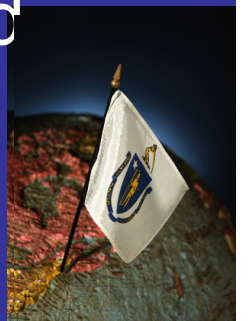
Primordial & Primary Prevention

- Women's Health Network, WISEWOMAN cardiovascular health screenings and lifestyle interventions
- Men's Health Partnership, cardiovascular health screenings
- Tobacco cessation emphasis on
 - Preventing young people from starting to smoke
 - Helping current smokers to quit
 - Protect children and adults from secondhand smoke
 - Identify and eliminate tobacco-related disparities



Community Education

- MDPH Stroke educational and media campaign
 - English
 - Spanish
 - Portuguese (in development)
- American Stroke Association Ad Council educational and media campaign – over 43 million impressions
- 800 *Power to End Stroke* pledge cards signed



Notification & Response of EMS for Stroke

- Statewide availability of 9-1-1 interpreter services
- Emergency Medical Dispatchers trained on recognition of stroke
- Emergency Medical Dispatch electronic data collection and quality assurance
- Primary Stroke Service Point of Entry Plan
- EMS training on signs and symptoms of stroke

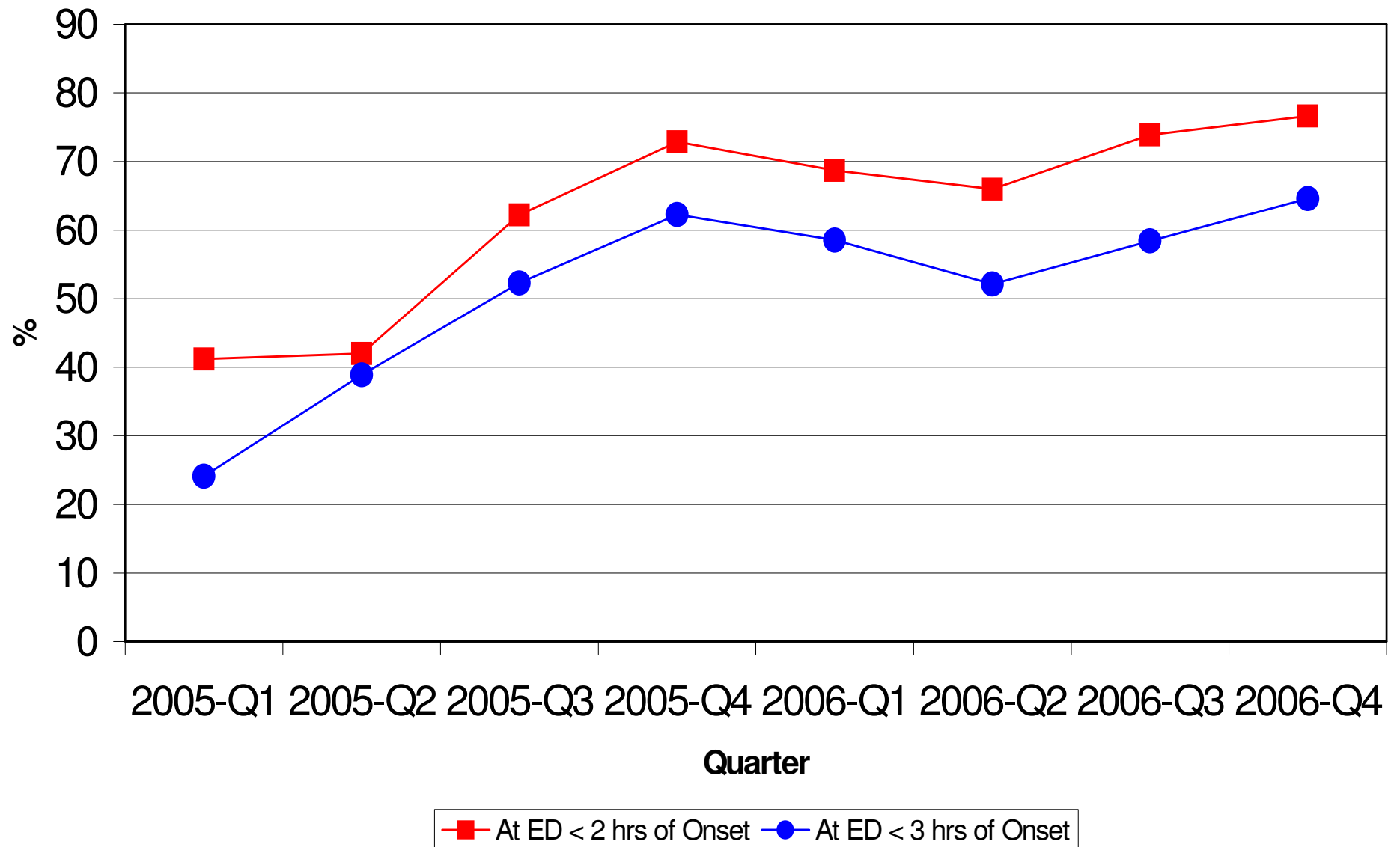


Acute Treatment for Stroke

- 2004 – MDPH, Division of Health Care Quality promulgated Primary Stroke Service (PSS) licensure
 - Written guidelines-based protocols for acute stroke care
 - Ability to meet time target goals for assessment, management, and treatment
 - 24/7 capacity for thrombolytic therapy, imaging, laboratory, and neurological services
- 68 of 72 eligible hospitals are currently licensed



Percent of Eligible Ischemic Stroke Patients Receiving tPA



SCORE



Stroke COllaborative Reaching for Excellence

- MDPH Paul Coverdell National Acute Stroke Registry
- ASA Get with the Guidelines – Stroke
 - Reduces redundancy
 - Maximizes benefit for hospitals
 - Creates synergies
- The SCORE quality improvement initiative:
 - Acute care (thrombolytic therapy)
 - Subacute care
 - Secondary prevention



Acute Treatment for Stroke

- Landmark meeting with neurologists and Emergency Physicians (6/07) to discuss issues surrounding t-PA
 - Goal was to have open forum to discuss the controversies surrounding t-PA
 - 78 attendees (53% ED, 40% Neuro)
 - 27 hospitals represented (21 SCORE)
 - Overall positive feedback



Subacute and Secondary Prevention for Stroke

The SCORE quality improvement initiative focuses on several subacute care and secondary prevention measures:

SUBACUTE

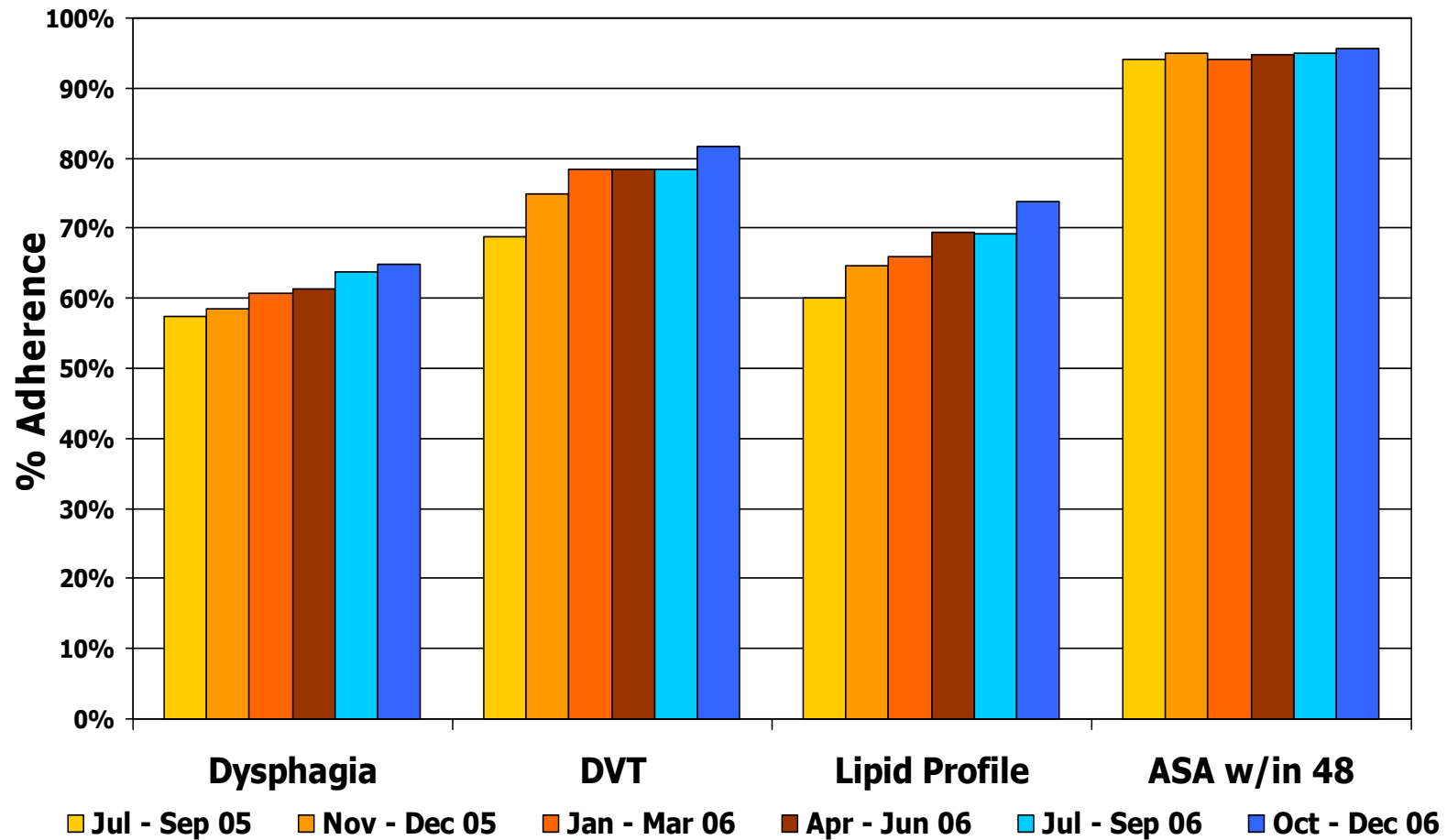
- Dysphagia screening
- DVT prophylaxis
- Lipid profile
- Antithrombotics within 48 hours

SECONDARY

- Smoking cessation
- Antithrombotics at discharge
- Stroke education
- Appropriate lipid altering therapy
- Atrial fibrillation patients receiving anticoagulation therapy
- Rehab considered



SCORE Improvement



Rehabilitation of Stroke Patients

- ASA Care Giver and Survivor forums across the state
 - over 400 participants in 2007
- ASA Rehab and Recovery committee ensures relevant topics are covered at forum



Continuous Quality Improvement Initiatives

- Paul Coverdell National Acute Stroke Registry and quality improvement collaborative
- Get With The Guidelines-Stroke quality improvement program
- SCORE



Summary and Future Direction

- Strong start along the continuum of stroke care
- Future directions include:
 - Continuing to increase physical activity through community planning
 - Improving blood pressure control especially in individuals at highest risk (co-morbidities)
 - Developing an EMS stroke quality improvement collaborative
 - Expanding stroke education and media campaign
 - Improving PSS and the SCORE collaborative
 - Improving post-hospital care by linking discharge orders to primary care providers

