

Collaborating to Support Systems Change

Engaging Stakeholders in
South Carolina's
Stroke Systems of Care

Vision

South Carolinians have access to the most advanced stroke treatment in centers that are best equipped to deal with the critical and time sensitive needs of stroke patients.

Recommendation of the Task Force on the Development of Stroke Systems:

Any coordinated stroke system should promote patient access to the full range of services associated with stroke prevention, treatment and rehabilitation.

Process: Engage stakeholders across the stroke systems of care continuum in the assessment process.

- Primary Prevention
- EMS Notification and Response
- Acute Treatment
- Sub-Acute Stroke Care & Secondary Prevention
- Rehabilitation
- Continuous Quality Improvement Initiatives

Purpose: View the stroke system of care at the state level to identify existing and potential:

- Partners
- Partner Resources
- Stroke Systems Assets
- Stroke Systems Gaps
- Greatest Needs / Challenges
- Opportunities – Potential for Systems Change
- Current Stroke Systems Successes
- Best Practices – Identified or Implemented

SC Stroke Systems of Care Stakeholders' Assessment June 28, 2005

Invited Stakeholders and Partners

- AHA – SC Office / Mid-Atlantic Affiliate
- SC Dept. of Health - CVH Division
- SC Heart Disease & Stroke Advisory & Steering Committees
- SC Primary Health Care Association
- Carolinas & GA Chapter – Am. Society of Hypertension, Inc.
- Tri-State Stroke Network
- SC Hospital Association
- SC Medical Association – Emergency Physicians
- SC Blue Cross & Blue Shield
- Carolina Medical Review (SC's Quality Improvement Organization)
- SC Schools of Medicine (2)
- Emergency Medical Services – State Agency and Providers
- SC Hospitals
- Rehabilitation Facilities
- Minority, Health & Faith Based Community Organizations



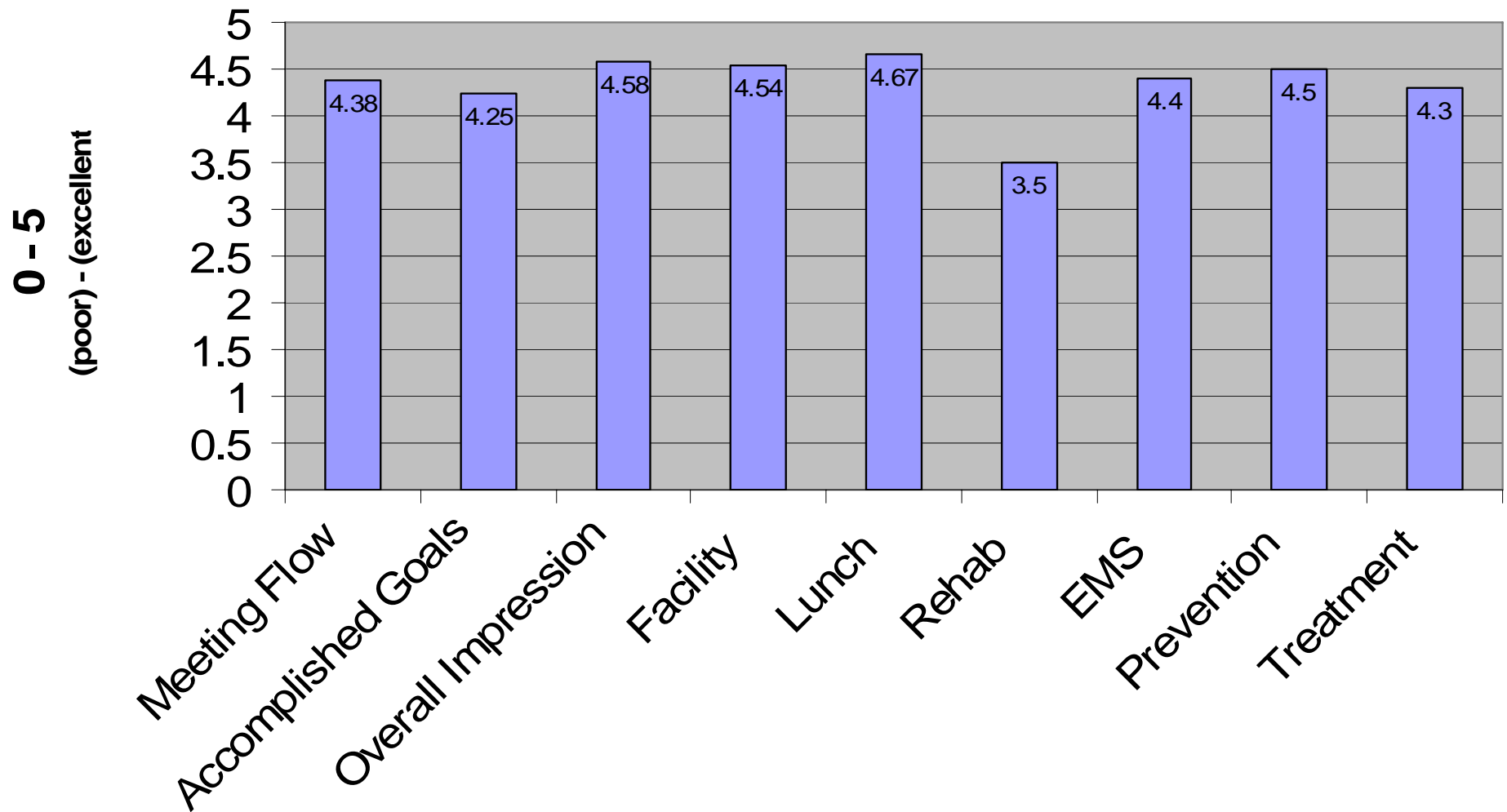
Stroke Systems of Care Assessment Agenda

- **Welcome & Opening Remarks** – Dr. Dan Lackland, Medical University of SC, President, Board of Directors, AHA Mid-Atlantic Affiliate
- **Overview of Recommendations for the Establishments of Stroke Systems of Care** – Dr. Dan Lackland
- **Overview of SC’s Cardiovascular Health Plan** – Dory Masters, Director, Division of Cardiovascular Health, SC Dept. Health & Environmental Control
- **Federal Legislation: STOP Stroke Act** – Nancy Thorne, SC Advocacy Director, AHA
- **Logistics and Expectations** – Carolyn Bivona, SC Health Alliances Director, AHA
- **Breakout Session I** – Choose Either:
 - Emergency Medical Services** – Facilitator: Doug Silk, NREMT-P, Spartanburg RMC
 - Rehabilitation** – Facilitator: Dawn Wright Ellington, AnMed HealthSouth Rehab.
- **Breakout Session II** – Choose Either:
 - Primary Prevention** – Facilitator: Rosetta Swinton, RN, AME Health Director
 - Acute/Sub-Acute/Secondary Prevention** – Facilitator: Dr. Dan Lackland, MUSC & Dr. Frank Pusey, Palmetto Health Richland
- **Review/Discussion Findings from Breakout Sessions** – Dr. Dan Lackland & Mark Decker, VP, Heart & Stroke Initiatives, AHA Mid-Atlantic Affiliate
- **Wrap-up/Evaluation/Next Steps** – Carolyn Bivona

Assessment Outcomes:

- 48 partners/stakeholders engaged in process
- Recognized stroke systems coordination process exists – SC Heart Disease and Stroke Advisory and Coordinating Councils
- Recommend council structure be redesigned to address shared and unique systems of care issues
- Recommend functional work groups be created to engage stroke specific stakeholders and “champions” that will identify priorities and develop strategies to achieve desired outcomes
- Acknowledged process created synergy and willingness to (re)engage and commit to an on-going collaborative process to improve the stroke systems of care in SC

Participants' Evaluation of Stroke Systems of Care Stakeholders' Assessment



Summarized Participant Comments and Recommendations

- Excellent! Facilitators were knowledgeable and able to move us forward.
- Good feedback from a diverse group of professionals.
- Pull together results of breakout sessions, develop overall goals and work group goals, establish timelines, keep the momentum going.
- Keep us informed and engaged, have work groups meet or conference call on quarterly basis.
- Excellent...but what happens next?
- More media resources are needed to spread the word about strokes and available resources.
- A well prepared position paper would be ideal for sharing with others ie: politicians and policymakers.
- Need to form workgroup to establish a regionalized plan for stroke centers and related systems of care.
- Great speakers and capable facilitators, good participation from group. Tons of ideas shared. Very effective tools used to reach consensus through shared discussion. Recommend more collaboration between all involved. Very productive and successful.

Next Steps.....

Put into action the participants' recommendations and commitments to become part of the solution to move South Carolina's stroke outcomes from worst to first!

Make no little plans; they have no magic to stir men's blood and probably themselves will not be realized. Make big plans; aim high in hope and work, remembering that a noble, logical diagram once recorded will not die, but long after we are gone will be a living thing, asserting itself with ever growing insistence.

Daniel Hudson Burnham