

State of Illinois

Rod R. Blagojevich, Governor

Department of Public Health

Eric E. Whitaker, M.D., M.P.H., Director



Illinois Stroke Task Force 2005 Annual Report

April 2006

**Illinois Stroke Task Force
Public Act 92-0710
Annual Report
January 1, 2005 – December 31, 2005**

**Illinois Department of Public Health
Office of Health Promotion
Division of Chronic Disease Prevention and Control**

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Introduction

This report serves as the annual report to Gov. Rod R. Blagojevich and the General Assembly pursuant to Public Act 92-0710, effective July 19, 2002. A Stroke Task Force was created within the Illinois Department of Public Health. The task force is composed of the following members: 19 members appointed by Dr. Eric E. Whitaker, state public health director, five members appointed by the Governor; and four ex-officio members (selected House and Senate members). The Director of Public Health serves as the chairperson of the task force. The task force shall adopt bylaws; shall meet at least three times each year; and may establish committees as it deems necessary. The task force shall advise the Department of Public Health with regard to setting priorities for improvements in stroke prevention and treatment efforts.

Stroke continues to be a growing concern in Illinois. Stroke is the third leading cause of death in Illinois, accounting for 7,195 deaths in 2002. The age-adjusted death rate for cerebrovascular disease in 2002 was 59.4 deaths per 100,000 population. On average, every 45 seconds, someone in the United States has a stroke. Many of the stroke survivors cannot perform daily tasks and 20 percent of survivors will require institutional care.

It is important to understand the risk factors associated with stroke-high blood pressure, cigarette smoking, excessive alcohol intake, increasing age, prior history of stroke or heart disease, diabetes, family history of stroke, and socioeconomic disadvantage. If an individual carries a specific risk, it is vital to take steps to reduce those risks. The risk of death and disability can be reduced if stroke victims receive prompt appropriate treatment.

Knowing the warning signs of a stroke is also very important. Warning signs for a stroke include the following:

- Sudden numbness or weakness of face, arm or leg, especially on one side of the body.
- Sudden confusion, trouble speaking or understanding speech.
- Sudden trouble seeing in one or both eyes.
- Sudden trouble walking, dizziness, loss of balance or coordination.
- Sudden severe headache with no known cause.

If any of these symptoms appear, remember to call 911. Treatment is more effective if it is given quickly and every minute counts.

Progress - The Department convened Illinois Stroke Task Force meetings on June 9, 2005, September 30, 2005 and December 9, 2005. During the three meetings of the task force, the members worked to develop recommendations on the following priority areas:

Primary Prevention/Public Education:

1. Coordinate community education opportunities reaching multiple, high-risk populations with warning sign messages.
 - a. Facilitate the use of American Stroke Association (ASA) and National Stroke Association (NSA) initiatives.
 - Coordinate with NSA in the development of a Public Health Stroke Summit to be held in December 2006 in Chicago, Ill.
 - Collaborate with the American Heart Association (AHA) on “Power to End Stroke.” (11/05-6/07)
 - b. Explore partnership opportunities with Major League Baseball/local minor leagues and/or other professional sports team, e.g. Bears, Blackhawks, Bulls, Cubs and White Sox.
 - Plan an event for May with the White Sox or Cubs possibly distributing promotional materials at baseball games.
 - c. Conduct stroke awareness in May 2006, including items such as a Governor’s proclamation.
 - Develop and work with the Governor’s office and mayor’s offices of Chicago, Springfield, Champaign, Peoria and Rockford to develop proclamations for May’s promotion of stroke and high blood pressure.
 - Develop and send local health departments and hospitals promotional materials and information for May’s promotion of stroke and high blood pressure (including fact sheets, burden information, articles for paper, press release and Governor’s proclamation).
 - Conduct one mock stroke code with assistance from task force members.
 - d. Conduct a stroke media campaign using public service announcements (PSAs), billboards or paid advertisements.
 - Seek funds to support a media campaign.
 - Utilize Chicago Access Network (CAN) Television.
2. Assure that the state heart disease and stroke plan includes public education for stroke.
 - a. Work with Department staff as the state plan is finalized.

EMS Notification and Response

1. Develop and conduct an assessment of the Emergency Medical Systems (EMS) stroke capacity and stroke specific quality improvement activities in collaboration with EMS.
 - a. Distribute assessment tool to the 11 medical directors for each EMS Region in Illinois by March 30, 2006.
 - b. Analyze results of assessment by June 30, 2006.
2. Develop a statewide EMS protocol (Standing Medical Order) that includes the use of a stroke scale and coordinate the adoption of its use through legislation or regulation.
 - a. Initiate conversations with the chair of the EMS Advisory Council to notify of assessment being conducted on EMS stroke capacity and stroke specific quality improvement activities.
 - b. Meet with EMS Advisory Council chair to share results from assessment and discuss proposed language for universal Standing Medical Order, if necessary.
3. Promote appropriate training (continuing education) for pre-hospital professionals (including EMTs, dispatchers and first responders).
 - a. Provide stroke training module information at the Illinois National Emergency Number Association state conference to be held in Springfield in October 2006.
 - b. Identify future training conferences or opportunities reaching pre-hospital providers.
 - c. Promote the use of the Online Rapid Response to Stroke to dispatch and EMS professionals. www.ahccconnect.com
4. Coordinate support and policy changes for statewide transport protocols for emergency medical (i.e., pre-arrival instructions provided by all emergency medical directors (EMD)).
 - a. Review state law and requirements (EMDs must be certified in Illinois, however, there is no enforcement)
5. Coordinate policy changes for statewide coverage of 911 and E911.
 - a. Initiate discussions with the Illinois Commerce Commission on expanding access to 911 and enhanced 911, where necessary by June 30, 2006.

Acute Care/Sub-Acute Care & Secondary Prevention

1. Conduct a hospital assessment to measure the capacity and limitations for treating acute stroke, the approach to sub-acute care and current stroke quality improvement activities.
 - a. Use samples of assessments conducted within the U.S. Centers for Disease Control & Prevention Stroke Hospital Registry, Mississippi and Georgia to develop assessment which will be distributed to all Illinois hospitals during the spring of 2006.
2. Coordinate the promotion of hospital-based quality improvement initiatives and adoption of quality indicators through resources such as AHA's Get with the Guidelines –Stroke, Illinois CAPTURE (**C**ARe and **P**revention **T**reatment **U**tization **R**Egistry) Stroke Registry, etc.
 - a. Include information on the Department's Web site for heart disease and stroke in the Professional Education section.
 - b. Collaborate with AHA and NSA to provide a nursing symposium as a pre-conference during the Public Health Stroke Summit in December 2006 in Chicago.
 - c. Promote utilization of Resources for Heart Disease and Stroke Quality Improvement created by the Great Lakes Regional Stroke Network.
3. Coordinate support and policy change for the use of telemedicine to address stroke needs in the rural areas of the state.
 - a. Initiate discussions with the Illinois Rural Health Association and the Lt. Governor Pat Quinn's Office to develop a business case on the cost/benefit of telemedicine to promote to hospital administrators.
 - b. Research funding options to support the 18 Illinois Critical Access hospitals in need of equipment for telemedicine capability.
4. Coordinate the promotion of the Joint Commission on Accreditation of Healthcare Organizations, Primary Stroke Center certification program to all hospitals.
 - a. Include information on the Department's Web site for heart disease and stroke in the Professional Education section.
 - b. Collaborate with AHA and NSA to provide a nursing symposium as a pre-conference during the Public Health Stroke Summit in December 2006 in Chicago.
 - c. Collaborate with AHA to promote a workshop in March 2006.
 - d. Initiate discussions on the creation of a policy for diversion to primary stroke center.
5. Coordinate appropriate stroke professional education opportunities to targeted healthcare professionals including but not limited to: emergency department physicians and nurses, neurologists, nurses, medical students and physicians.

- a. Collaborate with quality improvement organizations on training initiatives, such as smoking cessation training.
 - Initiate discussions with the Foundation for Quality Healthcare, American Society of Hypertension and the AHA and NSA for the Public Health Stroke Summit in December 2006 in Chicago.

Rehabilitation

1. Review the Illinois Department of Healthcare and Family Services' (formerly Public Aid) Guidelines for Rehabilitation on providing post-stroke care and rehabilitation services, mild neurological impairment, disability time frame and access to acute rehabilitation services.
2. Conduct an assessment of rehabilitation facilities to determine the current level of rehabilitation services for persons who have had a stroke and resources provided. Identify stroke quality improvement activities.
 - a. Initiate discussion with task force members about information to be included in assessment.
3. Promote communication among rehabilitation specialists and manage care organizations to better coordinate patient care.
 - a. Coordinate panel discussion at Public Health Stroke Summit in December 2006 in Chicago.
 - b. Coordinate policy change for increased length of rehabilitation services provided by both public and private insurers.
 - Develop a half-day roundtable discussion with the AHA, Midwest Affiliate in Chicago.
 - c. Pilot test a patient worksheet to help better navigate their rehabilitation health insurance benefits.
4. Coordinate professional education opportunities specific for rehabilitation healthcare providers.
 - a. Promote resources from reputable state and national organizations to providers.
 - Resources include Starting Now, Stroke Connection, Peer Visitor Program, Toll-free Warm Line and Web, Stroke Group Registry. Also, at the Great Lakes Regional Stroke Network (GLRSN) Web site there are patient education fact sheets as well as professional education links.

- Include information on the Department's Web site for heart disease and stroke in the Professional Education section.
5. Promote through partners a statewide stroke rehabilitation resource and information guide.
 - a. Finalize the guide by March 2006.
 - b. Initiate discussions with the Illinois Department of Human Services, Rehabilitation Services.

Quality Improvement

1. Facilitate system level changes and collaborative efforts to improve stroke care, including public education, EMS notification and response; acute care; sub-acute care and secondary prevention and rehabilitation.

Illinois Stroke Projects Funded by the U.S. Centers for Disease Control and Prevention

In July 2004, the Department received grants from the U.S. Centers for Disease Control and Prevention (CDC) for nearly \$1.5 million to prevent and control heart disease and stroke in Illinois and to establish a stroke network in the six-state Great Lakes Region. This funding is being used on initiatives designed to reduce the burden of heart disease and stroke and improve the quality of life for Illinois' citizens.

The Department is focusing on stroke prevention through the implementation of two projects: the Great Lakes Regional Stroke Network and the Paul Coverdell Stroke Registry.

The purpose of the Great Lakes Regional Stroke Network is to increase stroke awareness and enhance the role of public health in addressing stroke prevention and quality of care. The network includes public health and medical professionals, policy makers and community health advocates.

The purpose of the Paul Coverdell Stroke Registry is to measure the quality of care for acute stroke patients and implement improvement strategies focusing on policy, systems change and professional education.

Great Lakes Regional Stroke Network

In its first year of funding, the Great Lakes Regional Stroke Network focused on developing its structure and action plans, completing an inventory of states' stroke education activities; implementing communication channels such as a Web site and listserv; and creating a policies and procedures manual. Second year activities have built on this foundation. Work groups developed recommendations for the individual state stroke task forces to implement. Those recommendations follow:

Quality Improvement

Facilitate systems level changes and collaborative efforts to improve acute stroke care and rehabilitation.

- Conduct an assessment of the state's Emergency Medical Systems (EMS) stroke capacity in collaboration with the Department's Division of EMS and Highway Safety.
- Develop or improve statewide EMS protocols that include the use of a stroke scale.
- Promote appropriate training for dispatchers and first responders.
- Conduct a stroke training module at the state EMS conference.
- Collaborate with quality improvement organizations on training initiatives, such as smoking cessation training.
- Promote communication among rehabilitation specialists and managed care organizations to better coordinate patient care.
- Invite rehabilitation specialists and managed care organizations to participate in the state stroke task force.
- Share successful stroke protocols (hospital and EMS) and standing orders with the network.

Public Education

Promote awareness of the warning signs of stroke and the need to call 911.

- Explore and implement strategies to reach multiple, high-risk populations with warning sign messages.
- Explore partnership opportunities with major league baseball/local minor league teams, or other professional sports teams.
- Conduct a stroke awareness day in May, and include events/items such as a Governor's proclamation.
- Conduct a stroke media campaign using public service announcements or paid advertisements.
- Partner with the Office of Preparedness and Response, in each state to begin discussions to expand access to 9-1-1 and enhanced 9-1-1, where necessary.

Epidemiology and Surveillance

Build and utilize epidemiologic capacity to improve stroke prevention and control efforts.

- Identify and prioritize research and evaluation funding needs.

The Department's Heart Disease and Stroke Prevention Program implemented one of these recommendations when it partnered with the Illinois Chapter of the National Emergency Number Association in October 2005, at their annual conference to provide stroke education to dispatch personnel throughout the state.

In addition to this guidance, a burden document consisting of the state of stroke within the Great Lakes Region was created. Individual state stroke surveillance fact sheets will be developed. This burden document will be housed at the Great Lakes Regional Stroke Network's Web site: <http://glrsn.uic.edu>.

Evaluation will be a major component of Year 2 Activities of the Great Lakes Regional Stroke Network. An online communication survey was recently conducted with the members of the Great Lakes Regional Stroke Network listserv. With a 38 percent response rate, it was learned that 79 percent found the listserv to be useful or very useful. Other important information about improving network communication tools also was learned.

The Great Lakes Regional Stroke Network has been successful in submitting poster presentations for conferences. In 2005, the Stroke Belt Consortium accepted a poster presentation entitled, "Forming a Stroke Network: The Great Lakes Regional Stroke Network Experience." The International Stroke Conference 2006 also accepted an abstract by the Great Lakes Regional Stroke Network. The Program Manager of the Great Lakes Regional Stroke Network has been asked to present at two additional conferences - National Stroke Association's Stroke Public Health Summit and the CDC's Heart Disease and Stroke Practitioner's Institute.

Illinois CAPTURE Stroke Registry

Illinois CAPTURE (CAre and Prevention Treatment Utilization REgistry) Stroke Registry is a collaborative effort between the Department and the University of Illinois at Chicago through a partnership with a random sample of acute care hospitals in Illinois.

The mission of this collaborative effort is to improve the care delivered to acute stroke patients in Illinois hospitals. Improved documentation of the items critical to the delivery of stroke care also will be a focus of this effort. The members of the Illinois CAPTURE Stroke Registry Team work with participating hospitals to improve the care delivered to acute stroke patients and help standardize the processes of care for acute stroke patients. Each hospital is assisted in achieving this mission as well as their specific hospital goal(s) for stroke care.

Hospital selection began in 2004. Twenty-two acute care hospitals were chosen using a stratified random sample. Each of the seven Department regions in Illinois (Champaign, Chicago, Edwardsville, Marion, Peoria, Rockford and West Chicago) are represented in the registry as are small, medium and large hospitals.

In the second year of the project, 20 additional hospitals located in all seven regions were selected for participation. In the third year, another 20 hospitals will be selected, for a project total of 60 participating hospitals.

As of December 23, 2005, there have been 2,186 cases entered into the stroke registry's on-line data collection tool.

Funds Spent for Illinois Stroke Task Force Activities

There were no state dollars spent on activities related to the Illinois Stroke Task Force.