

State of Illinois

Rod R. Blagojevich, Governor

Department of Public Health

Damon T. Arnold, M.D., M.P.H., Director



Illinois Stroke Task Force Annual Report to the General Assembly

January 2008

**Illinois Stroke Task Force
Public Act 92-0710
Annual Report**

January 1, 2007 – December 31, 2007

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 in 2004 by the Illinois Department of Public Health. The task force is comprised of the following members: 19 members appointed by the 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 6,323 deaths in 2005. The age-adjusted death rate for cerebrovascular disease from 1999 – 2002 was 117.2 deaths per 100,000 Illinois 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; and sudden severe headache with no known cause. If any of these symptoms appear, 911 should be called immediately because treatment is more effective if it is given quickly and every minute counts.

Progress – During 2007, the Department convened Stroke Task Force meetings on March 9, and July 20. During 2006, the task force members worked to develop recommendations on the following priority areas: Primary Prevention/Public Education; EMS Notification and Response; Acute Care/Sub-Acute Care and Secondary Prevention; Rehabilitation; and Quality Improvements. Progress made during 2007 on each recommendation follows.

Primary Prevention/Public Education:

Recommendation #1 Coordinate community education opportunities reaching multiple, high-risk populations with warning sign messages.

Strategy a. Facilitate the use of Coalition of Limited English Speaking Elderly (CLESE) initiatives.

Activities: CLESE conducted a second “Train the Trainer” session for seven agencies: Arab American Family Services, Casa Central, Chinese Mutual Aid Association, Easter Seals, Indo American Center, Midwest Asian American Center and South-East Asia Center in January 2007. Each agency conducted one “Lunch and Learn” workshop, combining the “Know the Numbers of your Body” and “Warning Signs for Heart Disease and Stroke.” Eight sessions were held from January through June 2007.

Strategy 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.

Activities: There was no activity.

Strategy c. Conduct stroke awareness in May 2007, including items such as a governor’s proclamation.

Activities:

- A governor’s proclamation declaring May 2007 Stroke Awareness Month was created and distributed.
- 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 materials from American Stroke Association and National Stroke Association were developed and distributed to local health departments.
- The Heart Disease and Stroke Prevention Program provided a grant to the National Stroke Association to hold a mock stroke event on May 8, 2007, in Chicago at the James R. Thompson Center. The Chicago Fire Department, Great Lakes Regional Stroke Network, American Stroke Association, Illinois Department of Public Health Office of Women’s Health, Tobacco Program and members of the Illinois Stroke Task Force participated in the event.
- The Stroke Action Alliance, a group of stroke health care professionals, conducted stroke public awareness events on Stroke Alert Day on May 8, 2007.

Strategy d. Conduct a stroke media campaign using public service announcements, billboards or paid advertisements.

Activities: There was no activity.

Recommendation #2 Assure that the state heart disease and stroke plan includes public education for stroke.

Strategy a. Work with Department staff as the state plan is finalized.

Activities: The state plan was finalized in June 2007 and was sent out to all partners and interested parties. The plan is also available at www.idph.state.il.us/heartstroke.

EMS Notification and Response:

Recommendation #1 Develop and conduct an assessment of the Emergency Medical Systems (EMS) stroke capacity and stroke specific quality improvement activities in collaboration with Illinois Department of Public Health, Division of Emergency Medical Systems and Highway Safety.

Strategy a. Distribute assessment tool to the 11 medical directors for each EMS Region in Illinois by March 30, 2006 and analyze results of assessment by June 30, 2006.

Activities: This assessment was completed with an online EMS inventory assessment tool distributed to the 11 medical directors for each EMS Region in Illinois in July 2006. The data were analyzed and shared appropriately.

Recommendation #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.

Strategy 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.

Activities: This initial conversation was accomplished with information shared with the medical advisor, Office of Health Care Regulation, Illinois Department of Public Health. Task force with the Great Lakes Regional Stroke Network EMS Notification and Response Work Group also will be discussing EMS Stroke Protocols/Standing Medical Orders.

Strategy b. Meet with EMS Advisory Council chair to share results from assessment and discuss proposed language for universal Standing Medical Order, if necessary.

Activities: There was no activity. EMS Advisory Council has changed its focus.

Recommendation #3 Promote appropriate training (continuing education) for pre-hospital professionals (including Emergency Medical Technicians, dispatchers and first responders).

Strategy a. Identify future training conferences or opportunities reaching pre-hospital providers.

Activities: Working with acting deputy of Illinois Department of Public Health, Division of Emergency Medical Systems and Highway Safety and American Heart Association to provide training for hospitals pods in 2007 and 2008. The purpose of the training is to increase knowledge of signs and symptoms for heart attack and stroke and the importance of calling 911 and to improve emergency response and quality of heart disease and stroke care.

Strategy b. Promote the use of the Online Rapid Response to Stroke to dispatch and EMS professionals www.ahecconnect.com.

Activities: There was no activity.

Recommendation #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)).

Strategy a. Review state law and requirements (EMDs must be certified in Illinois, however, there is no enforcement).

Activities: Members of task force joined the State EMS Protocol Committee. Currently, the committee is completing the pediatric protocols and the task force has asked for consideration to make stroke the next priority for statewide protocols.

Recommendation #5 Coordinate policy changes for statewide coverage of 911 and E911.

Strategy a. Initiate discussions with the Illinois Commerce Commission on expanding access to 911 and enhanced 911, where necessary by June 30, 2006.

Activities: Discussion was initiated with the Illinois Commerce Commission (ICC). ICC provided maps showing Illinois meeting the criteria of 90 percent of population covered by 911 and 75 percent of population covered by E911. Therefore, population wise, good progress has been made but geographically, only slightly more than 50 percent of the land area has available response services.

Acute Care/Sub-Acute Care & Secondary Prevention:

Recommendation #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.

Strategy a. Use samples of assessments conducted within the U.S. Centers for Disease Control and Prevention Stroke Hospital Registry, Mississippi and Georgia to develop assessment which will be distributed to all Illinois hospitals during the spring of 2006.

Activities: This assessment was accomplished with an on line hospital inventory survey tool was deployed to all Illinois hospitals (more than 200) on December 4, 2006. A total of 74 (36.6%) hospitals responded to the survey. Results were analyzed and shared with the Stroke Task Force member.

Recommendation #2 Coordinate the promotion of hospital-based quality improvement initiatives and adoption of quality indicators through resources such as American Heart Association's Get with the Guidelines – Stroke and Illinois CAPTURE (CAre and Prevention Treatment Utilization REgistry) Stroke Registry.

Strategy a. Include information on the Department’s Web site for heart disease and stroke in the Professional Education section.

Activities: The Web site is up and running.

Strategy b. Collaborate with Illinois Hospital Association, American Stroke Association, and Joint Commission, to provide symposia/workshops to promote quality improvement initiatives in acute care hospitals

Activities: Illinois CAPTURE Stroke Registry in collaboration with American Stroke Association, Illinois Hospital Association, Joint Commission, and stroke survivor organized two workshops in May 2007 for all acute care hospitals in Illinois. The workshops were held May 23, 2007, at Effingham and May 31, 2007, Naperville. The topic of workshop was “Improving quality of stroke care in your hospital.” The workshops were attended by 105 health care professionals and quality improvement managers.

Strategy c. Promote utilization of Resources for Heart Disease and Stroke Quality Improvement created by the Great Lakes Regional Stroke Network (GLRSN).

Activities: GLRSN in collaboration with American Stroke Association, National Stroke Association organized five presentations, between January and June 2007, via conference call on quality improvement of stroke care and telemedicine.

Recommendation #3 Coordinate support and policy change for the use of telemedicine to address stroke needs in the rural areas of the state.

Strategy a. Initiate discussions with the Illinois Rural Health Association and Lieutenant Governor Pat Quinn’s Office to develop a business case on the cost/benefit of telemedicine to promote to hospital administrators.

Activities: Potential funding sources are being explored. American Heart Association participates in the Lieutenant Governor’s Illinois Broadband Deployment Council, which includes telemedicine development.

Strategy b. Investigate funding options to support the 52 Illinois Critical Access hospitals in need of equipment for telemedicine capability.

Activities: The Illinois Heart Disease and Stroke Prevention Program has begun discussions with the American Heart Association/American Stroke Association on the need for telemedicine and what the next steps would be.

The Great Lakes Regional Stroke Network coordinated a call on March 27, 2007, throughout the region on telemedicine and stroke. Dr. Gregory Young of New York and Dr. David Hess of Georgia shared their examples of successful telemedicine for stroke. In 2008, the Great Lakes Regional Stroke Network will again conduct a regional conference call on this topic with Dr. Elaine Skalibrin from Utah.

Recommendation #4 Coordinate the promotion of the Joint Commission on Accreditation of Healthcare Organizations, Primary Stroke Center certification program to all hospitals.

Strategy a. Include information on the Department's Web site for heart disease and stroke in the Professional Education section.

Activities: Information is on the Department's Web site (www.idph.state.il.us/heartstroke).

Strategy b. Collaborate with American Heart Association and National Stroke Association to provide a nursing symposium as a pre-conference during the Public Health Stroke Summit in December 2006 in Chicago.

Activities: This activity was accomplished with the collaboration of American Heart Association and National Stroke Association in December 2006.

Strategy c. Collaborate with American Heart Association to promote a workshop in March 2007.

Activities: American Heart Association's workshop entitled "Pursuit of Clinical Excellence-Stroke" was held on March 9, 2007, in Urbana. About 80 participants were in attendance and the agenda covered stroke guidelines, telemedicine for rural hospitals and stroke camps for survivors.

Strategy d. Initiate discussions on the creation of a policy for diversion to primary stroke center.

Activities: In February 2007, legislation was introduced requiring Primary Stroke Centers to be available for all residents within a one hour timeframe. The legislation is in committee awaiting hearings. Currently, Illinois is behind in the establishment of Certified Primary Stroke Centers. Other states, such as Massachusetts, New York and Florida, have mandated their hospitals be Certified Stroke Centers. In Illinois, there are 18 centers certified compared to 64 in Florida.

Recommendation #5 Coordinate appropriate stroke professional education opportunities to targeted health care professionals including but not limited to: emergency department physicians and nurses, neurologists, nurses, medical students and physicians.

Strategy a. Collaborate with the Department's Office of Women's Health (OWH) and the American Heart Association/American Stroke Association to provide trainings.

Activities: In collaboration with OWH and American Heart Association/American Stroke Association, two regional workshops on high blood pressure have been scheduled for April 2008. At this workshop, resources and tool kits will be provided for health care professional that can use these materials to educate their populations on high blood pressure, stroke and heart attack.

Rehabilitation

Recommendation #1 Review the Illinois Department of Healthcare and Family Services' Guidelines for Rehabilitation on providing post-stroke care and rehabilitation services, mild neurological impairment, disability time frame and access to acute rehabilitation services.

Activities: There was no activity related to this recommendation.

Recommendation #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.

Strategy a. Initiate discussion with task force members about information to be included in assessment.

Activities: Members of the Illinois Stroke Task Force, as well as other stroke rehabilitation specialists participated on the Great Lakes Regional Stroke Network ad hoc Rehabilitation Work Group in creating a regional Stroke Rehabilitation Inventory Tool. This tool will be used in all Great Lakes Regional Stroke Network states, including Illinois, to assess stroke rehabilitation services. Stroke rehabilitation professionals from Illinois also participated in the focus group testing of this tool.

Recommendation #3 Promote communication among rehabilitation specialists and manage care organizations to better coordinate patient care.

Strategy a. Coordinate policy change for increased length of rehabilitation services provided by both public and private insurers.

Activities: This dialogue was initiated in December 2006 with a half-day roundtable discussion with the American Heart Association, Midwest Affiliate in Chicago. The task force will continue to explore other avenues.

Strategy b. Pilot test a patient worksheet to help better navigate their rehabilitation health insurance benefits.

Activities: There was no activity.

Recommendation #4 Coordinate professional education opportunities specific for rehabilitation health care providers.

Strategy a. Promote resources from state and national organizations to providers.

Activities:

- Resources include Starting Now, Stroke Connection, Peer Visitor Program, Toll-free Warm Line and Web, Stroke Group Registry. All these resources were promoted online, during May 2007 Stroke Awareness Month. Also, at the Great Lakes Regional Stroke Network (GLRSN) Web site, there are patient education fact sheets as well as professional education links.
- Included information on the Department's Web site for heart disease and stroke in the Professional Education section.
- The Great Lakes Regional Stroke Network offered a conference call for all stroke rehabilitation specialists called "Stroke Rehabilitation across the Continuum of Care" in June 20, 2007. Continuing education units (CEUs) were available.

Recommendation #5 Promote through partners a statewide stroke rehabilitation resource and information guide.

Strategy a. Finalize the stroke rehabilitation guide and distribute by March 2006.

Activities: This project was accomplished and is posted on the Department's Web site.

Strategy b. Initiate discussions with the Illinois Department of Human Services, Rehabilitation Services.

Activities: There was no activity.

Quality Improvement

Recommendation #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 2007, the Department received grants from the U.S. Centers for Disease Control and Prevention (CDC) for \$540,000 to prevent and control heart disease and stroke in Illinois and to continue the stroke network in the six-state Great Lakes Region established in 2004. 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 heart disease and stroke prevention through the implementation of two projects: the Great Lakes Regional Stroke Network (GLRSN) and the Heart Disease and Stroke Prevention Program (HDSP).

The purpose of the GLRSN 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 HDSP is to: increase control of high blood pressure and high cholesterol, primarily in adults and older adults; improve emergency response; and increase knowledge of signs and symptoms for heart attack and stroke and the importance of calling 911. The HDSP program addresses these priorities by focusing on policy change, system change, health education and awareness, and training and technical assistance.

Great Lakes Regional Stroke Network

The GLRSN was successful in receiving funding from CDC until June 30, 2010. Building upon previous successes and infrastructure, the network focuses its efforts in the following areas:

Quality of Care

This group will continue its successful calls offering CEUs to health care professionals in the Great Lakes Region. Upcoming topics include: Improving Stroke Care at your Critical Access/Rural Hospital (a collaboration that includes the Illinois Hospital Association).

Evaluation and Surveillance

In addition to its Regional Stroke Atlas, the Evaluation and Surveillance Work Group will be creating an updated Burden Document in 2008. This will include new data on the aging population, neurology coverage in the region, and updated data on mortality, prevalence, risk factors and hospital discharge. Once completed, these items may be found at the Network's Web site: <http://glrsn.uic.edu>. A thorough partnership assessment is being conducted by the CDC and Research Triangle Institute of the Great Lakes Regional Stroke Network. A data exchange of successful stroke policies and practices will be conducted in 2008.

EMS Notification and Response

This new work group is creating an inventory of EMS policies as they relate to stroke. This group also will promote EMS stroke specific training and begin discussing regional boundary issues for stroke. Lastly, this group is compiling National Emergency Medical Services Information System data collection points for discussion at each state office of EMS.

Illinois CAPTURE Stroke Registry

In 2007, the Department's Centers for Disease Control and Prevention's Coverdell grant was approved but not funded due to insufficient federal funds. The Illinois CAPTURE (**CA**re and **P**revention **T**reatment **U**tilization **RE**gistry) Stroke Registry program is continuing with carry-forward money from the last funding cycle.

However, during past three years, 45 hospitals participated in the CAPTURE Stroke Registry. As of August 31, 2007, there were 10,495 cases entered into the registry through an online data collection tool. The purpose of the registry was to improve the care delivered to acute stroke patients in Illinois hospitals.

Funds Spent for Illinois Stroke Task Force Activities

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