

State of Illinois
Pat Quinn, Governor

Department of Public Health
Damon T. Arnold, M.D., M.P.H., Director



Illinois Stroke Task Force

Annual Report to the General Assembly Public Act 92-0710

January 1, 2008 - December 31, 2008

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

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Public Act 92-0710
Annual Report**

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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. The Illinois 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 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 Illinois Department 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 6,845 deaths in 2003. The age-adjusted death rate for cerebrovascular disease from 1999 – 2002 was 117.2 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; and sudden severe headache with no known cause. If any of these symptoms appear, a family member or the victim must call 911. Treatment is more effective if it is given quickly and every minute counts.

Progress – During 2008, the Department convened Illinois Stroke Task Force meetings on March 10, July 14 and December 15. During 2008, 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 2006 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:

Coalition of Limited English Speaking Elderly (CLESE) provided Know the Numbers of Your Body - Warning Signs and Calling 911 sessions to six different ethnic agencies: Metropolitan Asian Family Services, Bosnian Herzegovinian American Community Center, Vietnamese Association of Illinois, Chinese Mutual Aid Association, South-East Asia Center, and Hellenic Family and Community Services. All of these agencies except Hellenic Family and Community Services have completed the sessions - Hellenic will do the sessions this fall. The fact sheets have been translated into Greek and Vietnamese.

Strategy b. Partner with the Heart Disease and Stroke Prevention Program Coordinating Committee and provide a bookmark or other educational piece to the clients serviced by each member of the Heart Disease and Stroke Prevention Program Coordinating Committee with particular focus on reaching minority populations and Medicaid populations. (Outreach target: 50,000)

Activities:

A total of 30,000 bookmarks were printed and distributed. The task force will look at new ways to distribute educational pieces to meet the target.

Strategy c. Conduct stroke awareness in May 2008, including items such as a governor's proclamation.

Activities:

The Governor presented a proclamation on April 25, 2008, proclaiming May 2008 Stroke Awareness Month. Dr. Damon T. Arnold M.D., M.P.H., state public health director, issued a news release encouraging people to remember the three Rs (reduce risk, recognize symptoms and respond immediately) during National Stroke Awareness Month.

Strategy d. Conduct a stroke media campaign using public service announcements (PSAs), billboards or paid advertisements in three or more selected areas of the state. (Decatur, Peoria and Kewanee are already scheduled for billboards, and Springfield may possibly have a billboard as well).

Activities:

Billboards and paid advertising targeting African Americans were used in Decatur, Peoria and Kewanee.

Strategy e. The Heart Disease and Stroke Prevention Program in collaboration with the Illinois Hospital Association will provide one public education activity in the month of May to reach out to their local community.

Activities:

The Illinois Department of Public Health's: Heart Disease and Stroke Prevention Program and Arthritis Education Program's educational event was held on April 24, 2008. Thirty-nine individuals were in attendance at six videoconference locations statewide. The sites included: Illinois Hospital Association offices in Naperville and Springfield; Pinckneyville Community Hospital (Pinckneyville); Mercer County Hospital (Aledo); Pana Community Hospital (Pana); and Illini Community Hospital (Pittsfield). The additional sites of Pana Community Hospital

and Illini Community Hospital were added after they expressed interest. Hospital leaders and community partners were in attendance as well.

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

Strategy a. Work with the Illinois Department of Public Health and American Heart Association staff to implement state plan.

Activities: The American Heart Association and the Department's Heart Disease and Stroke Prevention Program sponsor five blood pressure trainings in counties with the highest cases. These training were to educate health professionals on the new blood pressure methods.

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 EMS.

Strategy a. Use current or new assessments of the Emergency Medical Systems (EMS) stroke capacity and stroke specific quality improvement activities to identify areas where the Department's Heart Disease and Stroke Prevention Program can lend support or leadership.

Activities:
No activity.

Strategy b. Work with the EMS Strategic Planning Committee to ensure that stroke is in their plan for treatment, transfer, and data collection.

Activities:
The Illinois Stroke Task Force just received the EMS draft plan, and will be meeting with EMS to help meet the plan.

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. In collaboration with Illinois Rural Health Association, conduct training seminars for EMS to educate Emergency Medical Technicians on best practices, stroke systems of care, primary stroke center requirements, potential for statewide protocols, and transfer protocols.

Activities: In conjunction with the Illinois Rural Health Association, the Department's Heart Disease and Stroke Prevention Program conducted two training seminars June 25 in Galesburg Ill., and July 31 and at John A. Logan College in Carterville, Ill. The training included review of stroke and heart disease data; the importance and role of EMS treatment and the response for heart disease and stroke. The American Heart Association gave a presentation on EMS role in spreading the word about stroke prevention and heart disease, and the availability online training opportunities. We also provided strategizing discussion on community events for education on

stroke prevention; identifying calendar dates and specific materials that the American Heart Association can provide; pre-hospital stroke care based upon the online training currently available.

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

Strategy a: Present the status and future of stroke in Illinois at one conference during 2007-2008.

Activities:

The Illinois Heart Disease and Stroke Prevention Program provided speakers who presented new updates on measuring blood pressure at the Women's Health Conference. The program also exhibited at the conference and provided new blood pressure kits to attendants.

Strategy b. Provide at least one annual opportunity to offer stroke systems of care updates to pre-hospital professionals including dispatch, EMTs, first responders and Emergency Department physicians.

Activities:

The Department's Heart Disease and Stroke Prevention Program displayed at Illinois Conference for Emergency Providers and gave oral reports at three EMS forums. In conjunction with the Illinois Rural Health Association, the Department's Heart Disease and Stroke Prevention Program conducted two training seminars June 25 in Galesburg, Ill., July 31 at John A. Logan College in Carterville, Ill. The training included review of stroke and heart disease data, the importance and role of EMS treatment and the response for heart disease and stroke. American Heart Association gave a presentation on EMS role in spreading the word about stroke prevention and heart disease, and the availability online training opportunities. We also provided strategizing discussion on community events for education on stroke prevention; identifying calendar dates and specific materials that American Heart Association can provide; pre-hospital stroke care based upon the online training currently available.

Recommendation #4 Coordinate support and policy changes for statewide transport protocols for emergency medical systems, (i.e., pre-arrival instructions provided by all emergency medical directors).

Strategy a. Initiate conversations with EMS to develop transport protocols to transport qualified acute stroke care patients to the most appropriate treatment center.

Activities:

The Department's EMS provided complete information on EMS and stroke in draft proposed legislation.

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

Strategy a. Initiate discussions with the Illinois Commerce Commission for EMS dispatchers to ensure that stroke specific guide cards are used as a statewide standard for all 911 dispatchers.

Activities:

No activity.

Acute Care/Sub-Acute Care and 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. Geographically identify hospitals by type through maps, surveys, needs assessment and annual reports. Identify the roles and responsibilities of each hospital in the treatment of stroke patients.

Activities:

All hospitals were surveyed; 78 percent of them responded. The hospitals were then mapped out based upon the services provided in their area.

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 data, Illinois CAPTURE (CAre and Prevention Treatment Utilization REgistry) Stroke Registry, etc.

Strategy a. Include information on the Department's Web site about heart disease and stroke in the professional education section.

Activities:

Illinois CAPTURE Registry's public Web site (<http://ilcapturestroke.uic.edu>) will be included in Department's Heart Disease Stroke Prevention professional education section.

Strategy b. In collaboration with American Heart Association, provide "Get With the Guidelines" educational opportunities through satellite broadcast, regional conferences and other means to hospital-based quality improvement. Offer pilot projects for those hospitals that want to transition data from Illinois CAPTURE to "Get With the Guidelines" in the event funding is no longer available for CAPTURE.

Activities: Illinois CAPTURE Stroke Registry, a quality of stroke care improvement initiative of the Department's Heart Disease and Stroke Prevention Program, in collaboration with American Heart Association, has purchased two-year licenses for Outcome Science "Get With the Guidelines" for 10 hospitals. Illinois CAPTURE Stroke Registry plans to use a hybrid model of data collection using Illinois CAPTURE Stroke application as well as Outcome Science "Get With the Guidelines" data entry application. "Get With the Guidelines" data will be mapped to Illinois CAPTURE Stroke Registry data to create state-based database.

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

Activities:

The Great Lakes Regional Stroke Network hosted several calls in 2008 for quality of care purposes. Topics included: improving stroke care at your critical access/rural hospital (planned in cooperation with Illinois Hospital Association Rural Hospital initiative); drip and ship tPA

programs; a data exchange with topics of dysphagia screening in the ER, creating an inpatient stroke response team and American Heart Association's "Get With the Guidelines" stroke data; an emergency medical services quality improvement toolkit for stroke, and post-stroke depression. These teleconferences were promoted to the Great Lakes Regional Stroke Network listserv.

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: Collaborate with the Lt. Governor's Illinois Broadband Deployment Council to promote a telemedicine round table discussion of parties interested in developing a telestroke project.

Activities:

The task force has been attending meetings with the Lt. Governor's Illinois Broadband Deployment Council and giving updates on and connecting partners for the telemedicine grant.

Strategy a: Work with interested hospitals to encourage them to apply for federal funding through the Federal Communications Commission.

Activities:

No activity in this area yet; the task force plans to have more information for hospitals when telemedicine grant is approved.

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

Strategy a. Update information on the Department's Web site for heart disease and stroke in the professional education section.

Activities:

All of the Heart Disease and Stroke Prevention program's fact sheets have been updated on the Web site.

Strategy b. Initiate discussions on establishing roles and responsibilities for Certified Primary Stroke Centers, Non-certified Acute Stroke Capable Hospitals and Non-Acute Stroke Hospitals.

Activities:

All hospitals were surveyed; 78 percent of them responded. The hospitals were then mapped out based upon the services provided in their area.

Strategy c: Provide educational opportunities to hospitals through partnerships with Area Health Education Consortium, Illinois Rural Hospital Association, Illinois Critical Care Hospital Network, and Illinois Hospitals Association, and American Hospitals Association to help them prepare to identify their future role in the care of stroke patients as a Primary Stroke Center or Acute Care Capable hospital.

Activities:

Stakeholders as the Illinois Hospital Association, Illinois Critical Care Hospital Network and American Heart Association met with Illinois Department of Public Health for stroke legislation development. The Heart Disease and Stroke Prevention Program and Arthritis Program's education event was held on April 24, 2008. Thirty-nine individuals were in attendance at six

videoconference locations statewide. The sites included: Illinois Hospital Association offices in Naperville and Springfield; Pinckneyville Community Hospital (Pinckneyville); Mercer County Hospital (Aledo); Pana Community Hospital (Pana); and Illini Community Hospital (Pittsfield). The additional sites of Pana Community Hospital and Illini Community Hospital were added after they expressed interest. Hospital leaders and community partners were in attendance as well.

The speakers and topics from this program brought a great deal of information to the attendees and were very well received. Information presented to the participants included: background on the Heart Disease and Stroke Prevention Program and also valuable insight into the gravity of the problem in Illinois' small and rural communities; background information on arthritis and information on the different programs offered by the Arthritis Foundation; issues related to childhood hypertension including the different types of hypertension along with the risk factors, measurements and readings; and information on hypertension in adults, the prevalence and risk factors, pathophysiology, evaluation, and current best practice recommendations.

A total of 31 evaluations were turned in; 12 individuals scored the program excellent, 15 very good, and four good. There were no scores for the overall program in the poor range. Some of the comments stated that the program provided an "immense amount of new information from the speakers."

Overall, this program provided a great deal of background information for small and rural hospitals. The use of the videoconference technology made it much easier for these hospitals to send participants and made it very easy to communicate with the speakers and ask questions at each of the sites.

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:

Office of Women's Health, American Heart Association, Illinois Public Health Association and the Heart Disease and Stroke Prevention Program provided four blood pressure trainings in the state of Illinois: Olney (April 4, 2008), Ullin (April 25, 2008), Decatur (June 17, 2008) and Kewanee (July 8, 2008). The curriculum that was used was the Healthy Pathways Presents: "Measuring Blood Pressure in the 21st Century." This training was such a success and well received in all of the communities that we will be providing the training during two different sessions at the 2008 Women's Health Conference that is sponsored by the Illinois Department of Public Health, Office of Women's Health.

Rehabilitation

Recommendation #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.

Strategy a. Initiate discussions on state policy or standards for referring stroke patients for post-stroke care.

Activities:

No activity.

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. Conduct a survey for rehabilitation stroke service.

Activities:

In January 2008, the Heart Disease and Stroke Prevention Program partnered with office of rehabilitation service to obtain addresses of rehabilitation centers. Using an instrument created by the Great Lakes Regional Stroke Network rehabilitation workgroup, 83 rehabilitation facilities responded. Results are being developed as a network, looking at each state.

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

Strategy a. Conduct a Great Lakes Regional Stroke Network survey for rehabilitation stroke service.

Activities:

In January 2008, the Heart Disease and Stroke Prevention Program partnered with Department's Office of Rehabilitation Service to obtain addresses of rehabilitation centers. Using an instrument created by the Great Lakes Regional Stroke Network rehabilitation workgroup, 83 rehabilitation facilities responded. Results are being developed as a network, looking at each state in the Great Lakes Regional Stroke Network.

Strategy b. Conduct statewide screening and develop assessment tool of functional status consistent with national guidelines.

Activities:

No activity.

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

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

Activities:

No activity.

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

Strategy a. Providers develop programs to ensure compliance with national guidelines for stroke rehabilitation

Activities:

No activity.

Strategy b. Published directory of statewide post-stroke resources and services.

Activities:

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.

The Chicago Area Stroke Taskforce (CAST)

The Chicago Area Stroke Taskforce (CAST) was formed in December 2007 to address the needs of stroke patients in the city of Chicago. One of its first tasks was to deal with the important issue of emergency triage of patients with an acute stroke. It is recognized that many stroke patients access the health care system by calling 911. They are then typically transported to the nearest hospital with an open Emergency Department. However, in many of these cases, the receiving hospital is not a certified stroke center and may lack of infrastructure, personnel, protocols, and expertise to treat the patient using current care guidelines. Indeed, recent guidelines published by the American Heart Association strongly recommend that patients with an acute stroke be treated at the nearest stroke center facility. Members of CAST include health care providers (physicians, nurses), EMS leadership personnel, AHA representatives, Chicago Fire Department personnel, hospital representatives, members of the Illinois Department of Public Health, and others. CAST has held several meetings to discuss the issue of emergency triage of stroke patients. At present, all of the groups represented in CAST support the concept of emergency triage to the nearest appropriate facility. Letters of agreement with hospitals, triage protocols, and data collection forms have all been developed and approved.

EMS personnel on CAST have developed a questionnaire that has been sent to all hospitals in the city of Chicago to determine their current capabilities and capacities. Responses are now being returned. After that is completed, each hospital will be sent the EMS triage protocol, letter of agreement, and data collection form. Once the geographic representation of participating hospitals is determined and EMS develops the appropriate triage methods, CAST plans to begin a pilot phase of acute EMS triage for patients with acute stroke presenting within three or six hours of stroke onset. The target is to have the pilot program running by January 1, 2009. Data will be collected for at least three months, then the program will be adjusted accordingly. CAST will continue to meet to discuss various elements of this program and provide guidance and modifications as needed.

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) nearly \$1.5 million in 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 fourth year of existence, but first year in its newest CDC funding cycle, the Great Lakes Regional Stroke Network (Network) implemented structure modifications and conducted an all state stroke task force call about telemedicine and stroke. In addition to completing a multiyear intensive evaluation through CDC's Promising Practices conducting by RTI International, which found the Network to have "made a number of significant steps in the establishment of a region-wide partnership and processes of GLRSN used to develop its infrastructure, organization and administration should be viewed as successful and replicable." Communication continues to be strong key in the success of the Great Lakes Regional Stroke Network. In addition to a Web site, the Network houses a listserv where members (392) can post questions about stroke related quality of care and receive answers from health care professionals across the region. A monthly newsletter is promoted through the listserv featuring activities of state stroke task forces, work groups, and stroke information as well as in-depth resources about stroke education (March 2008) and smoking cessation (July 2008), promoting program cooperation and integration.

Work Groups completed activities identified in their work plan.

Quality Improvement

This work group continued their successful CEU quality of care conference calls for health care professionals throughout the Great Lakes region (Illinois, Indiana, Michigan, Minnesota, Ohio and Wisconsin). Topics included: improving stroke care at your critical access/rural hospital (planned in cooperation with Illinois Hospital Association Rural Hospital initiative); drip and ship tPA programs; and post-stroke depression. Upcoming calls will be lipid management in September and DVT prophylaxis: Maximizing therapy gains in December. Other quality improvement initiatives promoted include: primary stroke center calls on improving compliance with patient education and the development of mock stroke code checklists to assist hospitals in preparation for Joint Commission Primary Stroke Center site visits. This work group, through a partnership with the American Heart Association, was able to review "Get With the Guidelines" stroke data for the Great Lakes region in identifying areas needing improvement.

Epidemiology and Surveillance

In addition to finalizing a Regional Stroke Atlas, this work group completed an updated Regional Burden Document for 2008, consisting of the state of stroke within the Great Lakes region. Individual state stroke surveillance fact sheets were developed in October 2007. Once this document is approved by the Communications Department at the Illinois Department of Public Health, it will be housed at the Network's Web site: <http://glrsn.uic.edu>. This group also conducted a regional data exchange in May 2008 via teleconference.

Emergency Medical Services

This work group completed an inventory of emergency medical system policies for stroke in the Great Lakes region. States in the region (Michigan and Ohio) completed in depth assessments of their Emergency Medical Services for stroke. Training for EMS professionals in the region was promoted through the Great Lakes Regional Stroke Network (GLRSN) Web site, various state newsletters and the GLRSN newsletter.

Rehabilitation Work Group

Recognizing the need to better understand stroke rehabilitation resources in the Great Lakes region, this work group created an inventory of stroke rehabilitation services. It was focus group tested and modified to reflect their suggestions. Each state in the Great Lakes region then conducted this inventory and data was shared with the network. The network is analyzing this data and will create a report by June 2009.

The network has been asked to present at conferences including the National Stroke Association Public Health Summit, the CDC's Heart Disease and Stroke Prevention Institute, and the Stroke Belt Consortium. Through a partnership with the National Stroke Association, the program manager participates on their planning committee for a regional stroke workshop held in September 2008, in Minnesota for stroke health care professionals.

In the future, the network looks forward to expanding its partnerships, maintaining successes, implementing online CEU opportunities for stroke, creating a regional rehabilitation inventory, conducting a telemedicine inventory and developing a position statement, creating an EMS policy statement for training, and implementing an evaluation of the network burden document.

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 is also 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) is 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 six hospitals were selected, for a project total of 46 participating hospitals.

As of June 27, 2008, there have been 11,612 cases entered into the stroke registry's online 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.