

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, 2009 - December 31, 2009

**Annual Report to the General Assembly
Public Act 92-0710**

**Illinois Stroke Task Force
January 1, 2009 – December 31, 2009**

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

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

January 1, 2009 – December 31, 2009

Introduction

This report serves as the annual report to the Governor 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 Department task force is comprised of the following members: 19 members appointed by the director of the Illinois Department of Public Health, 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 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 which includes 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.

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. The risk of death and disability can be reduced if stroke victims receive prompt appropriate treatment.

Progress – During 2009, the Department convened Illinois Stroke Task Force meetings on March 13, June 12 and September 11. During 2009, the task force members worked to develop recommendations on the following priority areas: primary prevention/public education; emergency medical system notification and response; acute care/sub-acute care and secondary prevention; rehabilitation; and quality improvements. Progress made during 2009 on each recommendation follows.

Primary Prevention/Public Education:

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

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

Activities:

The Illinois Stroke Task Force Partners coordinated mailings to local health departments during select times of the year coinciding with cholesterol education, American Heart and American Stroke months.

Strategy b. Conduct stroke awareness activities during May 2009, including a governor's proclamation.

Activities:

No activity

Strategy c. Conduct a stroke media campaign using public service announcements, billboards or paid advertisements in three or more selected high-risk areas of the heart disease and stroke burden document.

Activities:

The pilot project began in February and ended June 2009. Clay County is 470 square miles with a population of 13,700. This county was chosen because of the high stroke mortality rate according to the Cardiovascular Health Program's burden document. The scope of the pilot study was to utilize effective education and promotion to improve the stroke mortality rate of the county. The teaching objectives included: what is stroke; what are stroke warning signs; and how to react to suspected stroke. There were 420 surveys randomly mailed out to residents of Clay County and there was a 24 percent response rate. After the pre-surveys were returned in the media messages on stroke were conducted in Clay County. The Clay County Health Department participated in four health fairs handing out information on the "Give Me 5 for stroke campaign. Also, the county health department and American Heart Association (AHA) participate at an event for women during American Heart Month and on a Rhythm & Blues Talk Show that has an audience of about 15,000. There also were events at the Teen REACH program, radio Public Service Announcements, print media, potty trainings and waiting/exam rooms of health facilities in the community. Currently, the Clay County Health Department is at the stage of the post-survey to determine if the media campaign increased the knowledge on stroke of the residents of Clay County.

The Cardiovascular Health Program provided information about heart month and an article on sodium and blood pressure to the Illinois Hospital Association Small and Rural Hospital monthly newsletter.

The American Heart Association in the Springfield and Decatur area provided 11 paid ads, two billboards, and nine free public ads. Three media sponsors ran the Public Service Announcements 2,298 times. In Peoria, there were two paid ads, one billboard, and one free public ad one media sponsor ran the Public Service Announcements 14 times. Metro Chicago had in-kind Public Service Announcements for stroke in Joliet (WJOL and partner stations) and in Naperville/Aurora.

Strategy d. Collaborate with the Illinois Hospital Association to provide public education in their monthly newsletter.

Activities:

The Illinois Hospital Association featured these topics in their monthly newsletter: Illinois Heart Disease and Stroke Prevention Program Spotlight, U.S. Centers for Disease Control and Prevention Study, and the Great Lakes Regional Stroke Network Receives National Award.

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

Strategy a. Work with the Department and the AHA staff to implement state plan.

Activities:

The Department's Cardiovascular Health Program and the American Heart Association have a planning meeting each year to develop activities to address the heart disease and stroke in Illinois: Now is the Time for Public Health Action - 2007-2012 State Plan. This meeting took place on August 19 and 20, 2008.

Emergency Medical System Notification and Response:

Recommendation #1 Develop and conduct an assessment of the Department's 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) to identify stroke capacity, stroke specific quality improvement activities, and areas where the Department's Cardiovascular Health program can provide support or technical assistance.

Activities:

The American Heart Association provided an EMS stroke capacity assessment in the fall 2008. The compiled results will be reviewed and discussed with the Illinois Stroke Task Force to provide further recommendations to the Department.

Strategy b. Work with the EMS strategic planning committee to ensure that stroke is in the EMS plan to address treatment, transfer and data collection.

Activities:

Stroke has now been included in updated EMS strategic plan within the emerging trends section of the plan. Final recommendations will be shared with the Department of Public Health in January, 2010.

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 (EMTs) on best practices, stroke systems of care, primary stroke center requirements, and potential for statewide protocols and transfer protocols.

Activities:

A Emergency Medical Systems stroke training was conducted with the Illinois Critical Access Hospital Network (ICAHN). ICAHN has partnered with St. John's Hospital in Springfield to provide a continuing education program aimed at EMS professionals in Illinois. Also the American Heart Association will discuss EMS and stroke awareness.

The Illinois Stroke task forces received the EMS draft plan, and will meet with EMS to help meet the EMS plan in the area of stroke.

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:

Information was presented at the Illinois Critical Access Hospital Network EMS conference in the fall 2008.

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

Activities:

No activity

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

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

Activities:

House Bill 2244 will facilitate the development of regional EMS transport protocols to take potential stroke patients to the closest primary stroke center.

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

Strategy a. Work 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:

Updated maps were developed based on hospitals capacity for treating stroke. This was shared with the Illinois Stroke Task Force for planning purposes.

Recommendation #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 and the Illinois **C**Are and **P**revention **T**reatment **U**tilization **R**egistry (CAPTURE) Stroke Registry, etc.

Strategy a. Include information on the Department's Web site, heart disease and stroke page under the professional education section.

Activities:

Illinois CAPTURE Stroke public Web site (<http://ilcapturestroke.uic.edu>) link will be included in HDSP professional education section.

Strategy b. In collaboration with AHA, provide "Get with the Guidelines" (GWTG) educational opportunities through satellite broadcast, regional conferences and other means to hospitals based quality improvement. Offer pilot project for those hospitals wanting to transition data from Illinois CAPTURE to GWTG in the event funding is no longer available for CAPTURE.

Activities:

Illinois CAPTURE Stroke Registry, the Department's Cardiovascular Health Program quality of stroke care improvement initiative, in collaboration with AHA has purchased two year licenses for AHA'S Outcome Science GWTG for 10 hospitals. Illinois CAPTURE Stroke Registry plans to use hybrid model of data collection using the data of Illinois CAPTURE Stroke application as well as Outcome Science GWTG data entry application. GWTG data will be mapped to IL CAPTURE Stroke data to create a database.

The America Heart Association inputted 14 hospitals that implemented "Get With the Guidelines"/Coverdell Patient Management Tool.

Strategy c. Promote teleconferences and webinars for heart disease and stroke quality improvement created by the Great Lakes Regional Stroke Network.

Activities:

The Great Lakes Regional Stroke Network (GLRSN) hosted several calls in 2009 for quality of care purposes. Topics included: genetics and stroke (coordinated with state genomics programs), management of transient ischemic attacks (TIAs), rural stroke systems of care, dysphagia screening, and maximizing opportunities for thrombolytic therapy. These teleconferences were promoted through the GLRSN listserv that is comprised of more than 440 healthcare professionals throughout the great lakes region. As of May, 2009 more than 3,000 healthcare professionals from the Great Lakes Region have participated in these calls.

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 Lieutenant Governor's Illinois Broadband Deployment Council to promote a telemedicine round table discussion for those interested in developing a telestroke project.

Activities:

As a result of participation with the Great Lakes Regional Stroke Network, the Cardiovascular Health Program initiated an inventory of telemedicine policies and procedures.

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

Activities:

The Cardiovascular Health Program and the American Heart Association have proactively shared funding opportunities with key organizations and hospitals in support of telestroke. Currently, 15 hospitals received two-year license for use of GWTG for stroke Quality Improvement purpose with suggestion to look for opportunity for funding in future years.

Recommendation #4 Coordinate the promotion of the Joint Commission 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:

No activity

Strategy b. Initiate discussions on established roles and responsibilities for certified primary stroke centers, non-certified acute stroke capable hospitals and non-acute stroke hospitals.

Activities:

No Activity

Strategy c: Provide educational opportunities to hospitals through partnerships with Area Health Education Consortium, Illinois Rural Health Association, Illinois Critical Association Hospital Network, and Illinois Hospital Association, and American Heart 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:

Educational opportunities provided via teleconference through partnership with the Great Lakes Regional Stroke Network and the American Heart Association. A special call was designed for Critical Access/Rural Hospitals in partnership with the Illinois Hospital Association. IL CAPTURE Stroke Registry hospitals were also invited to attend.

Key stakeholders including IHA, ICAHN and IRHA were convened to discuss the role and responsibilities of hospitals as part of House Bill 2244. This discussion included outlining the resources currently available in the state.

Recommendation #5 Coordinate appropriate stroke professional education opportunities to targeted healthcare professional 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:

Educational opportunities were provided via teleconference through partnership with the GLRSN and the American Heart Association. A special call was held for critical access/rural hospitals in partnership with the Illinois Hospital Association. Illinois CAPTURE Stroke Registry hospitals also were invited to attend. The majority of health care professionals that participated were nurses. Oakton Community College provided the continuing education units (CEUs) free of charge to participants.

Working and collaborating with the Department's Office of Women's Health, the Center for Minority Health and the AHA, the program hosted Webinar for local health departments and key stakeholders.

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:

Governor Quinn signed House Bill 2244 into law in August 2009. This law provides for designation of primary stroke centers by the Illinois Department of Public Health amends the Emergency Medical Services (EMS) Systems Act and provides that the Director of the Illinois Department of Public Health shall develop a working group to advise the Department on primary stroke center systems; and that this work group shall have representation from the following groups: EMS medical directors; hospital administrators; neurologists from accredited primary stroke centers; EMS coordinators; stroke advocates; fire chiefs in Illinois; private ambulance providers; and a representative from the state Emergency Medical Services Advisory Council This group shall also develop and submit a statewide stroke assessment tool to the Department for final approval, a copy of which shall be disseminated to all EMS Systems for adoption no later than January 15, 2011.

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 Cardiovascular Health program partnered with Department's Office of Rehabilitation Service to obtain address of rehabilitation centers. Using a survey instrument created by the Great Lakes Regional Stroke Network rehabilitation workgroup, 83 rehabilitation facilities responded to the survey. In 2009 results were shared with the Great Lakes Regional Stroke Network and a report was developed. Additionally, Illinois specific results were presented to the Illinois Stroke Task Force meeting in March.

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

Strategy a. Conduct a GLRSN survey for rehabilitation stroke service(s).

Activities:

In January, 2008, the Cardiovascular Health program partnered with office of rehabilitation service to obtain address of rehabilitation centers. Using an instrument created by the Great

Lakes Regional Stroke Network rehabilitation workgroup, 83 number of rehabilitation facilities responded. Results are being reviewed as a network and, looking at each state. In 2009 GLRSN calls that are specific to stroke rehabilitation were promoted to the contacts made during this inventory.

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

Activities:

A stroke rehabilitation toolkit which contains stroke rehabilitation scales and useful screening tools is available on the GLRSN website.

Recommendation #4 Coordinate professional education opportunities specific for rehabilitation healthcare providers. A quality of care call in the great lakes region was held on deep vein thrombosis prophylaxis in collaboration with the Great Lakes Regional Stroke Network and the American Heart Association. This call was coordinated with the release of the U. S. Department of Health and Human Services' Surgeon General's Report on Deep Vein Thrombosis Prophylaxis. Findings of the rehabilitation inventory conducted in Illinois found that rehabilitation professionals prefer education to be conducted onsite or through the attendance at conferences.

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

Activities:

The Great Lakes Regional Stroke Network (GLRSN) through its listserv provides links to evidence based stroke materials. This is done through the GLRSN's monthly newsletter, The Wave, as well as through postings on their Website.

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

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

Activities:

No Activity

Strategy b. Create and publish a 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.

Data on performance measure for quality of Stroke care were provided to the acute care hospitals that participated in the in the Illinois CAPTURE Stroke registry. These data were used as a tool for system level changes by the participating hospitals.

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 approximately \$1.5 million for five years 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 fifth year of existence, the Great Lakes Regional Stroke Network (GLRSN) was awarded the national Heart Healthy Stroke Free Award from the National Forum for Heart Disease and Stroke Prevention in 2009. All states in the Network completed a telemedicine inventory. Results will be analyzed. In addition to the ongoing multiyear intensive evaluation through CDC's Promising Practices conducted by RTI International, which found the GLRSN "has made a number of significant steps in the establishment of a region-wide partnership. The processes GLRSN used to develop its infrastructure, organization and administration should be viewed as successful and replicable," a new component of this evaluation entitled "Stories from the Field," was added. Communication continues to be key in the success of the Great Lakes Regional Stroke Network. In addition to a Website, the GLRSN houses a listserv where members 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 (February 2009) and how to conduct a mock stroke code (April 2009).

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: genetics and stroke (coordinated with state genomics programs), management of transient ischemic attacks (TIAs), rural stroke systems of care (in collaboration

with the Illinois Hospital Association), dysphagia screening, and maximizing opportunities for thrombolytic therapy. These teleconferences were promoted through the listserv which is comprised of more than 440 healthcare professionals throughout the Great Lakes region. As of May, 2009 over 3,000 healthcare professionals from the Great Lakes Region have participated in these calls. Other quality improvement initiatives promoted include: the development of mock stroke code checklists to assist hospitals in preparation for Joint Commission Primary Stroke Center site visits and a coordinated project between the Department's Tobacco Control Program, the American Lung Association and the Illinois CAPTURE Stroke Registry in which Quitline materials were sent to each Joint Commission Primary Stroke Center and current as well as previous participants of the Illinois CAPTURE Stroke Registry. This work group, through a partnership with the Paul Coverdell National Acute Stroke Registries in the Great Lakes Region (Michigan, Minnesota, and Ohio), was able to review aggregate data for the Great Lakes region to identify areas needing improvement. Future calls will be focus in these areas. Additionally, speakers from hospitals excelling in these areas will be identified to share their best practices.

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 stroke within the Great Lakes Region. Individual state stroke surveillance fact sheets were developed in October 2007. 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 hosted a conference call with Dr. Clay Mann from the National Emergency Medicine Information System (NEMESIS), created a model stroke training policy and a map locating all Joint Commission and Healthcare Facilities Accreditation Program (HFAP) Primary Stroke Centers. Through collaboration with Department's Office of EMS, letters were sent to EMS healthcare professionals referring them to the map for transfer of stroke patients.

Rehabilitation Work Group

Recognizing the need to better understand stroke rehabilitation resources in the Great Lakes Region, this work group provided guidance in interpreting the results of the inventory of stroke rehabilitation services completed in 2008. The GLRSN is analyzing this data and create a report available on the GLRSN website June, 2009.

The GLRSN was asked to present to the Great Lakes Consortium of Public Health Associations on identifying partnership opportunities between these two organizations.

In the future, the GLRSN looks forward to developing an online registration system for the continuing education calls, expanding the rehabilitation project to include a project with discharge planners, developing a rural/critical access hospital initiative for stroke, developing an evidence based dysphagia project, conducting a disparity analysis, and maintaining the evaluation/surveillance projects across state lines.

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 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 for participation in Illinois CAPTURE Stroke Registry began in 2004. Twenty-two acute care hospitals were selected using a stratified random sample. Each of the seven Department of Public Health regions in Illinois (Champaign, Chicago, Edwardsville, Marion, Peoria, Rockford and West Chicago) is represented in the registry as well 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.

In June 2008, the Illinois CAPTURE state program established a partnership with the American Heart Association's Get with the Guidelines (GWTG) program. GWTG provides an online stroke patient management tool that collects Coverdell and Joint Commission data elements related to stroke care. The online tool, which is currently used by hundreds of hospitals across the country, is managed by Outcome and resources are provided by both the AHA and the Illinois CAPTURE program. Through this partnership, the Illinois CAPTURE program was able to offer the GWTG Stroke Patient Management Tool and Coverdell elements at no cost to a select number of Illinois Capture hospitals for two years. Dr. Dilip Pandey presented this new collaboration at the Metropolitan Chicago Healthcare Council conference on January 7, 2009. Several hospitals showed interest in the collaboration and were recruited. Fifteen hospitals were enrolled between July 2008 and April 2009 in the Illinois CAPTURE Stroke program due to the collaboration with the GWTG program.

As of June 29, 2009, data for 13,480 stroke admissions were entered in the registry database for quality improvement monitoring and feedback to the participating hospitals. All participating hospitals were provided with monthly report on performance measures for acute stroke care for their use for quality of stroke care improvement.

Funds Spent for Illinois Stroke Task Force Activities

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