****

**Paul Coverdell National Acute Stroke Program**

**Stroke System of Care Action Plan**

**All applicants must select Strategy #1 and a minimum of one additional Strategy. Each strategy has required outcomes**. Please enter **Action Steps** for each outcome.

**REQUIRED - Strategy #1 Monitor Healthcare Disparities: Leverage electronic health records (EHRs) and health information technology (HIT) to identify patients with stroke risk factors (e.g., undiagnosed hypertension) and monitor health care disparities for those at highest risk for stroke events and for stroke patients.**

**These are the required Outcomes for Strategy #1:**

|  |  |
| --- | --- |
|  | 1. Establishment of a protocol for identifying populations at highest risk for stroke events. |
|  | 1. Monitoring of health care disparities in identification of stroke risk factors, in stroke care, and in provision of referrals. |

**Enter the following information for Action Steps to achieve Outcome A above:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Action Steps** (specific activities that assist in accomplishing the outcome) | **Responsible Party/Partners** (individual or agency responsible for action step) | **Outputs**  (e.g., products, new findings, etc.) | **Timeline** (estimated completion date) |
| *Enter Action Step* |  |  | *Enter Date* |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Enter the following information for Action Steps to achieve Outcome B above:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Action Steps** (specific activities that assist in accomplishing the outcome) | **Responsible Party/Partners** (individual or agency responsible for action step) | **Output**  (e.g., products, new findings, etc.) | **Timeline** (estimated completion date) |
| *Enter Action Step* |  |  | *Enter Date* |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Strategy #2: Quality Improvement: Improve the efficiency and quality of care within EMS and hospital settings and improve transitions of care between settings through systematic Quality Improvement (QI) methods and interventions (e.g., PDSA, Lean, Six Sigma).**

**These are the required Outcomes for Strategy #2:**

|  |  |
| --- | --- |
|  | 1. Identification of performance gaps. |
|  | 1. Implementation of changes in protocols through systematic quality improvement methods and interventions to improve stroke care practices and patient care. |
|  | 1. Improvement in a selected performance measure of care based on identified performance gaps and quality improvement activities. |

**Enter the following information for Action Steps to achieve Outcome A above:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Action Steps** (specific activities that assist in accomplishing the outcome) | **Responsible Party/Partners** (individual or agency responsible for action step) | **Output**  (e.g., # of trainings, partners, etc.) | **Timeline** (estimated completion date) |
| *Enter Action Step* |  |  | *Enter Date* |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Enter the following information for Action Steps to achieve Outcome B above:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Action Steps** (specific activities that assist in accomplishing the outcome) | **Responsible Party/Partners** (individual or agency responsible for action step) | **Output**  (e.g., # of trainings, partners, etc.) | **Timeline** (estimated completion date) |
| *Enter Action Step* |  |  | *Enter Date* |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Enter the following information for Action Steps to achieve Outcome C above:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Action Steps** (specific activities that assist in accomplishing the outcome) | **Responsible Party/Partners** (individual or agency responsible for action step) | **Output**  (e.g., # of trainings, partners, etc.) | **Timeline** (estimated completion date) |
| *Enter Action Step* |  |  | *Enter Date* |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Strategy #3 Partnerships: Establish and strengthen partnerships with relevant state and/or local stroke coalitions, initiatives, professional organizations, providers, and health systems that provide resource support for stroke patients and for those at highest risk for stroke events.**

**These are the required Outcomes for Strategy #3:**

|  |  |
| --- | --- |
|  | 1. Increased number of partnerships established with community organizations for the purposes of providing resource support for stroke patients and for those at highest risk for stroke events. |
|  | 1. Increased number of individuals linked to community resources and clinical services appropriate to their medical, social, and functional determinants of health. |
|  | 1. Progress toward establishing or enhancing a community/regional stroke system of care collaborative to coordinate efforts to strengthen the Stroke System of Care. |

**Enter the following information for Action Steps to achieve Outcome A above:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Action Steps** (specific activities that assist in accomplishing the outcome) | **Responsible Party/Partners** (individual or agency responsible for action step) | **Output**  (e.g., # of partners, etc.) | **Timeline** (estimated completion date) |
| *Enter Action Step* |  |  | *Enter Date* |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Enter the following information for Action Steps to achieve Outcome B above:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Action Steps** (specific activities that assist in accomplishing the outcome) | **Responsible Party/Partners** (individual or agency responsible for action step) | **Output**  (e.g., # of partners, etc.) | **Timeline** (estimated completion date) |
| *Enter Action Step* |  |  | *Enter Date* |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Enter the following information for Action Steps to achieve Outcome C above:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Action Steps** (specific activities that assist in accomplishing the outcome) | **Responsible Party/Partners** (individual or agency responsible for action step) | **Output**  (e.g., # of partners, etc.) | **Timeline** (estimated completion date) |
| *Enter Action Step* |  |  | *Enter Date* |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Strategy #4 Healthcare Extenders (Patient Navigators, Community Health Workers): Facilitate engagement of healthcare extenders (e.g., patient navigators, community health workers, stroke care coordinators) in the management of those at highest risk for stroke events and of those in need of post-event discharge support and in the follow-up of stroke patients across clinical and community settings.**

**These are the required Outcomes for Strategy #4:**

|  |  |
| --- | --- |
|  | 1. Completed assessment of availability of healthcare extenders (e.g., patient navigators, community health workers, stroke care coordinators). |
|  | 1. Increased number of individuals at highest risk for stroke events who engage with healthcare extenders (patient navigators, community health workers, stroke care coordinators) for support and follow up. |
|  | 1. Increased number of patients who engage with healthcare extenders (community health workers, patient navigators, stroke care coordinators) for post-stroke discharge support and follow up. |

**Enter the following information for Action Steps to achieve Outcome A above:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Action Steps** (specific activities that assist in accomplishing the outcome) | **Responsible Party/Partners** (individual or agency responsible for action step) | **Output**  (e.g., # of individuals, partners, etc.) | **Timeline** (estimated completion date) |
| *Enter Action Step* |  |  | *Enter Date* |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Enter the following information for Action Steps to achieve Outcome B above:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Action Steps** (specific activities that assist in accomplishing the outcome) | **Responsible Party/Partners** (individual or agency responsible for action step) | **Output**  (e.g., # of individuals, partners, etc.) | **Timeline** (estimated completion date) |
| *Enter Action Step* |  |  | *Enter Date* |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Enter the following information for Action Steps to achieve Outcome C above:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Action Steps** (specific activities that assist in accomplishing the outcome) | **Responsible Party/Partners** (individual or agency responsible for action step) | **Output**  (e.g., # of individuals, partners, etc.) | **Timeline** (estimated completion date) |
| *Enter Action Step* |  |  | *Enter Date* |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |