KENTUCKY Heart Disease & Stroke Prevention Task Force

> Strategic Map and Plan: 2020-2023



K E N T U C K Y

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#### **Mission Statement**

Improve cerebrovascular and cardiovascular health for all Kentuckians.

#### **Overarching Strategies**

Cultivate and expand collaboration and partnerships to enhance community and clinical linkages.

Target health care systems and providers, worksites, schools, communities, and disparate populations.

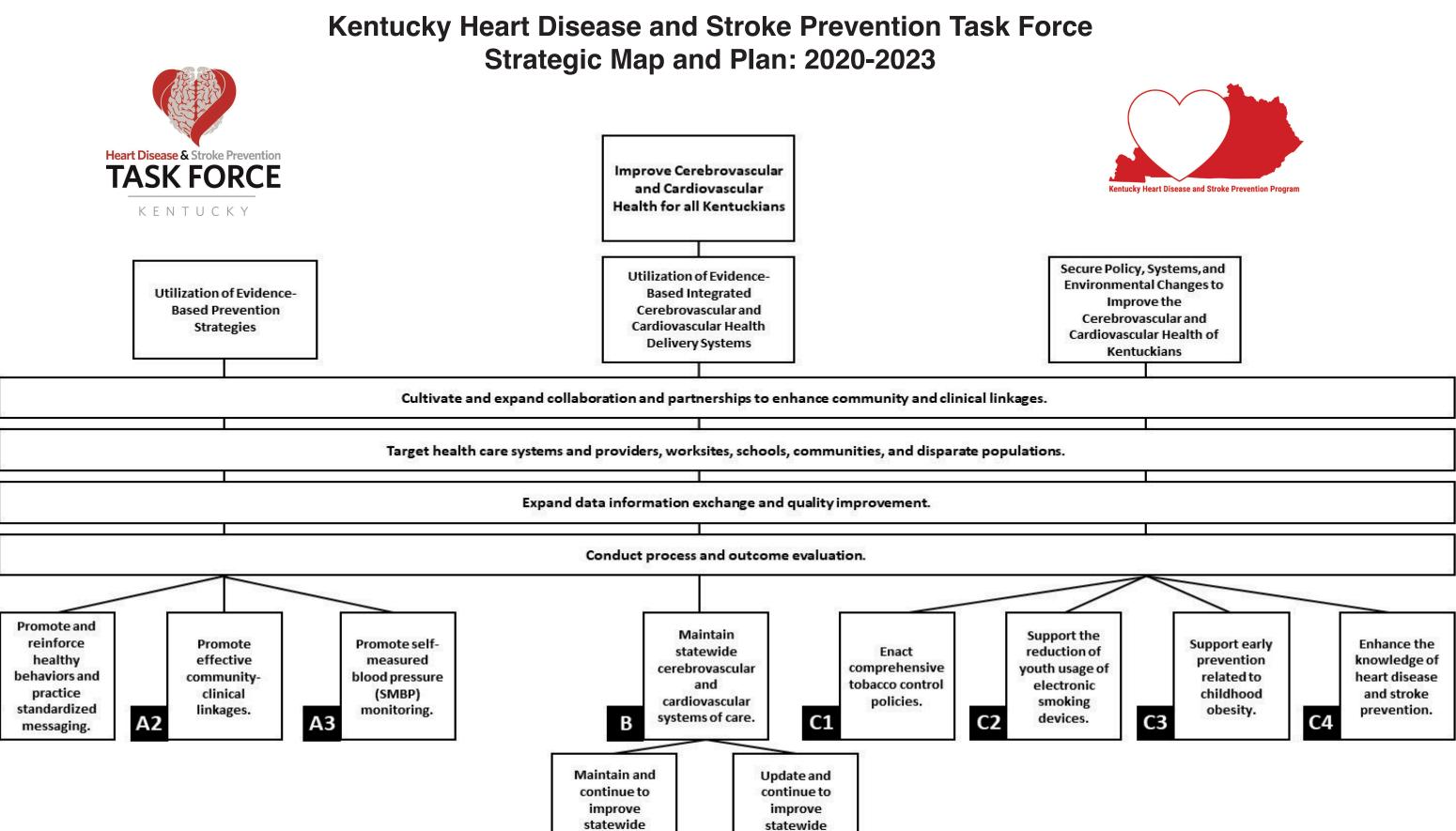
Expand data information exchange and quality improvement.

Conduct process and outcome evaluation.

Goal A: Utilization of Evidence-Based Prevention Strategies		
Objective A1: Promote and reinforce healthy behaviors and standardized messaging.		
Strategy	Action Items	
	Utilize the key messages as outlined in the Cardiovascular Assessment, Risk Reduction, and Education (CARE) Collaborative.	
Continue to disseminate standardized key heart disease and stroke prevention messaging.	Utilize evidence-based methodology in emphasizing and conveying key messaging. • A1C • Alcohol • Blood Pressure • Blood Pressure Medication • Cholesterol • Hands Only CPR • Overreact2Stroke • Physical Activity • Signs and Symptoms of a Heart Attack • Signs and Symptoms of a Stroke • Smoking • Sodium • Weight and Diet Provide access to standardized messaging tools.	
Objective A2: Promote effective community-clinical linkages.		
Strategy	Action Items	
Evaluate and expand community-clinical linkages to support the prevention of cardiovascular disease.	Monitor and evaluate special projects.	
	Develop an expansion plan in response to evaluation of special projects.	

Goal A: Utilization of Evidence-Based Prevention Strategies		
Objective A3: Promote self-measured blood pressure (SMBP) monitoring.		
Strategy	Action Items	
Link community resources and clinical services that support systematic referrals, self- management, and lifestyle change for patients with high blood pressure and high blood cholesterol.	Promote awareness of national, statewide, and regional SMBP campaigns.	
	Establish a multifaceted committee to further develop and expand the SMBP curriculum.	
	Partner with American Heart Association on their quality improvement tools for clinical services.	
	Partner with the YMCA's Blood Pressure Self-Monitoring (BPSM) program.	
	Partner with federally qualified health centers (FQHCs) as well as other health care providers for referrals to SMBP programs.	
	Promote awareness of SMBP, including, but not limited to, public health providers.	
	Expansion of SMBP programs throughout the state to improve geographic reach.	

Goal B: Utilization of Evidence-Based Integrated Cerebrovascular and Cardiovascular Health Delivery Systems		
Objective B: Maintain statewide cerebrovascular and cardiovascular systems of care.		
Objective B1: Maintain ar	nd continue to improve statewide cerebrovascular systems of care.	
Strategy 1	Action Items	
Continue to identify opportunities for improvement within current cerebrovascular systems of care.	Continue to identify and map certified stroke centers by certification levels as defined by KRS 216B.0425, and disseminate to Kentucky Board of Emergency Medical Services (KBEMS).	
	<ul> <li>Acute stroke ready hospitals</li> <li>Primary stroke centers</li> <li>Thrombectomy-capable stroke centers</li> <li>Comprehensive stroke centers</li> </ul>	
	Continue collaboration with Kentucky Hospital Association's (KHA) Rural Hospital Flexibility program.	
	Continue to partner with Kentucky hospitals to increase acute stroke treatments (intravenous tissue plasminogen activator and mechanical thrombectomy).	
	Continue to identify emergency medical services (EMS) agencies which have a field transport protocol for stroke and provide expert consultation/evaluation to ensure said protocols are up to date with the most current science.	
	Partner with KBEMS to determine stroke specific data points available for capture and reporting.	
	Implement pilot project for EMS feedback, training, and education to improve local systems of care.	
	Continue collaboration with the KBEMS subcommittee, Cardiac and Stroke Care.	
	Disseminate and provide access to current evidence-based dispatch protocols for stroke.	
	Partner with KBEMS for continued development of inter-facility transport protocols for all stroke subtypes.	
	Assess inter-facility emergent transfer needs to meet recommended time goals.	
	Disseminate KBEMS inter-facility transport protocols at local and regional levels.	
	Establish a pediatric stroke subcommittee.	



cardiovascular

systems of care.

**B**2

cerebrovascular

systems of care.

Β1



Goal B: Utilization of Evidence-Based Integrated Cerebrovascular and Cardiovascular Health Delivery Systems		
Objective B: Maintain statewide cerebrovascular and cardiovascular systems of care.		
d continue to improve statewide cerebrovascular systems of care.		
Action Items		
Assess current SEQIP members for continued participation by March 2020.		
Recruit at least one hospital pursuing thrombectomy-capable certification by March 2022.		
Continue to utilize registry to develop and implement action plans around quality metrics and education.		
Continue to develop and disseminate Stroke Registry Data Summary in accordance with KRS 211.575, which goes to the governor and the Legislative Research Commission and includes recommendations for improving stroke systems of care.		
Action Items		
Disseminate the Kentucky strategic map and plan to target hospitals by December 2020.		
Continue to provide support for stroke program development to target hospitals.		
Update and disseminate stroke resources through Kentucky Heart Disease and Stroke Prevention (KHDSP) Task Force website (KHDSPtaskforce.com) annually.		
Action Items		
Implement action items from Goal A - Objective A1: Strategy 1: Promote and reinforce healthy behaviors and standardized messaging.		

Goal B: Utilization of Evidence-Based Integrated Cerebrovascular and Cardiovascular Health Delivery Systems			
Objective B: Maintain statewide cerebrovascular and cardiovascular systems of care.			
Objective B2: Update and	Objective B2: Update and continue to improve statewide cardiovascular systems of care.		
Strategy 1	Action Items		
Identify and continue to improve current heart systems of care.	Identify and disseminate map of 24/7 ST-elevation myocardial infarction (STEMI) receiving facilities capable of primary percutaneous coronary intervention (PCI).		
	Promote dissemination and utilization of current guideline-based statewide STEMI protocols for rapid transport from non-PCI-capable to primary PCI-capable facilities.		
	Expand the use and adoption of national quality assurance initiatives/registries, which address systems of care for acute cardiovascular care.		
Strategy 2	Action Items		
Engage STEMI receiving hospitals to collaborate with STEMI referring hospitals to improve patient outcomes.	Continue to utilize evidence-based practices for education and development of transfer protocols.		
	Continue to support reperfusion therapy to remove barriers to non-PCI-capable facilities.		
	Provide continuous EMS education, training, and feedback.		
	Provide and disseminate a feedback tool for all receiving and referral hospitals to improve outcomes.		
	Continue to promote collaboration between non-PCI-capable and PCI-capable facilities using feedback to improve outcomes.		

Goal B: Utilization of Evidence-Based Integrated Cerebrovascular and Cardiovascular Health Delivery Systems			
Objective B: Maintain stat	Objective B: Maintain statewide cerebrovascular and cardiovascular systems of care.		
Objective B2: Update and continue to improve statewide cardiovascular systems of care.			
Strategy 3	Action Items		
Continue collaboration among healthcare systems and public health in the state to standardize messaging.	Implement action items from Goal A - Objective A1: Strategy: Promote and reinforce healthy behaviors and practice messaging.		
	Continue to provide community education regarding Hands-Only Cardiopulmonary Resuscitation (HOCPR).		
	Continue to provide community education regarding use of automatic external defibrillators (AEDs).		
Strategy 4	Action Items		
Continue to engage KBEMS in heart systems of care.	Continue collaboration with the KBEMS subcommittee, Cardiac and Stroke Care.		
	Identify and support the ability to obtain pre-hospital 12-lead electrocardiograms (EKGs); collaborate with EMS agencies to obtain grants for 12-lead capabilities.		
	Continue to engage and communicate with EMS as a key component of the statewide systems of care.		
	Disseminate and provide access to current evidence-based emergency medical dispatch (EMD) protocols.		

Goal C: Secure Policy, Systems, and Environmental Changes to Improve the

Cerebrovascular and Cardiovascular Health of Kentuckians		
Objective C1: Support adoption of comprehensive tobacco control policies.		
Strategy	Action Items	
Work with state and local community coalitions to educate decision makers on the health impact of tobacco products.	Encourage Task Force members to join coalitions in their communities.	
	Secure support from stakeholder organizations, both grassroots and grasstops, in state and local communities.	
	Provide educational materials on the risks of cardiovascular disease resulting from exposure to tobacco and related products.	
	Encourage schools to opt-in to tobacco free legislation passed in 2019.	
	Support local smoke free policies.	
Objective C2: Support the provide education throug	e reduction of youth usage of electronic smoking devices and h existing channels.	
Strategy	Action Items	
Educate state and local leadership and state policy makers, school officials, parents, and community members about the health impact of youth usage of electronic smoking products.	Meet with state and local leadership and state policy makers, school officials, parents, and community members about the health effects of youth usage of electronic smoking products.	
	Support existing youth education through the collaborative work of the Kentucky Tobacco Prevention and Cessation Program (KTPCP), University of Kentucky Center for Smoke Free Policy, Foundation for a Healthy Kentucky, Food and Drug Administration and the Centers for Disease Control and Prevention.	
	Utilize information gathered from the KTPCP youth advisory groups to guide education and policy direction.	

Goal C: Secure Policy, Systems, and Environmental Changes to Improve the Cerebrovascular and Cardiovascular Health of Kentuckians		
Objective C3: Support early prevention related to childhood obesity.		
Strategy	Action Items	
Support the implementation of nutrition, physical activity, and screen time standards in all licensed early care and education centers.	Collaborate with the Kentucky Department for Public Health's State Physical Activity and Nutrition (SPAN) Program and the Partnership for a Fit Kentucky to promote child wellness through physical, social, and emotional health policies in the early childcare environment.	
Objective C4: Enhance th	e knowledge of heart disease and stroke prevention.	
Strategy	Action Items	
Target messaging to state and local leadership on the impact of heart disease and stroke prevention in Kentucky.	Meet with state and local health department leaders to discuss heart disease and stroke prevention and the priorities and initiatives of the KHDSP Task Force.	
	Meet with legislators to discuss heart disease and stroke prevention and the priorities and initiatives of the KHDSP Task Force.	
	Provide expert testimony in key legislative committees when possible.	
	Condense educational information into manageable bits.	
	Develop one pagers on educational information.	

