STROKE ENCOUNTER QUALITY IMPROVEMENT PROJECT (SEQIP)

Mission, Membership, Policy, and Governing Structure

Revised 12/22/2020

I. MISSION:

The Mission of SEQIP (Stroke Encounter Quality Improvement Project) is to advance acute stroke care management and reduce stroke disparities in Kentucky.

SEQIP was created in 2009 as a statewide stroke quality improvement initiative and registry of the Kentucky Heart Disease and Stroke Prevention Task Force - Cardiovascular Health (CVH) Delivery Systems Subcommittee and the American Heart Association/American Stroke Association.

Since its inception, SEQIP has grown to include hospitals that are certified as Comprehensive, Primary or Acute Stroke Ready or those hospitals seeking to advance stroke care in the community in which they reside. Participation in SEQIP is open to all hospitals in Kentucky and surrounding areas and does not require registry participation.

a) Establishing a network of professionals which will encourage and support collaboration among stroke care providers in Kentucky.
b) Providing opportunities to share information and resources related to stroke program development and proficiency across the continuum of care in Kentucky.
c) Promoting quality, improving outcomes and standardization of acute stroke care through collegiality and use of evidence-based practice guidelines.
d) Collaborating on stroke related research throughout Kentucky.

II. GOALS:

a) To adopt evidence-based guidelines and standards for practice.
b) To implement evidence-based integrated cerebrovascular systems of care.
c) To support and advance the quality of care available to stroke patients in Kentucky.
d) To share best practices and encourage collaboration among membership.
e) To identify and map certified stroke centers in the state.
f) To engage and recruit hospitals to seek certification as Comprehensive Stroke Center, Thrombectomy-Capable Stroke Center, Primary Stroke Center, and Acute Stroke Ready Center.
g) Evaluate quality data and identify opportunities for improvement.
h) To identify stakeholders and opportunities for collaboration with partners outside of SEQIP (Kentucky Board of EMS, Kentucky Hospital Association, local health departments, and the state QIO).
i) Address the entire Stroke System of Care including pre-hospital stroke care, stroke rehabilitation and patient outcomes.
j) Develop and disseminate an annual report to the Governor and Legislature, including recommendations for improving stroke system of care (KRS211.575 – Stroke Registry participation for certified stroke centers). Work in collaboration with the Kentucky Heart Disease and Stroke program (KDHP) to create and disseminate report.
k) Support the passage of state policies that advance the implementation of a stroke systems of care.

III. BACKGROUND AND JUSTIFICATION

- In 2018, stroke was the number five cause of death in Kentucky
- Kentucky ranks 8th in age-adjusted cardiovascular disease death rates (259 per 100,000), (CDC 2014)
- Over 2,200 Kentuckians died in 2018 from stroke or stroke related complications
- When comparing the age-adjusted death rate for stroke in Kentucky to the US average rate, Kentucky consistently fares worse
- 41% of men have been told by a health care professional they have high blood pressure (2015, BRFS)
- 37% of women have been told by a health care professional they have high blood pressure (2015, BRFS)
- 35% of adults have had their blood cholesterol checked and been told it was too high (2015, BRFS)
- 26% of Kentuckians report tobacco use (2015, BRFS)

IV. MEMBERSHIP

Open to all hospitals in Kentucky and surrounding areas with an interest in improving care for stroke patients. Representatives include health care leaders in the field of stroke with interest in improving the care of stroke patients in their community and at their facility. Membership positions include, but are not limited to:

- Stroke Coordinator/Nursing Professionals
- Medical Director/Neurologist
- Administrators
- Quality Experts/ Data Abstractors
- Emergency Department leaders
- Emergency Medical Services leaders
- Community Health Workers
- Social Workers
- Others with an interest in stroke (Rehab, Stroke Survivors/Caregivers, Community Professionals)

V. POLICY: STATE STROKE REGISTRY (Legislative Policy since 2012)

KRS211.575:

- Requires the Kentucky Department for Public Health (KDPH) to establish and implement a plan to achieve continuous quality improvement in the quality of care provided under a statewide system for stroke response and treatment.
- Maintain a statewide stroke database which aligns with nationally approved stroke consensus measures; require use of "Get With The Guidelines-Stroke" quality improvement program or a similar program;

- Requires comprehensive and primary stroke centers to report each case of stroke seen at the facility to the statewide database;
- Requires the DPH to coordinate with national voluntary organizations involved in stroke quality improvement, to encourage and facilitate information sharing and communication among stroke health care providers, to apply evidence based treatment guidelines for transitioning stroke patients to community-based care, and to establish a data oversight process (SEQIP).
- Requires that all data reported to the statewide database be made available to the DPH and all government agencies or contractors responsible for managing and administering emergency services;
- Requires the DPH to provide a report of its data and related findings and recommendations to the Governor and the Legislative Research Commission annually by June 1 and to make the report available on the department's Web site; prohibit any disclosure of information in violation of federal confidentiality requirements and standards.

VI. EVENTS/MEETINGS

- Face to Face Meeting Annually
- Teleconferences
- State Task Force Meetings
- Subcommittee work group calls

VII. GOVERNING STRUCTURE: STEERING COMMITTEE AND COMMITTEE CHAIRS

SEQIP will establish a Steering Committee consisting of:

- SEQIP Chair(s) (as representatives from the Heart Disease and Stroke Prevention Task Force Steering Committee)
- One representative from HDSP program
- Four representatives from SEQIP Hospitals (urban, rural, and critical access)
- One representative from the American Heart/American Stroke Association
- One representative from Emergency Medical Services in Kentucky, or an EMS Liaison
- A Stroke Survivor (ad hoc)
- Sub-Committee Chairs may be created as needed, examples:
    - EMS Outreach and Education
    - Disease Specific Certification initiatives
    - Data analysis and Performance Improvement
    - Navigating the Stroke Continuum of Care
    - Community and Public Health Education and Outreach (Partner with KASH)
    - Door In Door Out
    - Door to Device
    - Inpatient Code Stroke