



# Kentucky SEQIP Accomplishments

2008

**2008:** Creation of SEQIP (Stroke Encounter Quality Improvement Project) a collaboration between the American Heart /Stroke Association and the Kentucky Heart Disease and Stroke Program (KDHDSP). A voluntary group of hospitals dedicated to improving stroke care in KY including working toward designation of primary stroke centers.

2009

**2009:** Inaugural SEQIP Meeting and launch of first state based Quality Improvement Plan #1, Dysphagia Screen. SEQIP achieved a 28.9% increase in proportion of eligible patients (n=27616) receiving screening (from 62.87% to 91.81%).

2010

**2010:** Passage of Senate Bill 1: Defining Primary Stroke Center Certification  
State based QI Plan #2: Between 2009 and 2014, SEQIP achieved a 25.2% ↑ in patients eligible to receive rt-PA from 60.4% to 85.7%. Also increased the proportion of eligible patients receiving rt-PA (D2N <60 minutes) from 22.3% to 75.5%, an ↑ of 53.2%. And a ↓ in median door to needle time of 24 minutes (from 75 to 51 minutes).

2011

**2011:** State based Quality Improvement Plan #3, Target: Stroke. Improving Door to Needle times for IV-tPA administration in eligible patients. Decreased D2N time in minutes to tPA administration from 75 to 51 minutes over three years.

2011

**2011:** Systems of Care Delivery: Rural and Critical Care Access hospitals. Develop Stroke Education and resources for Physicians and Nurses these hospitals., a partnership with KY Hospital Association.

2012

**2012:** Passage of House Bill 467: Continuous quality improvement in the care provided under a statewide system for stroke response and treatment., including stroke registry for certified primary stroke centers.

2013

**2013:** Systems of Care Delivery: EMS. SEQIP members join KBEMS Cardiac and Stroke Sub-committee. Begin discussion of updating EMS Transport Protocols.

2014

**2014:** Systems of Care Delivery: EMS. Introduce to KBEMS Hospital Inter-facility Transport Protocol Begin discussion of EMS and Dispatch Education Plan including Survey for Dispatchers.



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2015

**2015:** Passage of Senate Bill 10: Amending definition of stroke center designations as Acute Stroke Ready, Primary Stroke Center and Comprehensive Stroke Center. Bill also addresses EMS stroke protocols.

Stroke Webinar Series for KY Rural and Critical Access hospitals, partnership with KY Hospital Association.

2016

**2016:** Presented SEQIP Abstracts on Statewide Dysphagia and Alteplase Administration and D2N Times at International Stroke Conference.

Stroke Webinar Series for KY Rural and Critical Access hospitals, partnership with KY Hospital Association.

2017

**2017:** Revised recommended KBEMS stroke transport protocol to include severity scales-CSTAT

Launched QI Plan for increasing alteplase utilization rates for the 3-4.5 hour window

Bi-Monthly Data Abstraction calls implemented

SEQIP Charter Revised

2018

**2018:** Interfacility transfer guideline post alteplase added to stroke protocol (FEB)

Stroke Prenotification Algorithm created (SEPT)

Stroke Systems Gap Analysis for HDSP Plan

Continuum of Care Webinars

2019

**2019:** Standardized Public Awareness Messaging

QCOR Poster Presentation – GIS Mapping to Analyze GWTG Data

KBEMS finalized 18 data collection points

Door In-Door Out (DIDO) QI Action Plan Launched

Stroke Survivor community resources development and dissemination

Leadership Org Chart

2020

**2020:** Present abstracts at ISC.

1) KY SEQIP Statewide collaboration to improve alteplase utilization, decrease D2N times, and impact outcomes: A 10-year review 2) Can Stroke SOC Improve Measure Compliance and Outcomes Through Statewide Hospital Collaboration?

Louisville Metro EMS Pilot Program-training, data sharing & feedback

Pediatric Stroke Subcommittee

SEQIP Webinars

2021

2022