

## Paul Coverdell National Acute Stroke Program Grant

Implementing the Kentucky Stroke Improvement Cooperative (KSIC) to Advance Stroke Care Across the Care Continuum in Kentucky

## **Objectives**

- Provide Grant Overview
- Discuss Cooperative Members and Roles
- Review Coverdell Performance Measures
- Discuss SEQIP's role and needs from membership
- Share Coverdell evaluation concepts
- Discuss next steps



## **Overview**

- Funding Agency: Centers for Disease Control and Prevention (CDC)
- Type: Non-Research Cooperative Agreement
- Timeframe: 3-years (renewed annually)
- Start Date: June 30, 2021
- Principal Investigators/Key Personnel:
  - Brent McKune (UK)
  - Dr. Larry Goldstein (UK)
  - Kari Moore (UofL)
  - Dr. Kerri Remmel (UofL)
  - Dr. Karen Roper (UKDFCM)



### • Purpose

- Coordination and expansion of existing efforts in Kentucky to improve stroke-related health outcomes
- Work with Kentucky health care systems and community providers to implement comprehensive stroke systems
  - Prevention in high risk populations
  - Optimize care delivery for those who have had a stroke
- Strategy
  - Creation of the Kentucky Stroke Improvement Cooperative (KSIC)



### Kentucky Stroke Improvement Cooperative (KSIC) Lead Organizations

### • University of Kentucky/UK HealthCare

- UK Department of Neurology Dr. Larry Goldstein
  - PI of the Paul Coverdell National Acute Stroke Program Grant
- UK Kentucky Regional Extension Center Brent McKune, Rita Scheuler, Jessica Elliot, Robin Curnel
  - Center within UK Healthcare leading the rollout of the grant strategies
- Kentucky Neuroscience Institute Dr. Larry Goldstein, Dr. Craig Van Horne, Dr. Linda Van Eldik
- UK-Norton Healthcare Stroke Care Network Dr. Larry Goldstein, Lisa Bellamy
  - Providing high quality clinical care and educational programs to physicians, hospital staff, as well as community members
- UK Center of Excellence Rural Health Dr. Fran Feltner, Keisha Hudson
  - Supporting the creation of CHW or navigation program to support patients at greatest risk for poor outcomes
- UK Dept of Family and Community Medicine Dr. Karen Roper
  - Evaluator of Paul Coverdell National Acute Stroke Program Grant strategies
- UK College of Public Health Dr. Donna Arnett
  - CARE Collaborative Data Analysis
- UK Biostatistics Dr. Chris McLouth



## Kentucky Stroke Improvement Cooperative (KSIC) Lead Organizations

- University of Louisville/ U of L Health
  - U of L Department of Neurology Kerri Remmel, MD, PhD; Kari Moore, MSN, AGACNP-BC
    - Serving as Co-Pls
  - U of L Health Comprehensive Stroke Program
    - Providing high quality clinical care and educational programs to physicians, hospital staff, as well as community members
    - Participating in all strategies of the Paul Coverdell National Acute Stroke Program
- Kentucky State Government
  - Kentucky Department for Public Health Chronic Disease Branch Sue Thomas-Cox
  - Kentucky Heart Disease and Stroke Prevention Program Lonna Boisseau
    - Participating in all strategies of the Paul Coverdell National Acute Stroke Program



### Kentucky Stroke Improvement Cooperative Statewide Partners

- Kentucky Stroke Encounter Quality Improvement Project (SEQIP) Volunteer program providing stroke care guidance and GWTG-S support
- Kentucky Heart Disease and Stroke Prevention Task Force Professionals that will encourage and support collaboration among stroke care providers
- Kentucky Health Information Exchange Providing health information exchange services
- Kentucky Board of Emergency Medical Services Improving efficiency & quality within EMS and hospital settings to improve transitions of care
- Kentucky Office of Rural Health Providing support with community health workers and dissemination of materials
- Kentucky American Heart/Stroke Association Personnel
   – Participation in workgroups and Dissemination of materials
- Kentucky Primary Care Association Dissemination of materials
- Alliant Health The Quality Improvement Organization providing dissemination of materials



Paul Coverdell Measures

		ased measurement, tracking, and assessment of data across stroke systems of care ose at highest risk for stroke events and stroke patients								
	C.1	# and % of providers with a protocol for identifying populations at highest risk for stroke events								
	C.2a	# and % of stroke patient records submitted to a statewide integrated management system by hospitals and EMS agencies								
Outcomes	C.2b	# and % of hospitals and EMS agencies submitting data to a statewide integrated data management system								
-	C.3	# and % of hospitals with an implemented referral tracking system to support transitions of care for stroke patients post-discharge								
Short-Term	Increased implementation of data- driven QI activities across stroke systems of care for those at highest risk for stroke events and stroke patients									
	C.4	# and % of EMS agencies and hospitals implementing improvements in stroke care practices or patient care protocols as a result of quality improvement activities								
ч	C.5	# and % of hospitals and EMS agencies with system-wide workforce development efforts in place to improve clinical knowledge for stroke care and recognition of disparities in stroke care								
	Increased establishment of community resources and clinical services for those at highest risk for stroke events and stroke patients across stroke systems of care									
	C.8	# of patients at high risk for stroke events or post-acute stroke within clinical and/or community settings that engage with patient navigators or community health workers for follow up and support								



## C1: Track and monitor clinical measures to improve data infrastructure across stroke systems of care

### **Key Activities**

- Assessment of needs of the Care Collaborative Resources for intervention work with Kentucky Certified Stroke Centers
- Begin CARE Collaborative work with recruited hospitals

### **Contributing Partners**

- KSIC
- KHDSP
- AHA

- Measure 3: # and % of entities across the stroke systems of care monitoring disparities in identification of stroke risk factors, stroke care, and referrals for stroke compared to all stroke patients
  - Year 1 Target: Increase measure by 5%



### C2: Establish & expand statewide data infrastructure links pre/posthospital data for measurement, tracking & assessment

### **Key Activities**

- Recruit at least one hospital in a high risk county pursuing an initial or more advanced certification
- Recruit at least one hospital in a high risk county to participate in SEQIP
- Update and disseminate stroke resources through KHDSP Task Force website (KHDSPtaskforce.com) statewide

#### **Contributing Partners**

- KSIC
- KHDSP
- AHA



- Measure 4: # and % of hospitals submitting of stroke patient records submitted to a statewide integrated management system by hospitals and EMS agencies
  - Year 1 Target: Increase # / % of Patient Stroke Data submitted to SEQIP by 5%

# C3: Coordinate the development & implementation of a referral tracking system to support transitions of care Post Discharge

### **Key Activities**

- Assess the existing health information exchange capabilities and barriers of recruited hospitals
- Provide access to training webinars on the electronic exchange of health information

#### **Contributing Partners**

- KSIC
- KHDSP
- KHIE

# **Measure 6:** # and % of hospitals with an implemented referral tracking system to support transitions of care for stroke patients post-discharge

• Year 1 Target: Increase measure by 5%



## C4: Analyze & identify areas to improve the efficiency & quality within EMS & hospital settings to improve transitions of care

### Key Activities

- Assessment of Certified Stroke Centers Quality and QI Methodology
- Identification of EMS agencies providing computerized run sheets to the state system

### **Contributing Partners**

- KSIC
- KHDSP
- KHIE
- KBEMS
- AHA



- Measure 7: # and % of EMS agencies and hospitals implementing improvements in stroke care practices or patient care protocols as a result of quality improvement activities
  - Year 1 Target: increase measure by 5%
- Measure 8: # and % of EMS agencies and/or hospitals reporting an improvement in a selected performance measure of care based on identified performance gaps and quality improvement activities
  - Year 1 Target: increase measure by 5%

# C5: Coordinate, develop, & implement professional & workforce development opportunities

### **Key Activities**

- Identify current workforce development programs and goals
- Assess recruited organizations readiness to learn and change
- Identify education methods that support workforce development goals

### **Contributing Partners**

- KSIC
- KHDSP

- Measure 9: # and % of hospitals and EMS agencies with system-wide workforce development efforts in place to improve clinical knowledge and recognition of disparities in stroke care
  - Year 1 Target: Increase measure by 5%
- Measure 10: # and % of EMS agencies and/or hospitals reporting an improvement in a selected performance measure of care based on identified performance gaps and quality improvement activities
  - Year 1 Target: Increase measure by 5%
- Measure 11: # and % of hospitals and EMS agencies with system-wide workforce development efforts in place to improve clinical knowledge for stroke care and recognition of disparities in stroke care
  - Year 1 Target: Increase measure by 5%



# C8: Facilitate engagement of patient navigators/CHWs in the management of those at highest risk for stroke & Support

Key Activities	Measures
Assess possible candidates within recruited	• Measure 14: # of patients at high risk for stroke or
gencies for current CHW or navigator	

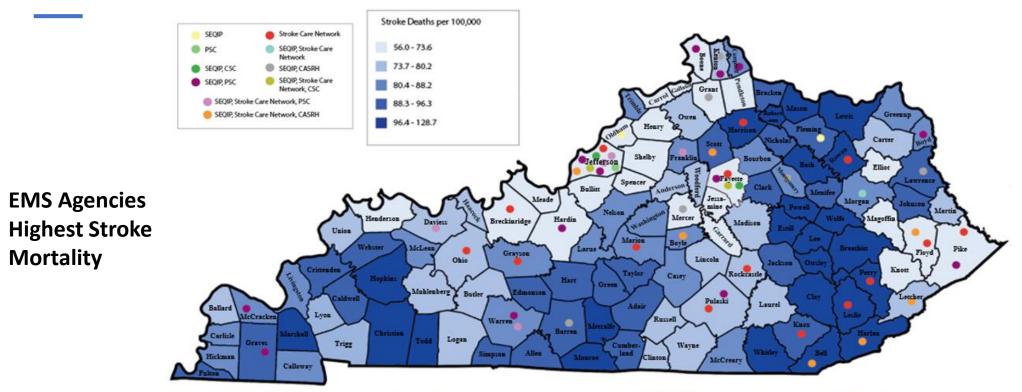
- Assess possible candidates within recruited agencies for current CHW or navigator program
- Support Certified Stroke Centers in creation of CHW or navigation program to support patients at greatest risk for poor outcomes

**Contributing Partners** 

- KSIC
- UKCERH

- Measure 14: # of patients at high risk for stroke or post-acute stroke within clinical and/or community settings that engage with patient navigators or CHW for follow up
  - Year 1 Target: Increase measure by 5%.

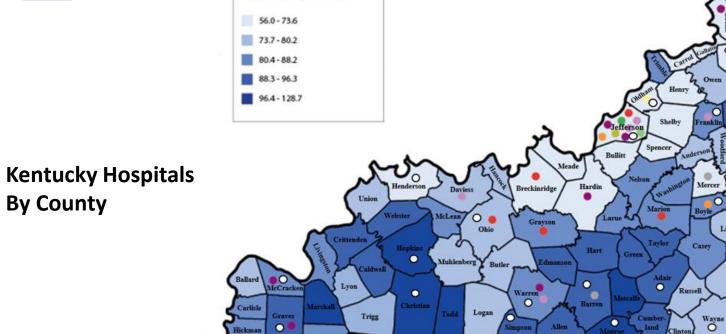




Bath County	Fulton County	Marshall County	Powell County
Bath County Ambulance Service (community, Non-Profit) (ALS/BLS)	Twin Cities Ambulance Service d/b/a Kentenn EMS	Marshall CO. Ambulance Service	Powell County Ambulance Service
Sell County	(Hospital) (ALS/BLS)	(Community, Non Profit) (ALS/BLS)	(Governmental, Non-Fire) (ALS/BLS)
Bell Co. Emergency Ambulance Service (Governmental, Non-Fire)	Harlan County	Mason County	Robertson County
(ALS, BLS)	Lifeguard Emergency Medical Services 1303	Maysville-Mason County Ambulance Service	Bracken County EMS (Government, Non-Fire) (ALS/BLS)
Middlesboro FD Ambulance Service (Fire Department) (ALS, BLS)	(Private, Non-Hospital) (ALS/BLS)	(Fire Department) (ALS/BLS)	Rowan County
Cumberland Gap Tunnel Authority (Governmental, Non-Fire) (BLS)	Harrison County	Portsmouth Emergency Ambulance Service	Morehead-Rowan Co. EMS (Community, Non-Profit)
Ireathitt County	Brown Ambulance Services (Private, Non Hospital) (ALS, BLS)	(Private, Non Hospital) (ALS/BLS)	(ALS/BLS)
Watts-Caney Fire and Rescue (Fire Department) (ALS, BLS)	Hopkins County	Metcalfe County	Todd County
Cross Medical Response (Private, Non Hospital) (ALS, BLS)	Medical Center Ambulance Service, INC (Community, Non Profit)	Barren-Metcalfe CO. Ambulance Service 1281	Todd CO. Ambulance Services (Private, Non Hospital)
Christian County	(ALS/BLS)	(Community, Non-Profit) (ALS/BLS)	(ALS/BLS)
Hopkinsville/Christian County Emergency Ambulance	Lee County	Monroe County	Whitley County
(Fire Department) (ALS/BLS)	Citizens of Lee County Ambulance (Private, Non Hospital) (ALS/BLS	) • Monroe CO. Ambulance Services (Hospital) (ALS/BLS)	<ul> <li>Whitley County EMS (Governmental, Non-Fire)</li> </ul>
Air Evac Lift team (Private, Non Hospital) (ALS-Rotor, ALS/BLS - fixed)	Leslie County	Owsley County	(ALS/BLS)
Clay County	Lifeguard Emergency Medical Services 1429	Allen's Ambulance Service, INC. (Private, Non Hospital)	Wolfe County
Clay County Ambulance Service (Community, Non-Profit) (ALS/BLS)	(Private, Non-Hospital) (ALS/BLS)	(ALS/BLS)	Cross Medical Response (Private, Non Hospital)
Estill County	Lewis County	Perry County	(ALS/BLS)
Estill County EMS (Community, Non-Profit) (ALS/BLS)	Portsmouth Ambulance Service (Private, Non Hospital)	Perry CO. Ambulance Authority, INC.	
	(ALS/BLS)	(Community, Non-Profit) (ALS/BLS)	







Calloway

Stroke Deaths per 100,000

Adair County	(88.3-93.6)	Fayette County	(56.0-73.6)	Graves County	(88.3-96.3)	Kenton County	(73.7-80.2)	Perry County	(96.4-128.7
Westlake Regional Hospital, Columbia		Appalachian Regional Healthcare, Lexington		Jackson Purchase Medical Center, Mar	vfield	St. Elizabeth Medical Center No	rth, Covington	ARH Regional Medical Center, Haza	rd
Barren County	(88.3-93.6)	Central Baptist Hospital - Lexington		Harlan County	(96.4-128.7)	St. Elizabeth Medical Center So	uth, Edgewood	Pike County	(56.0-73.6)
T.J Samson Community Hospital, Glasgow		Cardinal Hill Rehabilitation Hospital, Lexingto	on	Harlan ARH Hospital, Harlan		Laurel County	(73.7-80.2)	Pikeville Methodist Hospital, Pikev	ille
Bell County	(96.4-128.7)	<ul> <li>Samaritan Hospital, Lexington</li> </ul>		Henderson County	(56.0-73.6)	Marymount Medical Center, Lo	ndon	• Williamson ARH Hospital, South W	illiamson
Middlesboro ARH Hospital, Middlesboro		<ul> <li>Shriner's Hospital, Lexington</li> </ul>		<ul> <li>Methodist Hospital, Henderson</li> </ul>	42	Letcher County	(73.7-80.2)	Pulaski County	(73.7-80.2
Boyd County	(80.4-88.2)	St. Joseph's Hospital, Lexington		Hopkins County	(95.4-128.7)	Whitesburg ARH Hospital, Whitesburg ARH H	tesburg	Lake Cumberland Regional Hospita	l, Somerset
King's Daughter's Medical Center, Ashland		University of Kentucky Medical Center, Lexingt	ton	Trover Regional Medical Center, Madi	sonville	McCracken County	(80.4-88.2)	Rowan County	(96.4-128.7)
Boyle County	(80.4-88.2)	Fleming County	(88.3-96.3)	Jefferson County	(56.0-73.6)	Lourdes Hospital, Paducah		• St. Claire Medical Center, Morehead	d
Ephraim McDowell Regional Medical Center	, Danville	<ul> <li>Fleming County Hospital, Flemingsburg</li> </ul>		Norton Healthcare, Louisville		• Western Baptist Hospital, Pade	ucah	Simpson County	(88.3-96.3)
Breathitt County	(96.4-128.7)	Floyd County	(56.0-73.6)	Baptist Health East, Louisville		Monroe County	(96.4-128.7)	The Medical Center, Franklin	
Kentucky River Medical Center, Jackson		Highlands Regional Medical Center, Prestonb	urg	• Kosair Children's Hospital, Louisville		Monroe County Medical Center	, Tompkinsville	Warren County	(80.4-88.2)
Christian County	(96.4-128.7)	McDowell ARH Hospital, McDowell		Jewish Hospital HealthCare Services, L	ouisville	Morgan County	(80.4-88.2)	Greenview Hospital, Bowling Green	
Jennie Stuart Medical Center, Hopkinsville		<ul> <li>Our Lady of the Way Hospital, Martin</li> </ul>		<ul> <li>Norton's Hospital, Louisville</li> </ul>		Morgan County ARH Hospital, 1	West Liberty	• The Medical Center, Bowling Green	
Clark County	(88.3-96.3)	Franklin County	(80.4-88.2)	Suburban, Louisville		Ohio County	(73.7-80.2)	Wayne County	(73.7-80.2)
Clark Regional Medical Center, Winchester		Frankfort Regional Medical Center, Frankfort		UofL Health Care, Louisville		Ohio County Hospital, Hartford	1	• Wayne County Hospital, Monticello	5
		Grant County	(56.0-73.6)	Johnson County	(88.3-96.3)	Oldham County	(56.0-73.6)	Whitley County	(96.4-128.7)

Grant

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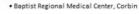
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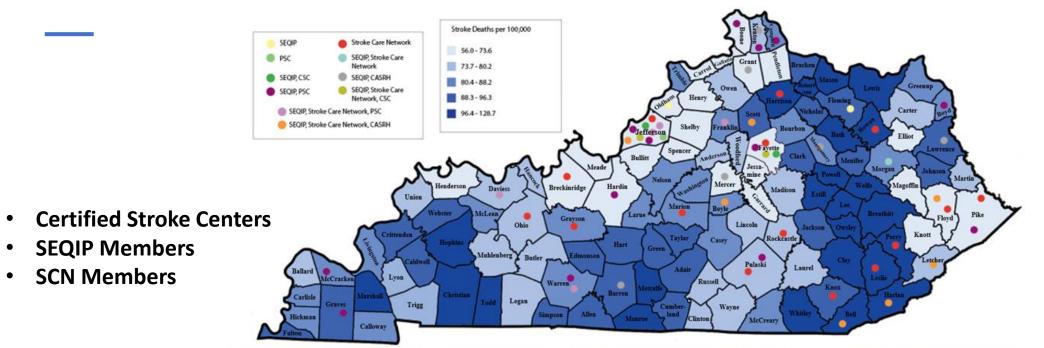
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St. Elizabeth Medical Center Grant County, Williamstown 
 Paul B. Hall Regional Medical Center, Paintsville
 Tri-County Hospital, La Grange









Barren County:	(88.3-96.3)	Fleming County:	(88.3-96.3)	Jefferson County:	(56.0-73.6)	Letcher County:	(73.7-80.2)	Pike County:	(56.0-73.6)
• TJ Sampson Community Hospital, SEQIP, CAS	5RH	<ul> <li>Fleming County Hospital, SEQIP</li> </ul>		Baptist Health Louisville, PSC, (Newly Certified	TCSC)	<ul> <li>Appalachian Regional Healthcare H</li> </ul>	ospital,	Appalachian Regional Healthcare Hosp	sitai,
Bell County:	(96.4-128.7)	Floyd County:	(56.0-73.6)	* Norton Healthcare, SEQIP, PSC		Whitesburg, SEQIP, Stroke Care Netwo	wk, CASRH	Tug Valley, Stroke Care Network	
<ul> <li>Appalachian Regional Healthcare Hospital,</li> </ul>		<ul> <li>Appalachian Regional Healthcare Hospital,</li> </ul>		<ul> <li>Norton Audubon Hospital, SEQIP, PSC</li> </ul>		Marion County:	(80.4-88.2)	Pikeville Medical Center, SEQIP, PSC	
Middlesboro, SEQIP, Stroke Care Network, CAS	SRH	McDowell, Stroke Care Network		<ul> <li>Norton Brownsboro Hospital, SEQIP, CSC</li> </ul>		Spring View Hospital, Stroke Care Ne	twork	Pulaski County:	(73.7-80.2)
Boon County:	(56.0-73.6)	<ul> <li>Appalachian Regional Healthcare Hospital,</li> </ul>		Norton Hospital (Downtown), Stroke Core Netwo	ovik	McCracken County:	(80.4-88.2)	<ul> <li>Lake Cumberland Regional Hospital, st</li> </ul>	roke care
<ul> <li>St. Elizabeth Florence, SEQIP, PSC</li> </ul>		Highlands Regional Medical Center, SECIP, Stro	ke Core	<ul> <li>Norton Women's and Children's Hospital, SEQ</li> </ul>	IP.	Baptist Health Paducah, SEQIP, PSC		network	
Boyd County:	(80.4-88.2)	Network, CASRH		Stroke Care Network, CASRH		* Mercy Health - Lourdes Hospital, SE	QIP, PSC	Rockcastle County:	(73.7-80.2)
King's Daughters Medical Center, SEQIP, PSC		Franklin County:	(80.4-88.2)	<ul> <li>Jewish Hospital, Louisville, PSC</li> </ul>		Mercer County:	(56.0-73.6)	Rockcastle Regional Hospital, Stroke Co	re Network
Boyle County	(80.4-88.2)	<ul> <li>Frankfort Regional Medical Center,</li> </ul>		* University of Louisville Hospital, SQIP, Stroke C	are	Ephraim McDowell Regional Medica	al Center,	Rowan County:	(96.4-128.7)
Ephraim McDowell Regional Medical Cente	r, SEQIP	SEQIP, Stroke Care Network, PSC		Network, PSC		SEQIP, CASRH		• St. Claire Healthcare, Stroke Care Networ	rk
Strake Care Network, CASRH		Grant County:	(56.0-73.6)	<ul> <li>University of Louisville Mary &amp; Elizabeth Hosp</li> </ul>	oital, PSC	Montgomery County:	(80.4-88.2)	Scott County:	(88.3-96.3)
Breckinridge County:	(56.0-73.6)	<ul> <li>St. Elizabeth Grant, SEQIP, CASRH</li> </ul>		Kenton County:	(73.7-80.2)	+ St. Josephs Mount Sterling, SEQIP, CA	ISRH	· Georgetown Community Hospital, SEQU	, Stroke Care
Breckinridge Memorial Hospital, Stroke Core	e Network	Graves County:	(88.3-96.3)	* St. Elizabeth Covington, SEQIP, CASRH		Morgan County:	(80.4-88.2)	Network, CASRH	
Campbell County:	(80.4-88.2)	Jackson Purchase Medical Center, SEQIP, PSC		St. Elizabeth Edgewood, SEQIP, PSC		Appalachian Regional Healthcare H	ospital,	Warren County:	(80.4-88.2)
St. Elizabeth Ft. Thomas, SEQIP, PSC		Grayson County:	(80.4-88.2)	Knox County:	(80.4-88.2)	Morgan County, SEQIP, Stroke Care Ne	twork	• The Medical Center at Bowling Green, S	EQIP, PSC
Daviess County:	(73.7-80.2)	Twin Lakes Regional Medical Center, Stroke Car	e Network	<ul> <li>Appalachian Regional Healthcare Hospital,</li> </ul>		Ohio County:	(73.7-80.2)	TriStar Greenview Regional Hospital, St	EQIP, Stroke
Owensboro Health Regional Hospital,		Hardin County:	(56.0-73.6)	Barbourville, Stroke Core Network		Ohio County Hospital, Stroke Core No.	twork	Care Network, PSC	
SEQIP, Stroke Core Network, PSC		Hardin Memorial Health, SEQIP, PSC		Lawrence County:	(88.3-96.3)	Oldham County:	(56.0-73.6)		
Fayette County:	(56.0-73.6)	Harlan County:	(96.4-128.7)	* Three Rivers Medical Center, SEQIP, CASRH		<ul> <li>Baptist Health LaGrange, SEOM</li> </ul>			
<ul> <li>Baptist Health Lexington, SEQIP, PSC</li> </ul>		<ul> <li>Appalachian Regional Healthcare Hospital,</li> </ul>		Leslie County: (	96.4-128.7)	Perry County:	(95.4-128.7)		
<ul> <li>Saint Joseph Hospital, PSC</li> </ul>		Harlan, SEQIP, Stroke Network Center, CASRH		Appalachian Regional Healthcare Hospital,		Appalachian Regional Healthcare H	ospital,		
University of Kentucky Hospital, SEQIP, Strok	ke Care	Harrison County:	(96.4-128.7)	Mary Breckinridge, Stroke Core Network		Hazard, Stroke Care Network			
Network, CSC		Harrison Memorial Hospital, Stroke Care Netwo	rk						

University of Kentucky, Good Samaritan Hospital,



Stroke Care Network

## **Current Initiatives**

- Hospital and EMS Agency Gap Analysis across the stroke continuum of care
- Assess CHW/Stroke Patient Post Discharge Navigator program existence/interest
- Hospital and EMS Stroke Data Entry Gap Analysis
- Assess system-wide stroke workforce development programs in place
- GWTG-S Data Use Agreements for SEQIP and Paul Coverdell Registries
- Monthly KSIC Leadership meetings
- Biweekly to monthly performance measure team meetings
- Hiring Coverdell Program Manager



## **Overarching Goals**

- Increase # of certified stroke centers in the state
- Increase # of hospitals elevating their current stroke center status
- Create hospital and EMS workforce tools for systemwide stroke education
  - Webinars
  - Podcasts
  - Other
- Pilot CHW/navigator post stroke discharge programs in high mortality counties
- Increase data submitted by hospitals and EMS agencies to statewide data platforms
- Identify opportunities to link state EMS, hospital, and GWTG-S data in one platform

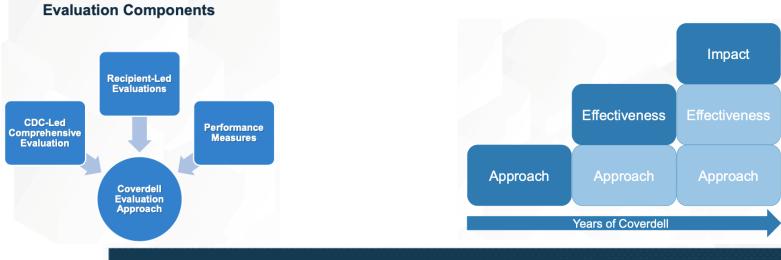


## **Evaluation**

### DP21-2102 Coverdell Program Logic Model (NOFO, page 5)

Strategy	Short Term Outcomes	Intermediate Outcomes	Long Term Outcome		
Track and Monitor Clinical Measures to Improve Data Infrastructure Across Stroke Systems of Care	Increased measurement, tracking, and assessment of data across stroke systems of care for those at highest risk for stroke events and stroke patients	Increased linkage and usage of data across stroke systems of care for those at highest risk for stroke events and stroke patients	Increased access to care and improved		
Implement a Team-Based Approach to Enhance Quality of Care for Those at Highest Risk for Stroke Events and Stroke Patients Across Systems of Care	Increased implementation of data-driven Quality Improvement activities across stroke systems of care for those at highest risk for stroke events and stroke patients	Increased coordination of care across stroke systems of care for those at highest risk for stroke events and stroke patients	quality of care for stroke patients Decreased disparities in access to and quality of care for populations at highest risk for stroke events		
Link Community Resources and Clinical Services That Support Those at Highest Risk for Stroke Events and Stroke Patients Across Systems of Care	Increased establishment of community resources and clinical services for those at highest risk for stroke events and stroke patients across stroke systems of care	Increased provision of community resources and clinical services to those at highest risk for stroke events and stroke patients across stroke systems of care			





#### Evaluation and Performance Measurement Plan (EPMP) Recipient-led Evaluation Plan Component

Identify barriers and facilitators for each performance measure

All Recipients are required to submit an Evaluation and Performance Measurement Plan by December 31, 2021

#### Multi-year Evaluation Approach Components:

- Evaluation approach and context
- Primary intended users of the evaluation
- Communication/Dissemination
- Use of evaluation findings
- Health Disparities and Health Equity Considerations

#### Year 1 Evaluation Design and Data Collection Matrix Components:

- Overview of specific activity to be evaluated
- Potential COVID-19 impact
- Evaluation Questions
- Indicators
- Data Source
- Data Collection Methods
- Data Collection Timing
- Data Analysis
- Person(s) Responsible
- Communication/Dissemination Strategy



### **Next Steps**

- Schedule 30 min to 1 hour session with all hospitals to perform gap analysis
- Identify and secure targeted hospitals, health departments, CHW programs, and EMS agencies for participation in high mortality areas
- Continue current SEQIP initiatives
- Obtain data use agreements from the 15 Hospitals currently using GWTG-S not submitting data to SEQIP State Registry
- Obtain data use agreements for Coverdell Registry from all Kentucky hospitals using GWTG-S
- Strengthen and create new collaborative partnerships utilizing best practices across the continuum of care



### Questions

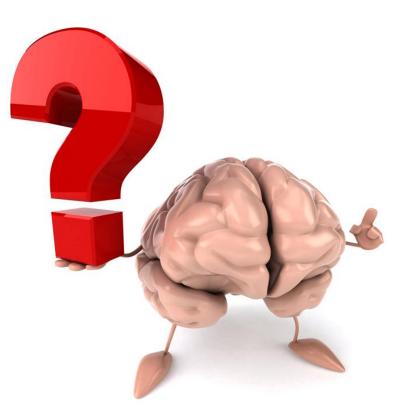




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