

Stroke QUERI 2012 Strategic Goals and Anticipated Impacts

Goal 1. Improve in-hospital management of stroke to reduce stroke mortality and morbidity.

Goal 1a. Develop systems to document, measure, and improve inpatient stroke care processes and quality.

Goal 1b. Conduct active implementation projects to foster ongoing inpatient stroke quality improvement activities and improve VA stroke care.

Anticipated Goal 1 key impacts (three years):

1. Development and implementation of a decision support system that will prompt appropriate actions and document key processes of acute stroke treatment.
2. Development and implementation of administrative-data based inpatient quality indicators that are feasible for facility-level implementation.
3. Engage high-volume VAMCs in ongoing in-hospital stroke QI projects.
4. Facilitate the development and approval of a thrombolysis policy at all VAMC facilities.
5. Conduct and evaluate the impact of targeted veteran education in selected sites to increase the proportion of Veterans presenting within the thrombolysis time window.

Anticipated Goal 1 longer-term impacts:

1. Dissemination and use of the SQUIDSS product in all VAMCs providing thrombolysis for acute stroke care.
2. Ongoing use of, and improvement in, administrative inpatient stroke process indicators by multiple VAMCs.
3. Improvement in documentation and appropriateness of thrombolysis for acute ischemic stroke.
4. Improvement in targeted in-hospital quality indicators including dysphagia screening and DVT prophylaxis.
5. Increase in the proportion of Veterans eligible for thrombolysis.

Goal 2. Develop, evaluate, and integrate interventions to improve risk factor control among Veterans at high risk of stroke.

Anticipated Goal 2 key impacts (three years):

1. At sites where we have implemented hypertension improvement interventions, we will detect meaningful improvements in blood pressure control.
2. We will develop and implement a tool that VAMCs can use to identify Veterans at risk of stroke.
3. We will identify important variations in the quality of TIA evaluation and management across VAMCs.

Anticipated Goal 2 longer-term key impacts:

1. At sites where we have implemented programs to improve the timeliness and quality of care for Veterans with TIA and minor stroke will realize clinically relevant improvement in risk factor management and recurrent vascular events.
2. At sites we have implemented programs to improve risk factor management for Veterans with high risk of stroke, we will observe clinically meaningful improvements in processes of care.

Goal 3. Support VA stroke policy decisions by collecting and reporting VA patient- and system-level data.

Goal 3a. Adapt, test, and implement stroke performance metrics for the VA that are proposed for Medicare.

Goal 3b. Develop and evaluate models of stroke care structures, costs, and outcomes to inform VA stroke care organization.

Anticipated Goal 3 key impacts (three years):

1. Evaluation of risk-adjusted stroke mortality and readmission models as potentially useful facility-level measures of VA stroke care quality.
2. Development of a robust VA Systems Dynamic Stroke model.
3. Identification of associations between rehabilitation structure, cost, and outcomes.
4. Identification of geographic access and facility-level barriers to acute stroke care.

Anticipated Goal 3 longer-term key impacts:

1. Establish meaningful hospital-level measures of veteran stroke outcomes and methods for reporting these outcomes as estimates of VA stroke care quality.
2. Continued refinement of VA stroke care model for updating strategic activities in stroke care (data from goals 1a and 3a specifically).
3. Improved access to thrombolytic therapy for Veterans with acute ischemic stroke.