

Paul Coverdell National Acute Stroke Program (PCNASP)

Cross Walk Showing Relationships among Program Aims and Short/Intermediate/Long-Term Outcome Measures

PCNASP Aims	Outcome Measures ¹															
	Short-Term					Intermediate-Term										Long-Term
	S1	S2	S3	S4	S5	I1	I2	I3	I4	I5	I6	I7	I8	I9	I10	L1
1. Improved systems of stroke care through coordination of stroke prevention and care activities (primarily secondary stroke prevention but also elements of primary prevention), reduced time to treatment, improved transitions from EMS to ED, and improved transitions from hospital to home and return to primary care provider	x	x		x	x	x	x		x	x						x
2. Improved EMS QoC; improved ED and hospital QoC as measured by adherence to established guidelines for care and quality metrics				x			x		x							x
3. Improved cholesterol, hypertension, and tobacco control; improved early medication adherence post-hospital; improved access to community services and rehabilitation; improved receipt and understanding of on-going post-stroke care; reduced 30-day hospital readmissions and 30-day mortality following acute stroke	x			x	x			x				x	x	x	x	x
4. Development and use of integrated data collection systems that can link across the continuum of care for EMS, hospital, and post-hospital care to address data-driven QI in these different care settings			x	x			x		x	x	x	x	x	x	x	x
5. Strengthen statewide infrastructure to reduce the burden of stroke morbidity and mortality, and eliminate disparities in care for stroke	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x

¹Outcome measures are as follows:

Short-Term Outcome Measures (1-2 years)

- S1 Increased public awareness of signs and symptoms of stroke and knowledge of appropriate activation of emergency medical systems
- S2 Maintenance of existing broad reach and/or increase in the state-wide reach of the stroke system of care
- S3 Increased data usage and sharing between components of the stroke care system that will result from having an integrated/ linked data platform for pre-hospital data, in-hospital data, and early post-discharge data
- S4 Increased workforce capacity and scientific knowledge for stroke surveillance within stroke systems of care
- S5 Improved patient and caregiver receipt of education on ongoing post-stroke care needs

Intermediate Outcome Measures (3+ years)

- I1 Reduced time to treatment for acute stroke events
- I2 Improved transition of care from emergency services to hospital emergency department (ED)
- I3 Improved transition of care from hospital to home, which may include reintegration with primary care provider, access to community resources, enhanced patient/caregiver education, and ongoing rehabilitation and secondary prevention
- I4 Improved quality of EMS care for possible stroke patients
- I5 Improved quality of acute and sub-acute ED and hospital stroke care as measured by adherence to established guidelines for care and quality metrics
- I6 Improved defect free care for acute stroke patients
- I7 Improved tobacco control/reduction in smoking post stroke
- I8 Improved medication adherence post-discharge
- I9 Reduced 30-day hospital readmissions and ED visits for stroke-related complications after stroke
- I10 Reduced 30-day mortality after acute stroke

Long Term Outcome Measures

- L1 Reduced disparities in stroke care, death, and disability should result from adherence to stroke care guidelines