MID-YEAR VIRTUAL MEETING

October 30, 2017
1:00-2:30pm CT

MARY MICHAELS
CHAIR, CARDIOVASCULAR COLLABORATIVE
Cardiovascular Collaborative Meeting 10/30/2018

ORGANIZATIONAL STRUCTURE

Leadership Team

DOH Coalition Coordinator

Coalition Chair

Goal 1
Team Lead
Workgroups

Goal 2
Team Lead
Workgroups

Goal 3
Team Lead
Workgroups

Goal 4
Team Lead
Workgroups

Cardiovascular Collaborative Members

TODAY’S AGENDA

<table>
<thead>
<tr>
<th>The Strategic Plan &amp; Priority Strategies</th>
<th>Rachel</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality Improvement Presentation (ECQIP)</td>
<td>Lori Thomas</td>
</tr>
<tr>
<td>Cardiovascular Collaborative Accomplishments</td>
<td>Rachel, Mary</td>
</tr>
<tr>
<td>Open Mic</td>
<td>Everyone</td>
</tr>
<tr>
<td>Wrap Up and Reminders</td>
<td>Rachel</td>
</tr>
</tbody>
</table>
# South Dakota Cardiovascular Collaborative

**Vision:** Healthy people, healthy communities, healthy South Dakota  
**Mission:** Improve quality of life of all South Dakotans through prevention and control of heart disease and stroke

## Strategic Plan 2017-2021

### Goals

<table>
<thead>
<tr>
<th>I. IMPROVE DATA COLLECTION</th>
<th>II. PRIORITY POPULATIONS</th>
<th>III. CONTINUUM OF CARE</th>
<th>IV. PREVENTION &amp; MANAGEMENT</th>
</tr>
</thead>
</table>

### Objectives

1. **Improve data collection**
   - Increase the number of DAFMS in South Dakota from 2,394 EMSs to 3,116 by 2021*
   - Increase the age-adjusted death rate due to heart disease in the American Indian population from 25.0 per 100,000 to 20.0 per 100,000 by 2021*
   - Decrease the age-adjusted death rate due to stroke in the American Indian population from 46.0 per 100,000 to 40.0 per 100,000 by 2021*

2. **Improve patient care**
   - Decrease emergency response times by decreasing average response times by 4.1 minutes by 2021*
   - Reduce 30-day readmission rate for heart disease and stroke from 0.99% to 0.59% by 2021*

3. **Promote healthy behaviors**
   - Decrease prevalence of heart attack from 4.7% (2015) to 4.4% (5% decrease) by 2021*
   - Decrease prevalence of stroke from 2.6% (2015) to 2.4% (5% decrease) by 2021*

### Strategies

- **A. Identify and promote tracking of a common set of minimum cardiovascular health data for use for both prevention and improvement of post-cardiac event outcomes.**
- **B. Promote the different models of team-based, patient-centered care (health care provider, clinic, health home, PCMH).**
- **C. Maximize community-clinical linkages (e.g., patient’s medical home) for EMS services.**
- **D. Support policies that increase access to health care and services for priority populations.**
- **E. Develop innovative strategies to sustain EMS services (e.g., funding, training).**
- **F. Develop pilot program for cardiac ready communities.**
- **G. Ensure utilization of community-based resources and programs that address tobacco use, physical activity, and nutrition.**
- **H. Engage non-physician providers in team-based approach to care via implementation of mobile integrated health model.**
- **I. Utilize results of needs assessment to develop infrastructure and sustainability of EMS.**
- **J. Encourage the implementation of quality improvement processes in health systems.**
- **K. Promote awareness, detection, and management of high blood pressure (clinical innovations, team-based care, and self-monitoring of blood pressure).**
- **L. Expand prevention and lifestyle interventions in communities and for all ages across the lifespan.**
ECQIP
LORI THOMAS MSN RN
CLINICAL QUALITY MANAGER
COMMUNITY HEALTHCARE ASSOCIATION OF THE DAKOTAS

CARDIOVASCULAR COLLABORATIVE ACCOMPLISHMENTS
Purpose: Highlight progress updates from goal area workgroups, upcoming events, community spotlight stories, and other Cardiovascular Collaborative news

- Fall 2018 – sent Oct 27, 2018
- Summer 2018
- Spring 2018
- Winter 2017/2018
- Fall 2017 – first newsletter Oct. 2017

Newsletter not in your inbox? Check your junk mail folder and add Rachel.Sehr@state.sd.us to your list of safe senders.
The Priority Populations Workgroup (Goal 2) has been working to promote team-based patient-centered care in South Dakota.

This free tool helps create conversations and raise awareness in order to strengthen team-based care in South Dakota.

This toolkit is perfect for hospital administrators, quality improvement professionals, public health professionals, and anyone with a vested interest in team-based care.

Available at: https://doh.sd.gov/diseases/chronic/heartdisease/teambasedcareguide/
**CARDIAC READY COMMUNITIES**

- The Continuum of Care Workgroup (Goal 3) has been working to develop a pilot program for cardiac ready communities.
- Created the South Dakota Cardiac Ready Communities (CRC) Program Guide.
- The focus of the CRC Program is to educate, equip, and empower local community members to be better prepared and more confident in helping a patient experiencing a cardiac event prior to the ambulance arriving.
- Available at: https://doh.sd.gov/diseases/chronic/heartdisease/cardiacreadycommunities.aspx

**QUALITY IMPROVEMENT RESOURCE GUIDE**

- The Prevention and Management Workgroup (Goal 4) has been working to encourage the implementation for quality improvement processes in health systems.
- The purpose of this guide is to familiarize you with quality improvement processes as a way of improving clinical quality.
- Many examples in the guide are related to cardiovascular disease, the quality improvement process can be applied to any process or condition where improvements are needed.
- Available at: https://doh.sd.gov/diseases/chronic/heartdisease/qitoolkit.aspx

We're looking to include case studies that highlight QI practices in South Dakota Facilities. Contact Rachel.Sehr@state.sd.us and let us know what you're doing related to QI.
ANNUAL IN-PERSON MEETING – MAY 10, 2019

- May 10, 2019 in Sioux Falls

- What do you want or need for this meeting?

Group photo Annual Meeting 2018

OPEN MIC
IN SUMMARY…..

- Look for opportunities to get involved
- Look for learning opportunities through upcoming webinars
- Save the date for May 10th In-Person meeting
- Recording of this meeting will be available on DOH website

Thank you!