

Download the entire South Dakota Cardiovascular Collaborative Strategic Plan at [doh.sd.gov/diseases/chronic/heartdisease](http://doh.sd.gov/diseases/chronic/heartdisease)

**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

Goals			
<b>I. IMPROVE DATA COLLECTION</b> Drive policy and population outcomes through improved data collection and analysis for heart disease and stroke.	<b>II. PRIORITY POPULATIONS</b> Address prevention and treatment needs of priority populations in South Dakota for heart disease and stroke.	<b>III. CONTINUUM OF CARE</b> Coordinate and improve continuum of care for heart disease and stroke.	<b>IV. PREVENTION &amp; MANAGEMENT</b> Enhance prevention and management of heart disease and stroke.
Objectives			
<ol style="list-style-type: none"> <li>Identify and track data to support at least one heart disease and stroke policy change or recommendation by 2021.<sup>1</sup></li> <li>Increase input into at least 4 data collection tools by organizations and/or individuals by 10% by 2021.<sup>2</sup></li> </ol>	<ol style="list-style-type: none"> <li>Increase the number of EMTs in South Dakota from 3,281 EMTs in 2016 to 3,850 EMTs by 2021.<sup>3</sup></li> <li>Decrease the age-adjusted death rate due to heart disease in the American Indian population from 212.5 per 100,000 to 202.0 per 100,000 by 2021.<sup>4</sup></li> <li>Decrease the age-adjusted death rate due to stroke in the American Indian population from 48.5 per 100,000 to 46 per 100,000 by 2021.<sup>4</sup></li> </ol>	<ol style="list-style-type: none"> <li>Decrease emergency response times by decreasing average ambulance chute times from 4.3 minutes to 3.8 minutes by 2021.<sup>3</sup></li> <li>Reduce 30-day readmission rate for heart disease and stroke from 6.09% to 5.9% by 2021.<sup>5</sup></li> </ol>	<ol style="list-style-type: none"> <li>Decrease prevalence of heart attack from 4.7% (2015) to 4.45% (5% decrease) by 2021.<sup>6</sup></li> <li>Decrease prevalence of stroke from 2.6% (2015) to 2.47% (5% decrease) by 2021.<sup>6</sup></li> </ol>
Strategies			
<ol style="list-style-type: none"> <li>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.</li> </ol>	<ol style="list-style-type: none"> <li>Promote the different models of team-based, patient-centered care (health cooperative clinic, health homes, PCMH).</li> <li>Maximize community-clinical linkages (e.g. CHW, different sectors).</li> <li>Support policies that increase access to heart disease and stroke care for priority populations.</li> <li>Improve collaboration with tribal communities.</li> <li>Explore innovative strategies to sustain EMS services (ex: funding, training).</li> </ol>	<ol style="list-style-type: none"> <li>Develop pilot program for cardiac ready communities.</li> <li>Ensure utilization of community-based resources and programs such as Mission: Lifeline and LUCAS for EMS services.</li> <li>Engage non-physician providers in team-based approach to care via implementation of mobile integrated health model.</li> <li>Utilize results of needs assessment to address infrastructure and sustainability of EMS.</li> </ol>	<ol style="list-style-type: none"> <li>Encourage the implementation of quality improvement processes in health systems.</li> <li>Promote awareness, detection and management of high blood pressure (clinical innovations, team-based care, and self-monitoring of blood pressure).</li> <li>Expand prevention and lifestyle interventions in communities and for all ages across the lifespan.</li> </ol>

Sources: 1) TBD; 2) Data from healthcare facilities; 3) DOH EMT database; 4) Vital Statistics, 2015; 5) QIN Report, Sept 2016; 6) BRFSS, 2015 | March 2017

Note on Goal 3: Chute time is the measurement of time from the notification of the crew until the ambulance begins moving towards the emergency scene. A current analysis of EMS chute times shows an average of 4.3 minutes for a 911 response. The EMS Program is focusing strategies to increase awareness of monitoring chute times locally. The new electronic Patient Care Reporting system will serve as a main platform to monitor local and statewide times.