

# 2022 Stroke Quality Improvement Awards

Minnesota stroke program

## Instructions

Tell us your story! This application is divided into four narrative sections and placeholder for a stroke program photo. All bullet points in the Identification, Plan, and Results sections must be addressed completely. They do not need to be answered in the order they appear. Applications should be no longer than five pages double spaced using 10- or 12-point font. If you have questions, please reference the Stroke Quality Improvement Award Program Overview document. Email questions and/or your completed application as a Microsoft Word document or PDF to Ally at allyson.fujii@state.mn.us.

*Special consideration will be given to projects that discuss their work as it relates to health equity. For example, projects may specifically address a health equity concern or could include information about* *how the identified problem impacts some patient populations more than others. However, addressing health equity is* ***not*** *a required aspect of your application.*

### Applications will be accepted until 4:30 pm CT on August 31, 2022.

## Application

#### Setting

NEW! The community you serve is at the heart of your quality improvement work. Please write a brief narrative about where your hospital is located and the patients you care for (your catchment area). Including a description of your hospital location and patient population provides important context to where your improvement initiative is taking place. Some ideas for patient population characteristics you can include:

* Race and ethnicity
* Insurance status
* Preferred language
* Housing status
* Poverty rate
* Any other characteristics you would like to share with us

You are not required to include all the above, but we strongly recommend including at least one element from the list.

[Insert narrative here]

#### Identification

Describe how you identified and explored the focus area for improvement. At a minimum, please address the following points in your narrative:

* What was your focus area of improvement?
* How did you come to identify this as a problem or an area of improvement?
	+ What data sources did you draw from? (e.g., Minnesota Stroke Registry/GWTG, PI spreadsheet/log, electronic health record reports, feedback forms)
	+ What did you do to better understand the root causes of the problem or area of improvement?
	+ *Optional health equity check: Did the identified problem impact some patient populations more than other?*

[Insert narrative here]

#### Plan

Describe the development and implementation of your quality improvement action plan. At a minimum, please address the following points in your narrative:

* + Which improvement tools, techniques, and/or methods did you use during this process?
	+ What was your aim or goal – what did you set out to accomplish?
	+ What was your plan?
	+ What team members were involved in the development of the plan and why?
	+ What performance measures and indicators did you decide to monitor and why?
	+ Describe the steps you took to implement the quality improvement plan.
	+ *Optional health equity check: If you found the problem impacted some patient populations more than other, how did this influence your planning and plan?*

[Insert narrative here]

#### Results

Describe the results, successes, and lessons learned during your quality improvement action plan. At a minimum, please address the following points in your narrative:

* + Did you meet your goal?
	+ How did you assess whether you met your goal?
	+ Include any challenges you encountered and how they were addressed and/or how the plan was changed in response.
	+ Describe results of the initiative and changes (improvements) in performance metrics. Explain each data visualization included.
		- Include a table and/or graph that demonstrates the change in performance metrics. Please ensure the table and/or graph is clearly labeled and visibly illustrates/communicates the improvement made. Note: Data visualizations will not count towards page limit; please include as many as you need.
		- *Optional health equity check: When you disaggregate your data (by patient’s race, language, insurance status, or other characteristics), did everyone in your patient population experience an improvement?*
	+ Summarize successes and lessons learned as a result of the quality improvement initiative.
	+ What are your next steps? Do you plan to continue monitoring this quality improvement project?

[Insert narrative here]

#### Stroke program photograph

* Include at least one unique picture of the key players in this project (e.g., stroke program leadership team, acute stroke response team)

[Insert photo here]

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03/07/2022

To obtain this information in a different format, call: 651-201-3934.