

- Announcement of the SC Heart & Stroke Care Alliance
- SC Hospital Association
- AHA/ASA
- MUSC

*seventh annual  
sc heart & stroke care alliance  
educational forum: marking the milestones & mapping the future*



November 19, 2013

William L. Yates Conference Center  
Columbia, South Carolina



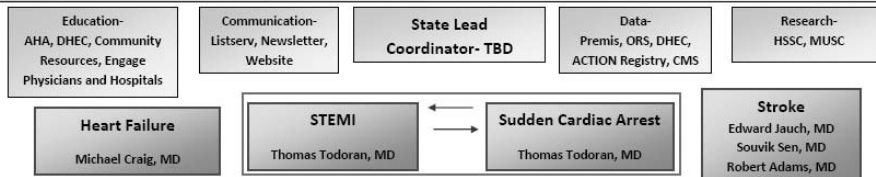
## Heart & Stroke CARE ALLIANCE

### Common Concepts to Impact Cardiac and Cerebrovascular Health

1. Establish Cardiac and Cerebrovascular Care Statewide Leadership
2. Connect Resources and Accelerate Interventions
3. Share and Contribute to Knowledge Community
4. Share Ideas and Best Practices and Develop Protocols
5. Improve Population and Community Cardiac and Cerebrovascular Health across South Carolina

### Alliance Leadership Team, Chairman: Eric Powers, MD

ORH (Melinda Merrell), AHA (Kristin Davis), SCHA (Rick Foster, MD, Lorri Gibbons, Heather Jones, Jennifer Greenhalgh), DHEC (Lisa Waddell, MD, Khosrow Heidari), DHEC EMS (Don Whiteley), BCSSC (Laura Long, MD), SCMA, HSSC (Christine Turley, MD), DHHS (BZ Giese), Clinical Leadership Teams MD Chairs, SC ACC, SCEPT (Edward Jauch, MD), SC CEN, CME, SC ORS, Practice Management, Consumer Advocate



### Common Principles among Clinical Topics:

1. Leadership and Administrative Support
2. Common Meeting Structure and Frequency, Reports to Alliance Leadership
3. Collaboration from Field to Post Discharge
4. Data Integration and Sharing
5. Telemedicine Implementation
6. EMS Engagement and Representation on Team
  - a. One Call Activation
7. Small and Rural Hospital Engagement
8. Population Health Focus
9. Statewide and Local Education
10. Communication Plan
11. Outreach Plan
12. Research Opportunities
13. Regionalization of Resources

### Common Structural Components for each Clinical Topic Team:

1. Leadership Teams with Physician Champion and Consumer Representation
2. Receiving and Referral Center Participation/Engagement
3. Outreach and Regional Coordinator Engagement
4. EMS Active Participation
5. Share Registries, Education Offerings, and Region Resources

Updated 11/6/13

### Legislative activities:

1. Stroke System of Care: Allocation of \$50,000 (one-time) funding to
  - a. 2008: A Concurrent Resolution was introduced but did not go anywhere.
  - b. 2009 no activity
  - c. 2010 the same resolution was introduced and passed by the general assembly to establish a Stroke System of Care committee.
  - d. 2011: The stroke committee reported back to the General Assembly and recommended the need for establishing a stroke registry, hospital designation, routing policy and recommended for further funding.
  - e. 2013: Tele-Medicine Bill – defeated in 2013 – will be re-introduced this year
  - f. A Stroke System of Care was funded at tune of \$50K
2. We are collaborating with our stroke colleagues across the state to put together an interactive portal to meet their surveillance needs.