

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

I. IMPROVE DATA COLLECTION

Drive policy and population outcomes through improved data collection and analysis for heart disease and stroke.

II. PRIORITY POPULATIONS

Address prevention and treatment needs of priority populations in South Dakota for heart disease and stroke.

III. CONTINUUM OF CARE

Coordinate and improve continuum of care for heart disease and stroke.

IV. PREVENTION & MANAGEMENT

Enhance prevention and management of heart disease and stroke.

Objectives

1. Identify and track data to support at least one heart disease and stroke policy change or recommendation by 2021.¹
2. Increase input into at least 4 data collection tools by organizations and/or individuals by 10% by 2021.²

1. Increase the number of EMTs in South Dakota from 3,281 EMTs in 2016 to 3,850 EMTs by 2021.³
2. 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 2021.⁴
3. 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 2021.⁴

1. Decrease emergency response times by decreasing average ambulance chute times from 7.5 minutes to 6.5 minutes by 2021.³
2. Reduce 30-day readmission rate for heart disease and stroke from 6.09% to 5.9% by 2021.⁵

1. Decrease prevalence of heart attack from 4.7% (2015) to 4.45% (5% decrease) by 2021.⁶
2. Decrease prevalence of stroke from 2.6% (2015) to 2.47% (5% decrease) by 2021.⁶

Strategies

- A. Explore a process to identify and track cardiovascular indicators available from the HIE (Health Information Exchange) and other nationally recognized data sources.
- B. Convene priority stakeholders to identify potential for policy action, i.e. potential legislation, to support the use of HIE.
- C. Encourage providers who have access to HIE to contribute data into the system.
- D. Educate members of the HIE to help them more fully utilize the services and incorporate health information technology into workflows.
- E. Develop a process to disseminate data to stakeholders.

- A. Promote the different models of team-based, patient-centered care (health cooperative clinic, health homes, patient-centered medical home).
- B. Support policies that increase access to heart disease and stroke care for priority populations.
- C. Improve collaboration with tribal communities.
- D. Maximize community-clinical linkages (e.g. CHW, different sectors).
- E. Explore innovative strategies to sustain EMS services (ex: funding, training).

- A. Develop pilot program for cardiac ready communities.
- B. Ensure utilization of community-based resources and programs such as Mission: Lifeline and LUCAS for EMS services.
- C. Engage non-physician providers in team-based approach to care.
- D. Utilize results of needs assessment to address infrastructure and sustainability of EMS.

- A. Encourage the implementation of quality improvement processes in health systems.
- B. Expand prevention and lifestyle interventions in communities and for all ages across the lifespan.
- C. Promote patient-centered disease management that engages patient and family in their own care and links them to community resources.
- D. Promote awareness, detection and management of high blood pressure (clinical innovations, team-based care and self-monitoring of blood pressure).

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

Note on Goal 3: Chute time is a measurement of time from the notification of the crew until the ambulance begins moving toward the emergency scene. A current analysis of EMS chute times showed an average of 7.5 minutes for a 911 response. EMS directors from 130 ground and air licensed ambulance services in SD were surveyed in the summer of 2016. Out of the 130 services, 76% reported they track and measure chute times while 24% report they did not. To effectively increase awareness of and reduce chute times by 2021, the EMS Program will focus strategies on increasing the awareness of monitoring chute times locally. Of course, many other contributing factors play a role in increased chute times, volunteerism plays the most significant factor.