



Mission: Lifeline Stroke Montana

Cardiovascular disease and stroke are the first and fifth most common causes of death in the United States; both are particularly deadly because the acute nature of heart attacks and strokes requires time-sensitive treatment to save lives and reduce lasting disability. In rural areas, long distances to healthcare make timely treatment an even greater challenge.

Through the *Mission: Lifeline* STEMI program and with Helmsley Charitable Trust support, we have dramatically reduced patient treatment times for acute cardiac care in the cases of ST Segment Elevation Myocardial Infarctions in seven priority upper Midwestern States, including Montana, and built a sustainable quality infrastructure upon which many additional improvements to rural acute healthcare can be realized.

Like STEMI cases, every minute saved in stroke treatment can directly improve survival and recovery rates. Streamlining care requires a system-wide quality improvement approach to address many of the same triaging, transfer, and treatment challenges in time-sensitive stroke care. The AHA/ASA has designed *Mission: Lifeline* Stroke to reduce the rates of death and disability from stroke in underserved rural populations.

What is Mission: Lifeline:

Mission: Lifeline Stroke is a program for transforming stroke care by focusing efforts on connecting all of the components of acute stroke care into a smoothly integrated system that reinforces use of evidence-based guidelines, measures performance, identifies gaps, and engages in improvement projects at a systems level. The stroke system of care begins with community recognition and preparedness to identify stroke and continues all the way through hospital discharge, into rehabilitation and the initiation of secondary prevention. It brings together hospitals, ambulance services, non-transport medical first response agencies, emergency communications centers, emergency medical service regulatory and medical direction agencies, local government, local media, and payers to forge a proactive system of stroke care that saves and improves lives.

The Goal:

Mission: Lifeline Stroke will build upon the gains achieved by the existing Montana Stroke Initiative by further strengthening the collaboration with stakeholders across the state representing hospitals, individual ambulance services, the Montana Department of Health and Human Services and others. The project will enhance many critical elements of an optimal stroke system of care, including:

- A system-wide data tool to assess stroke care used throughout the continuum of care.
- Coordination of treatment guidelines for EMS and hospital personnel.
- Local plans for rapid transport and/or inter-facility transfer of stroke patients.
- Strategies for reducing barriers to access and quality of telemedicine and rehab care.
- A survivor to survivor support network will be deployed
- A public education campaign focused on recognition of stroke signs and symptoms and the need to activate the 9-1-1 system.
- Ongoing clinical education and sharing of best practices.
- Recruitment of stroke rehab champions to create and help implement consistent discharge and treatment protocols as well as participate in quality improvement and training measures.

Funding the Mission:

On September 16, 2020, the American Heart Association announced more than \$4.8 million in funding to launch Montana's *Mission: Lifeline* Stroke initiative.

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Frequently Asked Questions

How many years is the funding for?

The \$4.8 million will be spent over four years (2020–2024). EMS and hospital Infrastructure/Education will comprise the bulk of the funding.

How will we measure the impact of the funding and the Mission Lifeline program?

Tertiary and critical access hospitals will be participating in the AHA/ASA Get With The Guidelines Stroke Registry which tracks all acute stroke patients from first medical contact through hospital discharge. This data collection will support standardization, compliance, and quality improvement review, as well as help guide education.

What other states have done this program and what has been the outcome?

North Dakota and Nebraska have had similar grants and are in different phases of implementation. They have had great success with bridging the gaps, including facilitating clinical education, building statewide consensus on protocols utilizing the current guidelines, and improving public awareness.