

# Michigan Statewide Systems of Care

Updates for the Stroke and STEMI systems



**MISSION:**

Michigan Department of Health and Human Services (MDHHS) provides opportunities, services, and programs that promote a healthy, safe and stable environment for residents to be self-sufficient.

# Introduction

- Department Manager, Systems of Care for Stroke and STEMI
- Paramedic
- BS in Health Care Management
- MBA, Healthcare Leadership
- 20 plus years in healthcare including Skilled nursing, hospice, EMS, 911 dispatch
- 11 years at a large academic healthcare system working in the ED and with a critical care transport team

# Objectives



Understand the background and history of systems of care



Review the components of the administrative rules for the Stroke and STEMI systems of care



Understand Michigan hospitals' role on systems of care

# A brief history...



---

For more than 25 years heart disease, stroke and unintentional injury have been in the top five leading causes of death in the state.<sup>1</sup>

---

The recognition that time is muscle (STEMI), and brain tissue (stroke) has been acknowledged by experts in the field for more than 18 years.

---

The current initiative builds on the conversations that have been ongoing since 2011

---

The vision is an integrated System of Care for Time Sensitive Emergencies that includes Trauma, Stroke, and STEMI

<sup>1</sup> Michigan Department of Health and Human Services, A Statewide System of Care for Time Sensitive Emergencies The integration of Stroke and STEMI Care into the Regional Trauma System, 2020.

# What Systems do

Categorize resources so the right patient gets to the right resources the first time.



Empowers stakeholders to review, monitor and engage to improve the delivery of care, patient movement and to reduce the incidents of injury and reduce cardiovascular risk factors.



To share best practices and cutting-edge thinking not only locally but across the state.

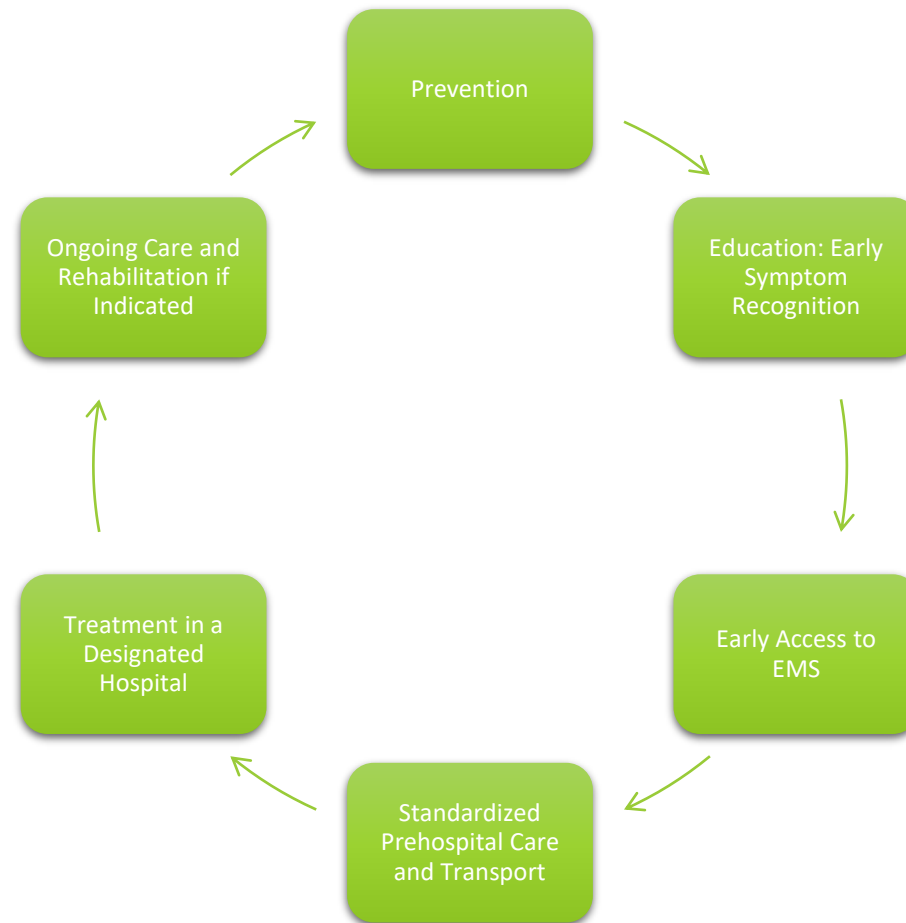


To collect and share data to drive decision making, effect change, identify gaps and plan initiatives and monitor their impact.



To cross boundaries, eradicate silos, build partnerships and relationships across service lines, facilities, regions, specialty groups, departments and special interests

# Phases of Systems of Care<sup>1</sup>



<sup>1</sup> Michigan Department of Health and Human Services, A Statewide System of Care for Time Sensitive Emergencies The integration of Stroke and STEMI Care into the Regional Trauma System, 2020.

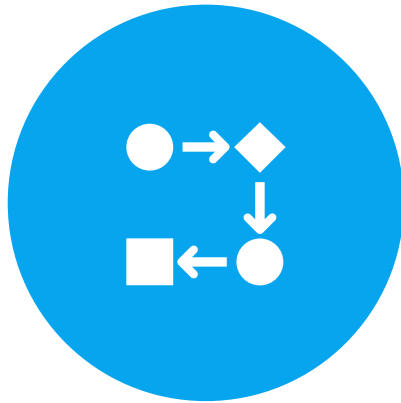
# System Pillars

- Data/Registry
- Designation/Verification
- Regional Organization
- Education
- Advisory Bodies

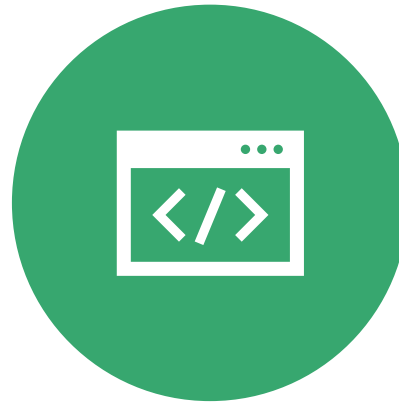




# Inputs, Initiatives, & Work Products



WHAT EXISTS TO  
INFORM THE PROCESS?



WHAT NEEDS TO BE  
CREATED?



WHAT INITIATIVES DO  
WE NEED TO TAKE?

# **The Division of EMS and Systems of Care is committed to successful program building**

- The trauma system has shown that the process is not always linear
- Timelines are flexible based in inputs (internal and external)
- Communication about timelines, resources, and next steps will allow time for partners and stakeholders to prepare



Using the Administrative  
Rules as a blueprint...

# An overview of the rules

- Each service line has its own ruleset, modeled after the Trauma Rules
- Define how to implement and operate systems of care
- The role of the department and regions
- Define Verification and Designation
- Outline requirements for data and registries
- Set standards for regional performance improvement
- Consideration for destination protocols and interfacility transfers

# The Role of Michigan Hospitals



Risk Reduction



Performance  
Improvement



Designation



Data

# Risk Reduction

---

- Programs based on the communities' specific needs
- Early identification of sign and symptoms
- Early activation of EMS
- This is likely work being done now in collaboration with partners, the community





# Performance Improvement

---

- Case review
- Closed loop feedback that includes EMS providers
- Evaluating processes

# Designation

---

- Only states can designate this is done after a facility has had its' resources verified
- Verification based on certification or accreditation by a nationally recognized professional review organization
- **Voluntary and inclusive**
- Systems work best when everyone participates





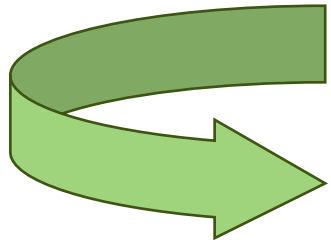
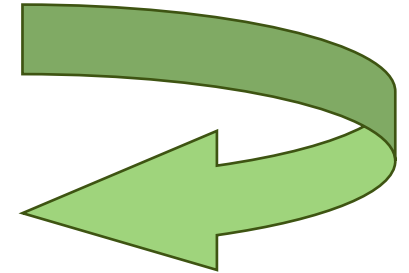
# How it will work...

Facilities will assess their current level of care and appropriate match to the levels described

The system is designed to be voluntary and inclusive, and it is the most effective if all participate

The system will not dictate what level of care a facility provides

Program building takes time, attention and supportive partners





# Data

---

- Systems require collection of uniform and consistent data
- Data drives performance improvement measures, risk reduction initiatives, and protocol decisions, system evaluation
- A statewide registry allows evaluation of stroke and STEMI care

# Data is the system driver



Regions use data to drive system decision making and evaluation



Regional Professional Standards Review  
Organizations use aggregate data to monitor regional care issues



System partners (EMS, facilities, providers, rehab partners) use data to improve care



Data drives risk reduction initiatives in the region and PI projects at a population health level for a greater impact

# Final Take Aways...

- System building take time and thoughtful preparation
- Rural and critical access hospitals are an important part of the system
- The Department will continue to communicate updated information and opportunities for participation in system components

# Questions?

# Contacts

Katelyn Schaible, Department Manager – Systems of Care,  
Stroke and STEMI

Email: [SchaibleK2@michigan.gov](mailto:SchaibleK2@michigan.gov) Phone: 517-282-2172

Eileen Worden, Systems of Care Section Manager

Email: [wordene@michigan.gov](mailto:wordene@michigan.gov) Phone: 517-643-2296

# References

[Stroke/STEMI \(michigan.gov\)](https://michigan.gov/stroke/steami)

Jacobs, A. et al. (2021). Systems of Care for ST-Elevation Myocardial Infarction: A Policy Statement From The American Heart Association. *Circulation*. Retrieved from <https://doi.org/10.1161/CIR.0000000000001025>

Schwamm, L. et al. (2005). Systems of Care: Recommendations from the American Stroke Association's Task Force on the Development of Stroke Systems. *Stroke*. Retrieved from <https://doi.org/10.1161/01.STR.000015865.42884.4F>