

## Online Supplement

### Understanding the Role of External Facilitation to Drive Quality Improvement for Stroke Care in Hospitals

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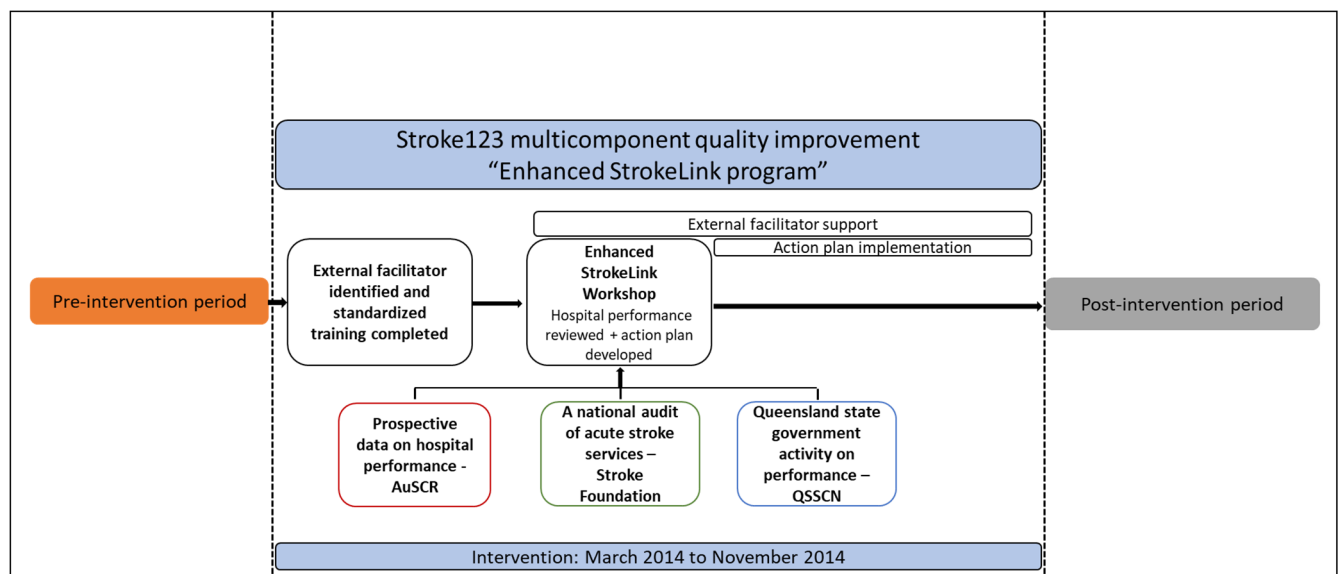
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**Figure S1.** Overview of the Enhanced StrokeLink Program.

AuSCR: Australian Stroke Clinical Registry; QSSCN: Queensland State-wide Stroke Clinical Network; Pre-intervention: control with baseline audit and feedback via StrokeLink (January 2010 to June 2012) and addition of financial incentives, July 2012 to March 2014); Intervention: financial incentives and addition of the Enhanced StrokeLink program, March 2014 to November 2014; and Post-intervention period, November 2014 to December 2015), as outlined in the Figure.

**Table S1.** Example Enhanced StrokeLink Action Plan

<b>Team/Hospital Name:</b>	<b>Date:</b>
<b>Team Leader:</b>	
<b>Situation Statement:</b> Why initiate this effort? (key messages from guidelines and current activity based on audit, etc.)	
<b>Improvement AIMS:</b> What are we trying to accomplish? It is important to have clear goals	
<b>Improvement strategies/objectives:</b> What specific strategies have been chosen to bring about	
<b>Evaluation Measures:</b> How will we know a change is an improvement? Be specific about data source/measures and at what stages in the overall timeframes these will be collected and reported to keep team accountable and program on track.	
<b>Strategic Alignment (i.e. link to hospital plans/strategic directions):</b> Link current programs or specific activities to department, hospital and/or area administration plans. This will be important for administration support.	
<b>Consumer Alignment:</b> Who does this program relate to and how is the activity linked in with their needs? (E.g. Use local consumer data – surveys, focus groups, etc. or other data – NSF consumer consultation report ‘walk in our shoes’ or guidelines ratings)	
<b>Business Case:</b> Where possible, quantify expected increases or decreases in	

resources/expenses/reimbursement/cost avoidance.	
<b>Team Members (and area of expertise):</b> Note also other key stakeholders who may not actually be on the core team but who will need to be involved.	
1.	
2.	
3.	
4.	
5.etc.	
<b>Implementation Commitments:</b> Note frequency and length of team meetings, resource implications (e.g. is there any training or support for the team?) and overall timeframes for project.	
<b>Communication Plan:</b> Who, How, and When	
<b>Signatures:</b>	
Sponsor/manager:	Date:
Team Leader/Champion:	Date:

### Supplemental acknowledgements

**Co-investigators and other contributors to the Stroke123 project or Australian Stroke Clinical Registry (AuSCR) not listed as authors. Note only data obtained from 2010 – 2015 from AuSCR were used in this current paper, and from Queensland hospitals only.**

Chief investigators: Prof **Craig Anderson** (University of New South Wales), Prof **Geoffrey Donnan** (University of Melbourne), Prof **Christopher Levi** (University of Newcastle), Prof **Amanda Thrift** (Monash University), Prof **Natasha Lannin** (Monash University), Prof **Steven Faux** (University of New South Wales and St Vincent's Health), A/Prof **Vijaya Sundararajan** (University of Melbourne).

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Monash University project staff: **Megan Reyneke and Joosup Kim.**

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