

Virginia Stroke Care Quality Improvement Advisory Group

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Medical Society of Virginia Foundation
(2924 Emerywood Pkwy, Richmond, VA 23294)

Conference Call Number: 866-842-5779

Conference Code: 804-864-7761

Introductions

Name

Title / Role(s)

Organization

Area of Expertise

Legislation

Code of Virginia 32.1-111.15:1 | Effective 1/1/2019

Department responsible for stroke care quality improvement; sharing of data and information.

1. Implement systems to collect data and information related to stroke care.
2. Facilitate information & data sharing and collaboration among hospitals and providers.
3. Apply evidence-based treatment guidelines for transitioning patients to community-based follow-up care following acute treatment for stroke.
4. Establish a process for continuous quality improvement for the delivery of stroke care.

VIRGINIA ACTS OF ASSEMBLY – 2018 SESSION

CHAPTER 276

An Act to amend the Code of Virginia by adding in Article 2.1 of Chapter 4 of Title 32.1 a section numbered 32.1-111.15:1, relating to stroke care quality improvement.

Approved March 9, 2018 [H 1197]

Be it enacted by the General Assembly of Virginia:

1. That the Code of Virginia is amended by adding in Article 2.1 of Chapter 4 of Title 32.1 a section numbered 32.1-111.15:1, to read:

§ 32.1-111.15:1. Department responsible for stroke care quality improvement; sharing of data and information.

The Department shall be responsible for stroke care quality improvement initiatives in the Commonwealth. Such initiatives shall include:

1. Implementing systems to collect data and information about stroke care in the Commonwealth in accordance with subsection B;
2. Facilitating information and data sharing and collaboration among hospitals and health care providers to improve the quality of stroke care in the Commonwealth;
3. Requiring the application of evidence-based treatment guidelines for transitioning patients to community-based follow-up care following acute treatment for stroke; and
4. Establishing a process for continuous quality improvement for the delivery of stroke care by the statewide system for stroke response and treatment in accordance with subsection C.

B. The Department shall implement systems to collect data and information related to stroke care that is nationally recognized data set platforms with confidentiality standards approved by the Centers for Medicare and Medicaid Services or consistent with the Get With The Guidelines stroke registry platform from hospitals designated as comprehensive stroke centers, primary stroke centers, or acute stroke-ready hospitals and emergency medical services agencies in the Commonwealth and (ii) from every primary stroke center with supplementary levels of stroke care distinction in the Commonwealth. Every hospital designated as a comprehensive stroke center, primary stroke center, or primary stroke center with supplementary levels of stroke care distinction shall report data and information described in clauses (i) and (ii) to the Department. The Department shall take steps to encourage hospitals designated as acute stroke-ready hospitals and emergency medical services agencies to report data and information described in clause (i) to the Department.

C. The Department shall develop a process for continuous quality improvement for the delivery of stroke care provided by the statewide system for stroke response and treatment, which shall include:

1. Collection and analysis of data related to stroke care in the Commonwealth;
2. Identification of potential interventions to improve stroke care in specific geographic areas of the Commonwealth; and
3. Development of recommendations for improvement of stroke care throughout the Commonwealth.

D. The Department shall make information contained in the systems established pursuant to subsection B and data and information collected pursuant to subsection C available to licensed hospitals and the Virginia Stroke Systems Task Force, and, upon request, to emergency medical services agencies, regional emergency medical services councils, the State Emergency Medical Services Advisory Board, and other entities engaged in the delivery of emergency medical services in the Commonwealth to facilitate the evaluation and improvement of stroke care in the Commonwealth.

E. The Department shall report to the Governor and the General Assembly annually on July 1 on stroke care improvement initiatives undertaken in accordance with this section. Such report shall include a summary report of the data collected pursuant to this section.

F. Nothing in this article shall require or authorize the disclosure of confidential information in violation of state or federal law or regulations, including the Health Insurance Portability and Accountability Act, 42 U.S.C. § 1320d et seq.

2. That the provisions of the first enactment of this act shall become effective on January 1, 2019.

3. That the Department of Health shall convene a group of stakeholders, which shall include representatives of (i) hospital systems, including at least one hospital system with at least six or more stroke centers in the Commonwealth, recommended by the Virginia Hospital and Healthcare Association; (ii) the Virginia Stroke Systems Task Force; and (iii) the American Heart Association/American Stroke Association, to advise on the implementation of the provisions of this act.

Process

- ❑ Compile preliminary list of stroke-related metrics in 4 categories: **Prevention/Risk Factors, Pre-Hospital, In-Hospital, Post-Hospital.**
- ❑ VSSTF members submitted any metric(s) of interest.
- ❑ VA Stroke Care Quality Improvement Advisory Group to meet and advocate for metrics that will be considered as the statewide metrics.
- ❑ Advisory Group members to rank and prioritize these metrics based on **Importance/Need, Feasibility, and Impact.**
 - ❑ 1 vote consists of a composite score from up to 10 reviewers per organization
 - ❑ To be determined: 1 vote per facility/health system? Weighted score based on organization type? Guidance around who should vote within the organization?

Structured Discussion

Data Categories:

- Post-Hospital / Rehabilitation (15 minutes)
 - 5 minutes Call-in / Public Comment
- In-Hospital (20 minutes)
 - 5 minutes Call-in / Public Comment
- Pre-Hospital / EMS (15 minutes)
 - 5 minutes Call-in / Public Comment
- Prevention / Risk Factors (10 minutes)
 - 5 minutes Call-in / Public Comment

Next Steps

- Revise list and note which metrics were advocated for by organization type.
- Determine 1 vote per facility/health system? Weighted score based on organization type and data category? Guidance around who should vote within the organization?
- Send Stroke Metric Prioritization Matrix to Advisory Group Organizations to begin voting process.

Announcements

- ❑ VDH hiring two new positions: *Clinical Improvement Specialist (RN)* and *Telehealth / Mobile Health Technology Specialist*
- ❑ Postings within the next 2 weeks. Link: <http://jobs.virginia.gov/>

- ❑ **Registration is live!** Recruiting for **SYNC: Transforming Healthcare Leadership** Register here: <http://syncva.org/>
 - ❑ Dates: March 21/22, April 26, June 7, Summer Virtual Sessions, September 12
 - ❑ Scholarships available through the VA Department of Health
 - ❑ VDH eligible project list for Heart Disease/Stroke, Diabetes, and Cancer

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