

Virginia Department of Health Update: Stroke Legislation Progress / Virginia Stroke Registry / CDC Paul Coverdell National Acute Stroke Program

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January 13, 2023

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To contact us for anything Stroke, use:

Stroke@vdh.virginia.gov

About

A stroke, sometimes called a brain attack, occurs when the blood supply to the brain is blocked or a blood vessel in the brain bursts. Anyone, even children, can have a stroke. In Virginia, every year more than 16,600 Virginians have a new stroke.



Stroke Legislation Progress Updates

Requirements of the Code of Virginia 32.1-111.15:1

Advisory Group / Annual Report:

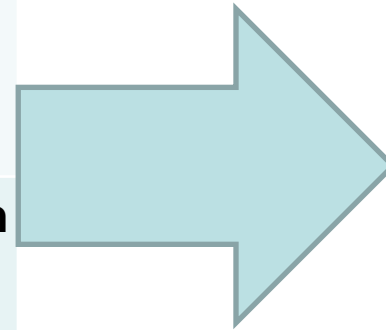
Implement systems to collect data and information related to stroke care.

Facilitate information & data sharing and collaboration among hospitals and providers.

Apply evidence-based treatment guidelines for transitioning patients to community-based follow-up care following acute treatment for stroke.

Establish a process for continuous quality improvement for the delivery of stroke care.

<https://rga.lis.virginia.gov/>



Stroke Registry



Referral System



**Hospital and EMS
QI Processes**

Virginia Stroke Registry Update January 2023

Phase 1—Open to all Virginia Hospitals as of April 2022

- Need to have Coverdell layer activated in GWTG
- Need ESO activation

Phase 2—in development with ESO and OEMS

- In Person meeting on January 6
- Database development proceeding
- Finishing elements for Pre-Hospital, Acute Care, and Post-Acute Care
- Hope to go Live with Beta Testing in Spring 2023
- Live for all hospitals in Summer, Early Fall 2023

Data Submission to CDC for Coverdell

June and October 2022 Submissions

- October 2021 to June 2022 patient records
- Total number of records: 15,390
- 34 Hospitals submitted data by October
 - Total able to submit was 46
- 76% of GWTG hospitals submitted
- 41% of all Virginia Hospitals

February 2023— Next Submission

Hospitals will need to submit to VDH platform by Feb 7, 2023

First time: October 2021-December 2022
Repeat: September 2022 to December 2022

Open to all hospitals who use GWTG
37 should be able to submit
9 hospitals need Coverdell layer

**Hospitals
with
data
submitted
for
October
2022
CDC
Submission**

Total 34

Centra Lynchburg General Hospital
Bon Secours Mary Immaculate Hospital
Bon Secours Maryview Medical Center
Bon Secours Memorial Regional Medical Center
Bon Secours Rappahannock General Hospital
Bon Secours Richmond Community Hospital
Bon Secours Southside Regional Medical Center
Bon Secours St. Francis Medical Center
Bon Secours St. Mary's Hospital
Chesapeake General Hospital
HCA CJW Medical Center - Johnston Willis
INOVA Alexandria Hospital
INOVA Fair Oaks Hospital
INOVA Fairfax Hospital
INOVA Loudoun Hospital
INOVA Mount Vernon Hospital
Mary Washington Hospital
Riverside Regional Medical Center
Riverside Walter Reed Hospital
Sentara Care Plex Hospital
Sentara Halifax Regional Hospital
Sentara Leigh Hospital
Sentara Martha Jefferson Hospital
Sentara Norfolk General Hospital
Sentara Northern Virginia Medical
Center
Sentara Obici Hospital
Sentara Princess Anne Hospital
Sentara RMH Medical Center
(Rockingham Memorial)
Sentara Virginia Beach General
Hospital
Sentara Williamsburg Regional
Medical Center
UVA Hospital
VCU Community Memorial Hospital
VCU Medical Center

Reabstraction and Inter-rater Reliability

- Required as part of the CDC Paul Coverdell Grant
- Aggregated Report due to CDC by February 15, 2023
- Email with chosen records to go out by Jan 18th with survey link
- Goal is response by January 31st
- Will assist with Inter-rater Reliability for Certification
- Will be discussed more at the VSCC meeting

Total Stroke Cases Submitted for Year	Minimum Number of Charts to Reabstract Per Year
1 to 100	5
101 to 200	7
>200	10

Shout Out to the Stroke Coordinators!!



- Added Coverdell layer
- Gained access to the ESO platform
- Submitted data to the Registry
 - Working through Data pulls and Error messages
- 85% answered the First Ever Hospital Stroke Survey
- 60% answered the Teleneurology/Stroke Support group Survey
- Many volunteered time to assist with Registry Development
- Served as Initial Adopters of new technology—Unite Us Platform and the Stroke Registry
- Answered multiple emails
- All the while serving the hospitals in their community!

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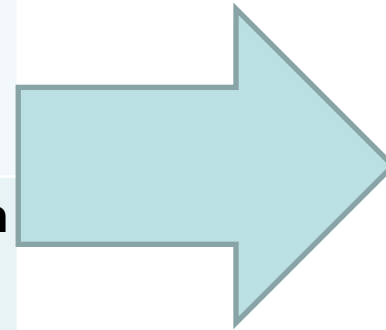
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Referral System



**Hospital and EMS
QI Processes**

Referral System

Code of Virginia 32.1-111.15:1 - Requiring the application of evidence-based treatment guidelines for transitioning patients to community-based follow-up care following acute treatment for stroke;

**Unite Us Statewide Referral System
Insights Licenses**

Stroke Post-Discharge Referral Pathways

Unite Us Insights Licenses

Under Coverdell in Virginia, Unite Us Insights allows users / stroke coordinators to track and monitor stroke patients who were referred through the Unite Us referral platform.

Coverdell Year 1 (June 2021 - June 2022) Licenses Assigned to:

- Augusta Health
- Ballad Health
- Blue Ridge EMS Council x2
- Bon Secours Mary Immaculate Hospital
- Bon Secours Maryview Medical Center
- Bon Secours Memorial Regional Medical Center
- Bon Secours Southampton Memorial Hospital
- Bon Secours Southside Regional Medical Center
- Bon Secours St. Francis Medical Center
- Bon Secours St. Mary's Hospital (Bon Secours - Richmond)

- Centra Heath - Lynchburg General Hospital x2
- Mary Washington Hospital
- Sheltering Arms Institute
- UVA Medical Center
- VCU Health
- Virginia Department of Health x 3

Social Determinants of Health Requirements

LD. 04.03.08.—Joint Commission Leadership Standard

Reducing health care disparities for the [organization's] [patients] is a quality and safety priority.

- EP 1 Make Health Care Equity a Leader-Driven Priority
- EP 2 Assess Health Related Social Needs
- EP 3 Use Data to identify disparities across patient groups
- EP 4 Prioritize, Plan and Take Action
- EP 5 Monitor Health Care Equity Progress
- EP 6 Inform Stakeholders about progress

These are new CMS standards

- Effective January 1, 2023
- Applies to all hospitals, including critical access, ambulatory care services, behavioral healthcare and human services, and primary care services.

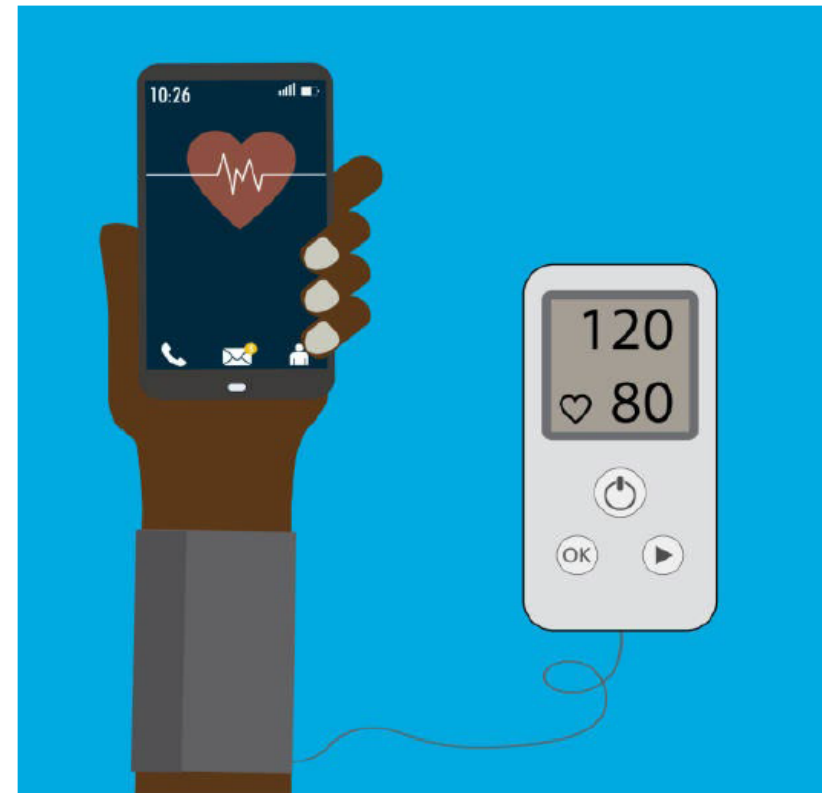
Augusta Health: Diabetes & Food Insecurity

- **Analyzed hospital data** to identify priority population
- **Partnered with the Blue Ridge Area Foodbank** to provide 5.66 tons of fresh food from Augusta Health Farm to area food pantries (2020)
- Created **structured food insecurity screening process** in the clinical environment
 - ✓ 4,000 patients or ~6% of priority zip code population
 - ✓ 2,000+ people with diabetes or ~15% of estimated number
 - ✓ 9,000+ across all localities
- **Connected Community Health Worker** to clinical teams and community partners



Mary Washington Healthcare: Hypertension in the African-American Community

- **Analyzed hospital data** to identify priority population
- Added a **Community Health Worker (CHW)** to the team.
- **Partnered with the YMCA** to create a referral pathway for patients with hypertension to the community-based Blood Pressure Self-Monitoring program :
 - ✓ CHW connected 100+ patients to BPSM
 - ✓ Resulted in 7.5 point reduction in average Systolic BP for program participants



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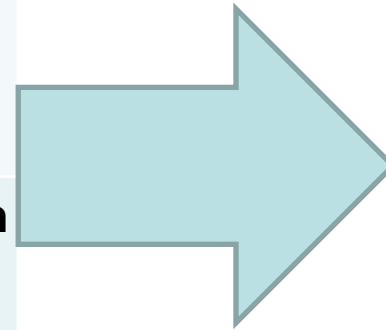
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Referral System



**Hospital and EMS
QI Processes**

Continuous Quality Improvement Process

Status: In progress

Progress: The Virginia Stroke Care Quality Improvement Advisory Group and the VDH are currently reviewing states' QI processes and templates.

Dependent on the completion of the Virginia Stroke Registry.

Contact Information:

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and

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Virginia Stroke Coordinators Consortium

January 2023 updates

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IRR Elements— Total 18 elements captured

- Age
- Gender
- Race and Ethnicity
- Date/Time of Arrival at Hospital
- Date of Hospital Admission
- Was telestroke consultation performed?
- Brain Imaging? Y/N, if yes, Date/Time
- Last known well date and time
- Was initial NIHSS done? If yes, what was score?
- IV thrombolytic at this hospital? If yes, Date/Time
- What date was the patient discharged from hospital?
- Principal discharge ICD-10-CM code
- Stroke DRG code
- Discharge disposition

Teleneurology Services used in Virginia

REDCap survey was sent to Virginia hospitals on November 22, 2022.

60% of Virginia Hospitals (50) responded to the survey:

- 36 hospitals responded they use teleneurology services.
- The most popular services used are:
 - InTouch Teledoc (10)
 - Sentara Teleneurology (5)
 - UVA (4)
- Other popular services mentioned:
 - SOC
 - Roanoke Neurologists
 - Bluesky

72% of survey respondents use Teleneurology services

Stroke Support Groups in Virginia

Data Seeking Process

- Survey Sent out in November to stroke coordinators
 - 22 Positive Responses
 - 30 separate stroke support groups identified in Virginia
- Emails sent to contacts 12/27 to validate information
- 11 Confirmed Stroke Support Groups with complete information
- Will go on VDH website in Spring

Confirmed Stroke Support Groups

Carilion Roanoke Stroke

Encompass Charlottesville

Front Royal

Mary Washington Aphasia

Mary Washington

Sentara Leigh

Shenandoah Stroke Club

St. Mary's Hospital

Stroke Comeback

Twin County Hospital

Virginia Baptist Hospital

VDH Coffee Hours for Stroke

- Plan for Meetings every 4th Wednesday
 - Can do 11:00-12:00 or 2:00-3:00 pm
 - Which is best for group?
- Format
 - Stroke Topic Presentation/Discussion - 30 minutes
 - Case Studies/PI project Presentations - 10 minutes
 - Free Forum for Questions/Answers/Concerns - 20 minutes

VDH Coffee Hours Proposed Topics

- Stroke Certification Tips/Tricks - Christine Byrd, AANN presenter
- Conquering the Dysphagia Screen
- Cryptogenic Stroke and What do the Guidelines say
- Performing the NIHSS—demonstration, confused and aphasic
- Caring for the ICH/SAH patient in the ED and floor
- ED Stroke Processes and best practices
- Stroke Units—Pros and Cons of Dedicated Units
- Cryptogenic Stroke and guidelines
- Unusual Stroke Presentations—Case Studies
- Posterior Stroke—Recognition, Case Studies
- Telestroke, Best Practices, QI projects around

Suggestions/Comments