



To protect the health and promote the well-being of all people in Virginia.

Virginia Stroke Care Quality Improvement Initiative Meeting

Meeting Location: Virginia Hospital & Healthcare Association, 4200 Innslake Drive, Glen Allen, VA 23060 (In-person only).

Meeting Date: July 15, 2022 from 8:40am – 9:30am

Attendance: 13 Advisory Group Members – Patrick Wiggins (VDH), Kathryn Funk (VDH), Chad Aldridge (VSSTF Chair / UVA Health), Melanie Winningham (VSSTF Chair / Sentara Martha Jefferson Hospital), Mandi Zemaidek (VSCC Co-Chair / Centra), Pankajavalli Ramakrishan (Riverside), Dana Gibler (Riverside), Nicole Duck (Riverside), Carla Gunter (Lifepoint Twin County Regional Healthcare), Donna Layne (Centra), Stacie Stevens (VCU), Kristie Burnette (VHHA), Kelly Cannon (VHHA).

Public Attendance: 3 non-advisory group members - Brandon Robinson (Sevaro), Mary Jobson-Oliver (UVA Health), Jacqueline Hale (Unite Us).

Agenda	Notes
<p>8:40-8:50am Welcome & Introductions</p> <p>Introduction of Advisory Group Members</p> <p>Virginia Stroke Care Quality Improvement Advisory Group Updates</p> <p>Review of Stroke Mortality and Hospitalization Data and Trends</p>	<ul style="list-style-type: none"> Patrick Wiggins (VDH) opened the meeting and facilitated introductions of advisory group members and the public in attendance. Patrick Wiggins (VDH) provided paper copies of updated data maps and a data report for stroke. Wiggins provided a verbal overview of the data in both documents.
<p>8:50-9:25am Virginia Hospital and Healthcare Association (VHHA) Stroke Collaborative Presentation</p> <p>Advisory Group Recommendations: Collaborative Feedback</p> <p>Advisory Group Recommendations: Prioritization of Hospitals for Inclusion in the VHHA Collaborative for Year 2</p>	<ul style="list-style-type: none"> Kristie Burnette (VHHA) introduced herself and provided an overview of the VHHA Stroke Collaborative. Participating members of the collaborative are the non-stroke certified hospitals, and 1 acute stroke ready hospital. Burnette showed a powerpoint presentation with hospital collaborative survey results. VCU Tappahannock Hospital survey results were not included because they were added to the collaborative after the survey was disseminated. Z-codes, ICD-10 codes for social determinants of health, were captured for participating hospitals and it was found that 4 patients who had a stroke also were non-compliant with medication regimen. Advisory Group Members representing Riverside, UVA, and Centra discussed the need to capture specific metrics and to identify the specific barriers to improving those metrics, including how to improve efficiencies in the stroke systems of

	<p>care. VDH reminded the group about the Stroke Metrics being collected from the Virginia Stroke Registry.</p> <ul style="list-style-type: none"> • Recommendation from Carla Gunter (Lifepoint Twin County Regional Healthcare): Go further southwest to engage hospitals (Montgomery County and beyond), many patients are going outside of Virginia for stroke care. • A discussion took place about cost-benefit of stroke certification, consensus was in favor of stroke certification in rural areas to increase local capacity to make at-location diagnostics. A gap analysis and resources are needed to support these hospitals. VDH reminded the group about the Hospital and EMS stroke inventory surveys and results were being analyzed. • VSSTF Co-Chair and Riverside recommended the need to have a neurologist encounter the patients (in-person or virtually) to review the full history of the patient. They also recommended low level steps for the VHHA Stroke Collaborative participating hospitals. • Additional Recommendations: (Gunter) Look at population demographics to understand trends in age, race, sex, etc. (Burnette) expand stroke data maps to include border states to better understand where people are going for stroke care outside of Virginia and visa versa. • Wiggins proposed a special session to review results of the hospital and ems stroke inventory survey and the Virginia Stroke Registry data submissions. Likely in September, before the next VSSTF quarterly meeting in October.
<p>9:25-9:30pm Public Comment</p>	<ul style="list-style-type: none"> • Sevaro: There a lot of organizations who can help you all. Each hospital is different. Recommendation: Reach out to organizations in this space. Investigate why there is a difference or disparity between the death rates and the hospitalization rates for stroke. • Unite Us: What resources are available in the community to help stroke patients post-discharge? We want to improve efficient to getting to those resources. Unite Us wants to bring all stakeholders together for post-discharge stroke transitions of care.
<p>9:30pm Adjourn</p>	<p>The meeting ended at 9:46 AM. The VDH will convene a special data review meeting in mid-September in location TBD.</p>