

Virginia Stroke Care Quality Improvement Advisory Group Meeting

July 21, 2023, 8:30-9:40

Tidewater EMS Council

Chesapeake, Virginia

Kathryn Funk, AGACNP-BC, MSN, SCRNP, CNRN
Stroke Registry Coordinator, Virginia Dept. of Health

VSCQI Agenda

8:30-8:40am Welcome and April Minutes Approval

8:40-8:55am VHHA Stroke Collaborative Update, Kristie Burnette, Director of Patient Safety and Quality, Virginia Hospital and Healthcare Association

8:55-9:10am Twin County Regional Community Health Worker Update, Karen Bonham, Post-Discharge Navigator, Health Quality Innovators

9:10-9:25am Hospital Inventory Survey Overview, Kathryn Funk AGACNP-BC, MSN, Stroke Registry Coordinator, Virginia Department of Health

9:25-9:40am Public Comment

9:40am Adjourn



Coverdell Stroke Collaborative

*Kristie Burnette, MSN, RN, CPPS, CPHQ
Director, Patient Safety & Quality, VHHA*

Collaborative Members

HCA LewisGale Hospital Montgomery

Sovah Health Martinsville (LifePoint)

Valley Health Warren Memorial Hospital

VCU Tappahannock Hospital

Stafford Hospital (MWHC)

Fauquier Hospital (LifePoint)

McGuire VA Hospital

Johnson Memorial Hospital (Ballad Health)

Wythe County Community Hospital (LifePoint)

Bon Secours Southern Virginia Regional Medical Center

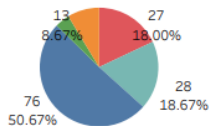
Year One

- February 2022-June 2022
 - Familiarized members with Paul Coverdell components
 - Surveyed members for hospital capabilities and structure
 - Discussed the use of CHW's in Stroke Programs
 - Guest from DNV and JC shared ASR guidelines
 - Offered funding opportunity for CHW and/or Unite Us
 - VHHA Data Analytics shared customized reports

Avg. Length of Stay for Discharges with the **STROKE / ISCHEMIC ATTACK** Flag

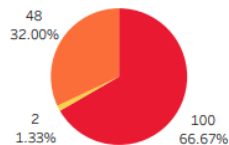
6.70 days

Discharges with the **STROKE / ISCHEMIC ATTACK** Flag by Payer Category



Payer
 Commercial
 Medicare
 Medicaid
 Uninsured, Self..
 Other_

Discharges with the **STROKE / ISCHEMIC ATTACK** Flag by Race



Race
 Black
 White
 Other, Specified

Discharges with **STROKE / ISCHEMIC ATTACK** Flag and Z-code for SDOH

Timeframe None None

Null

Z-code present

Grand Total

1,722

150

1,872

91.99%

8.01%

100.00%

Trends Among All Discharges with **STROKE / ISCHEMIC ATTACK** Flag

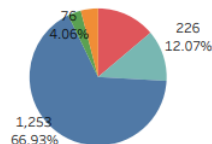
Timeframe None None

1,872

Avg. Length of Stay for Discharges with the **STROKE / ISCHEMIC ATTACK** Flag

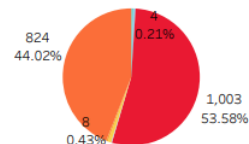
5.66 days

Discharges with the **STROKE / ISCHEMIC ATTACK** Flag by Payer Category



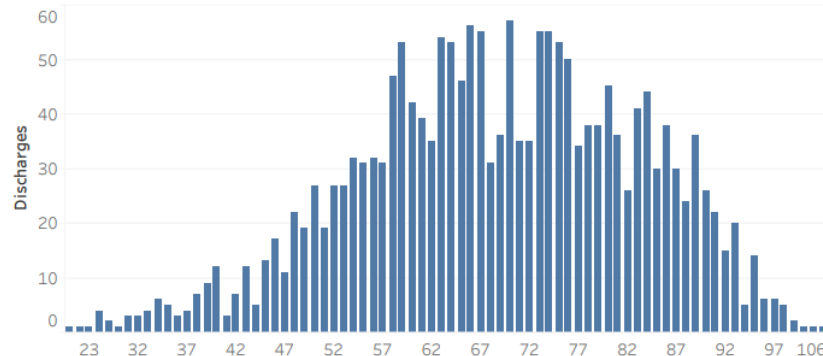
Payer
 Commercial
 Medicaid
 Medicare
 Uninsured, Self..
 Other_

Discharges with the **STROKE / ISCHEMIC ATTACK** Flag by Race



Race
 Null
 American Indian
 Asian
 Black
 Hispanic - White
 Unknown, Not ..
 White
 Other, Specified

Discharges with the **STROKE / ISCHEMIC ATTACK** Flag by Age



Year Two – July 2022-June 2023

- Presentation from Riverside Regional on Data Registry and Quality Award through AHA GWTG
- Presentation from AHA Rural Health Team on access to free GWTG
- Presentation from LewisGale on recent JC ASR Recertification Process
- Dr. Nina Solenski, UVA Division Head of Neuro, presented practical tips to improve teleneuro exams.
- PI interventions using PDSA and barriers and needs of Stroke Program
- EMTALA process
- Stroke Clinical Practice Guidelines overview
- Traci Wakefield, NP and Stroke Coord at St. Francis presented on various deficits that result from strokes in different parts of the brain
- Mock Code Stroke
- Margaret Probst-Community Stroke Education
- ASR elements

Hospital QI Plans

- LifePoint-SOVAH Health-DTN times, Inpatient nursing education, EMS and ED communication
- Valley Health Warren Memorial Hospital - Education
- VCU Health-DTN and CT Time. Also working to improve education among the ED physicians of when to call a Stroke Alert. Some are hesitant to call a stroke alert for patients outside the TPA/TNK window of 4.5 hours.
- Fauquier Health-DTN Discharge education and Yale Swallow compliance
- Ballad Health-Stroke education
- Mary Washington Healthcare-DTN times
- LewisGale Hospital Montgomery-Stroke education discharge documentation
- Richmond VAMC-Door to CT Time
- Wythe County Community Hospital-We are just beginning to initiate a stroke program at our facility

Year Three

- Continue to provide quarterly data reports to each hospital
- Continue to get quarterly feedback on QI
- Improve HE among stroke population
- Screen for SDOH and make referral among stroke population
- Encourage Stroke Smart Medical Practices
- Assist hospitals seeking ASR Certification

Questions/Comments??

Twin County Regional Community Health Worker Update

**Karen Bonham, BSN, RN
Post-Discharge Navigator
Health Quality Innovators**



Duke LifePoint Healthcare



Mount Rogers

Grayson County
is home to the
tallest peak in
Virginia



Our Service Area

Grayson County, Carroll County, and the City of Galax make up a population of 50,890 covering approximately 932 square miles. The median age is between 44.7 and 46.8 years, and the median income is 33,826 to 38,180.



Twin County Regional Healthcare

A Duke LifePoint Hospital

- Staffed for 33 Beds
- Avg Daily Census 22
- Emergency Services (13 beds, 14,670 annual visits)
- Joint Commission Advance Primary Stroke Center (2012)
- Novant Teleneurology Network (25 consults monthly)
- Approx 100 to 115 strokes annually
- 2022 Lytic Administration Rate 14%
- 10 volunteer and paid EMS agencies

Virginia Department of Health Announces Post-Discharge Stroke Navigator At Twin County Regional Healthcare

Twin County Regional was selected for support due to:

- mortality rates
- service percentage of Galax City
- Twin County Regional Healthcare is the only stroke certified facility in the local region.



<https://www.tcrh.org/news/virginia-department-of-health-announces-post-discharge-stroke-navigator-at-twin-county-regional-healthcare>

Focus Area:
Providing
Hispanic Population
Education

Local Coffee Shop with a
strong connection to
our Hispanic community.



Working with the Free Clinic

- Tuesday evening and Thursday evening from 4-8pm they have Hispanic Clinic

- A
- H
- O
- R
- A
- !



Providing blood pressure cuffs and scales to those in need with education.

- HQI provided Education in Spanish along with QR codes
- Soon to come a video





Senior Prom for Stroke Month -

- Dancing Through the Decades

Questions?

2023 Hospital Stroke Inventory Survey Results

July 21, 2023

Kathryn Funk, AGACNP-BC, MSN, SCRNP, CNRN – Stroke Registry Coordinator
Virginia Department of Health

Slides prepared by Allie Sedon, MPH – Stroke Epidemiologist
allie.sedon@vdh.virginia.gov

Background

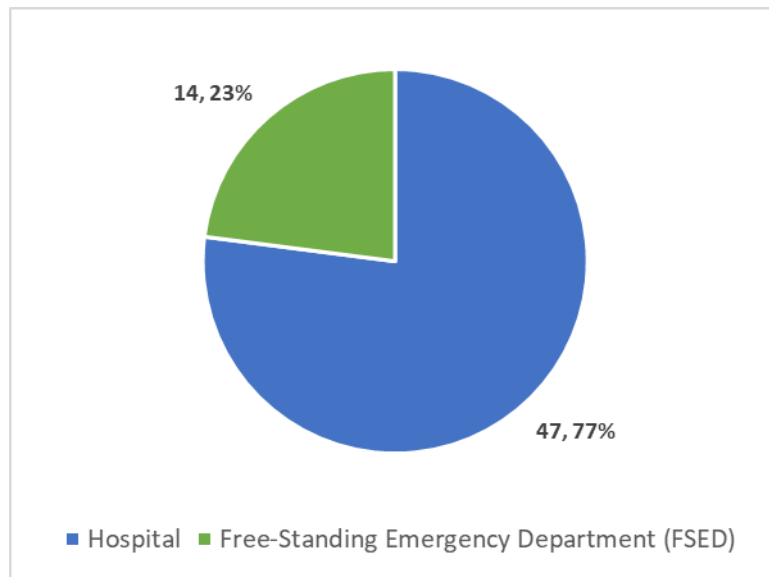
- The Hospital Stroke Inventory Survey is an annual survey used to assess any needs and recognize improvements made to hospital or emergency department stroke programs.
- A REDCap survey sent to all known stroke coordinators or stroke representatives on April 24, 2023, and closed on May 12, 2023.

Disclaimer: All data presented is preliminary.

Further analysis results will be provided in the final report.

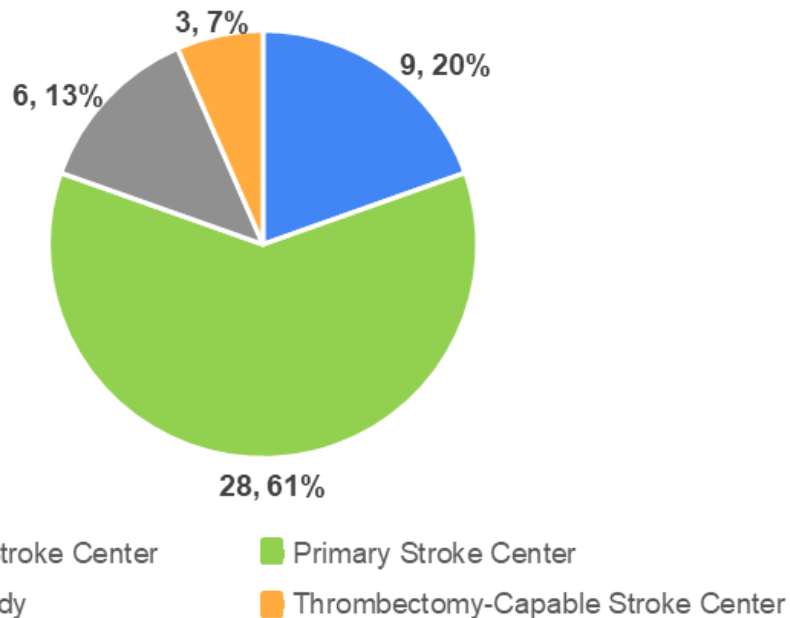
Response rate

- There were **61 fully completed or more than half completed** responses.
- Resulting in a **57% response rate**.
- 47 hospitals and 14 free-standing emergency departments (FSEDs).



Certification

- **46 (75.4%) certified facilities**
- Barriers to certification: resources, lack of neurology services, facility is close enough to another certified facility



Time Goals...



65.6%

Average door to
doctor/provider
time **0 – 10
minutes**



67.2%

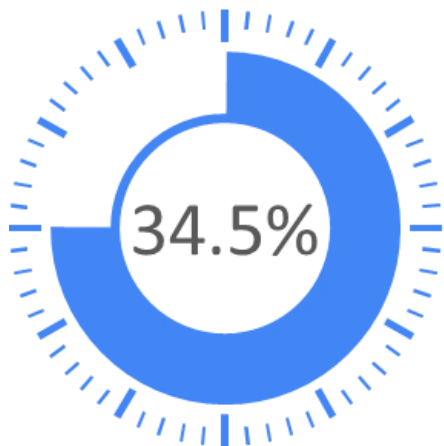
Average door to CT
time **less than 20
minutes**



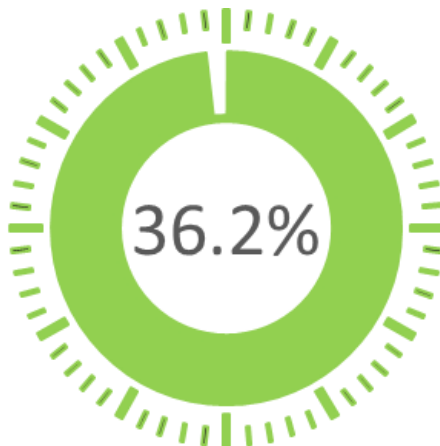
52.5%

Average door to
CT complete time
**less than 25
minutes**

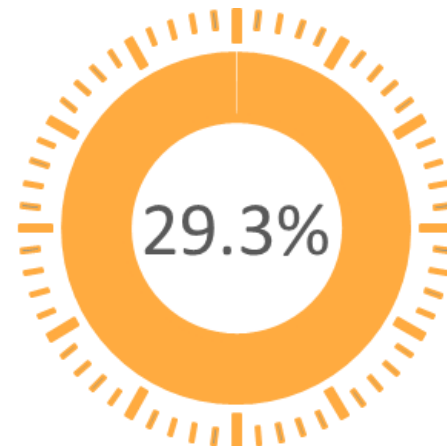
Average door to thrombolytic times



**Less than 45
minutes**

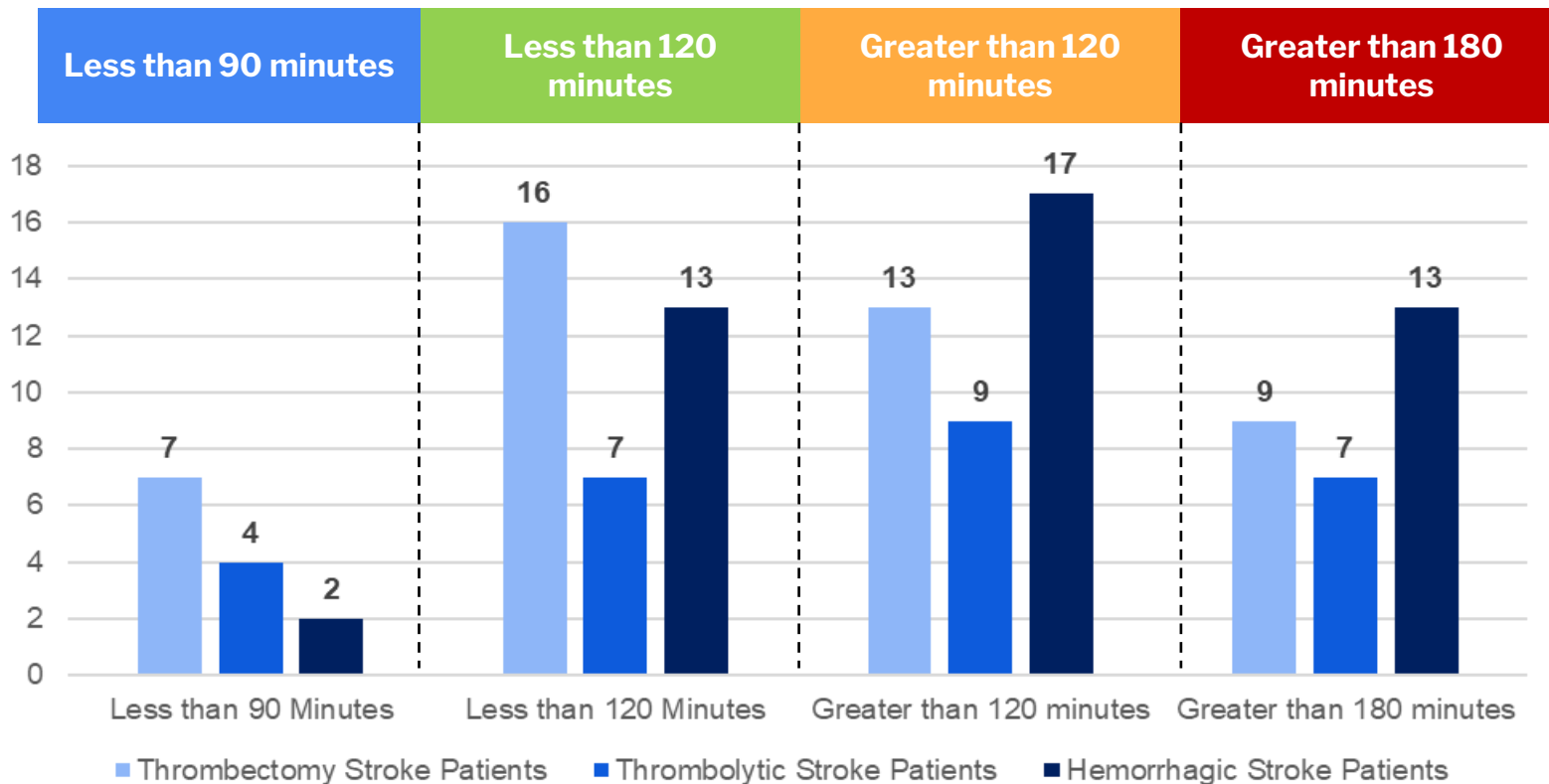


**Less than 60
minutes**



**Greater than
60 minutes**

Average door in-door out times by Stroke Patient Type





Telestroke

- 53 facilities use telestroke services
- **45 facilities (84.9%)** have an average teleneurology provider to camera time in **under 15 minutes**
- **34 facilities receive** performance reports from their teleneurology vendor
 - 29 receive these reports on a monthly basis
- **46 facilities provide feedback** to their teleneurology vendor



EMS integration

- **47.5% of facilities** have EMS personnel take suspected stroke patients to the CT scanner **more than 75% of the time**
 - **Barriers include** resources, lack of EMS pre-alerts, physician preference, and lack of patient weight attainment
- **50.8% of responding facilities always** include EMS patient care reports into the patient medical record
- Feedback given back to EMS agencies include patient diagnosis (**27.6%**), patient outcome (**37.1%**), emergency disposition (**21.6%**), other (**13.8%**)



Stroke Quality & Data Usage

- **43 facilities** responded having implemented changes in the past year
 - Common themes: Telestroke practice review, quick passes to CT, pre-alert protocols, new equipment, stroke education classes, switching to TNK
- **34 facilities have seen improvements** after identifying performance gaps and QI activities
 - Common themes: Improvement to time goals, improved early recognition, increased EMS pre-alerts, increase in in-house stroke calls, advanced imaging upfront



Community Resources/Disparities of Care

- Almost all facilities **(90.2%) have conducted community education events** in the past year
- Facilities identify patients at **highest risk** for stroke events using: risk factor and assessment reports, community outreach events, reviewing demographics of all patients
- **14 facilities have never heard** of the Virginia Quit Line (tobacco and nicotine quit services)



Transitions of Care

- **37 facilities** ensure a primary care appointment is scheduled at discharge
- **30 facilities** have post-discharge follow-up processes on patients discharged home
- **Only 10 facilities** use a referral tracking system to support transitions of care post-discharge for all stroke patients

Questions?

stroke@vdh.virginia.gov

Kathryn Funk, AGACNP-BC, MSN-RN, SCRNP, CNRN – Stroke Registry

Coordinator (kathryn.funk@vdh.virginia.gov)

Allie Sedon, MPH – Stroke Epidemiologist

(allie.sedon@vdh.virginia.gov)