

Virginia Collaborative for Stroke Care Improvement - Virginia's Proposal for the CDC Paul Coverdell National Acute Stroke Program Grant

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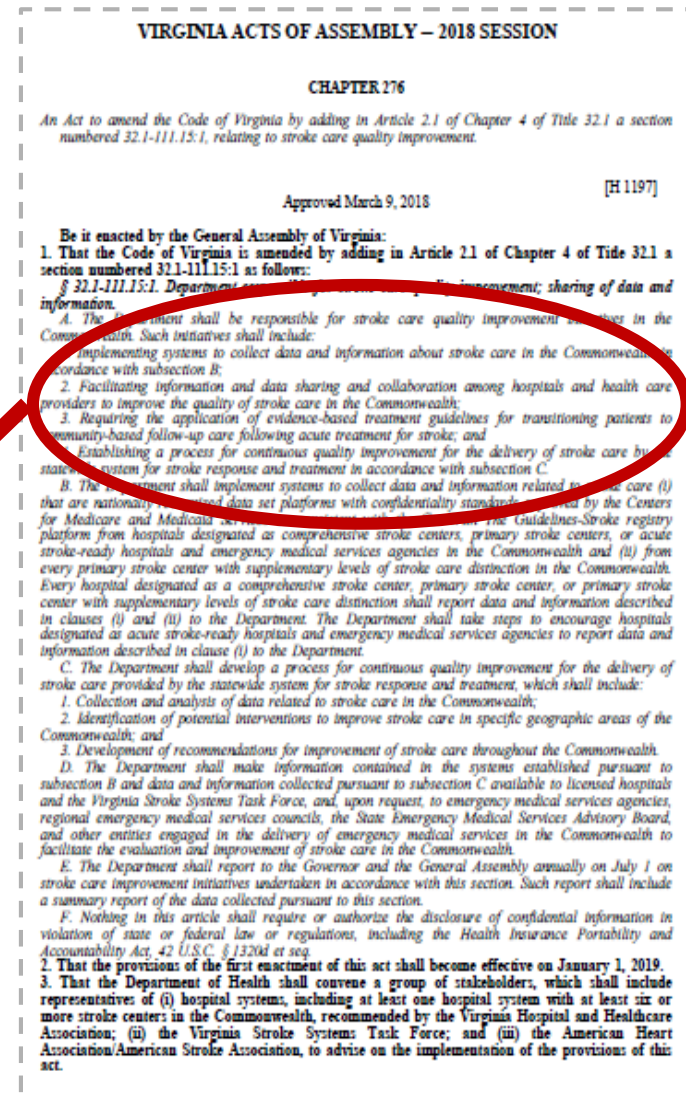
Background

Legislation: Code of Virginia 32.1-111.15:1

- HB 1197 and SB 867 | 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 Stroke Care Quality Improvement Initiative”



CDC Paul Coverdell National Acute Stroke Program

- **Grantor:** Centers for Disease Control & Prevention
- **Funding Amount:** \$600,000 per year, eligible for continued funding based on performance throughout 3 year period
- **# of Years in Funding Period:** 3 Years
- **Upcoming Orientation Meetings CDC-VDH:** July 15 and July 27

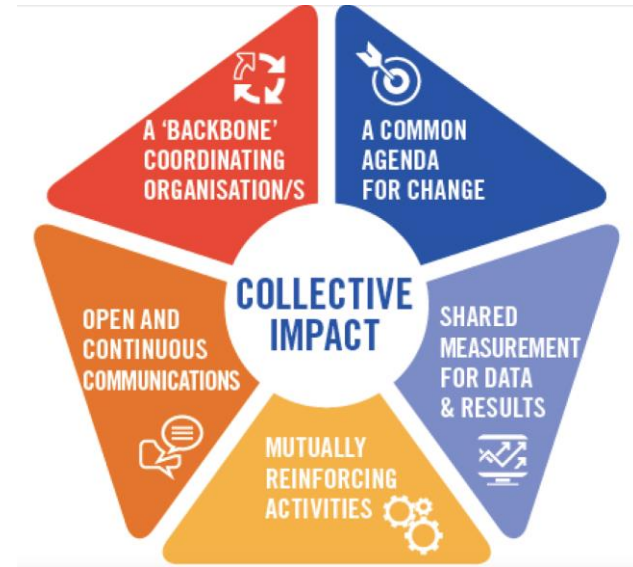


- **Scope of Work:**
 - **Category I:** Data Infrastructure across Stroke Systems
 - **Category II:** Team-based Approach and Quality of Care
 - **Category III:** Referral Systems: Community Resources and Clinical Services

Virginia Collaborative for Stroke Care Improvement

Collective Impact Model:

- A Common Agenda
- Shared Measurement System
- Mutually Reinforcing Activities
- Continuous Communication
- Backbone Support Organization



Chief Health Strategist and Lead: VDH

Key Partners: Hospitals, EMS Agencies / Regional Councils, Unite Us, VHHA, MSVF, VPhA, Kwikpoint, VSSTF, VSCC, Stroke Rehabilitation Facilities

Action Steps: Stroke Registry

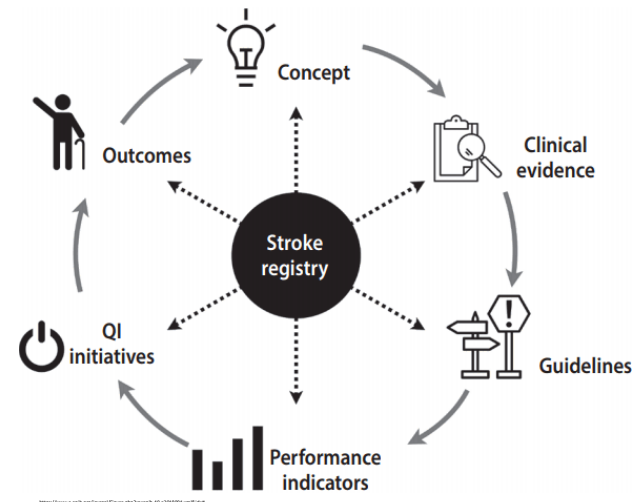
Year 1: Data Infrastructure / Tracking and Monitoring Clinical Measures

- Hire 3 VDH Employees: Data Analyst / Evaluator, Stroke Registry Administrator, Quality Assurance Specialist
- Establish Stroke Registry Advisory Group with Virginia's CSC and PSC+ Hospitals
- Release RFP for Stroke Registry Platform
- VHHA to convene non-stroke accredited hospitals, assess data monitoring
- Pilot Stroke Registry / data transfer processes with CSC and PSC+ Hospitals

Years 2-3: Expand Stroke Registry to PSC, ASRH, and non-stroke certified hospitals



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



Action Steps: Quality Improvement

Year 1: Assessment, Engagement, Plan-Do-Study-Act Trials

- Hospital & EMS Capacity Assessment Surveys
- Target counties/cities with highest stroke mortality, with a focus on identifying target populations and addressing health inequity and health disparities in vulnerable populations.
- Engage non-stroke certified hospitals
- *VSCQI ASTS' Recommendations for Establishing a Process for Continuous Quality Improvement for Stroke Care along the Continuum of Care*
- Trial PDSA Cycle QI initiatives in select hospitals & EMS

Years 2-3: Scale collaboration regionally, Evaluate QI Impact via Stroke Registry



Action Steps: Statewide Referral System

Year 1: Unite Virginia – Referral System, Transitions of Care

- Governor Northam's Announcement
- Recruit Hospitals, clinical and social services, community resources
- Establish Stroke Transitions of Care pathway
- Create Health Equity Dashboard for counties/cities

Years 2-3: Expand Unite Us referral network across VA

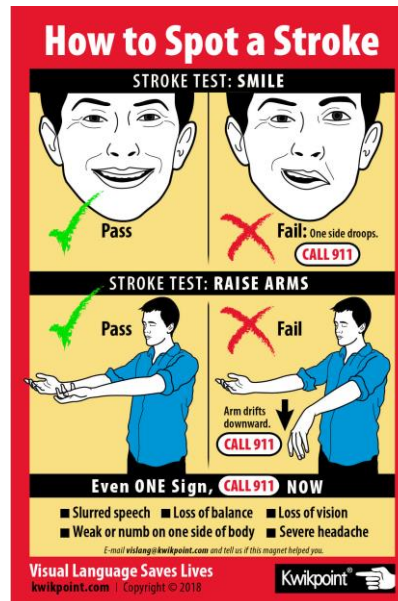


Action Steps: Community Education

Year 1: Stroke Smart Virginia, Stroke Smart Cities & Towns Campaign

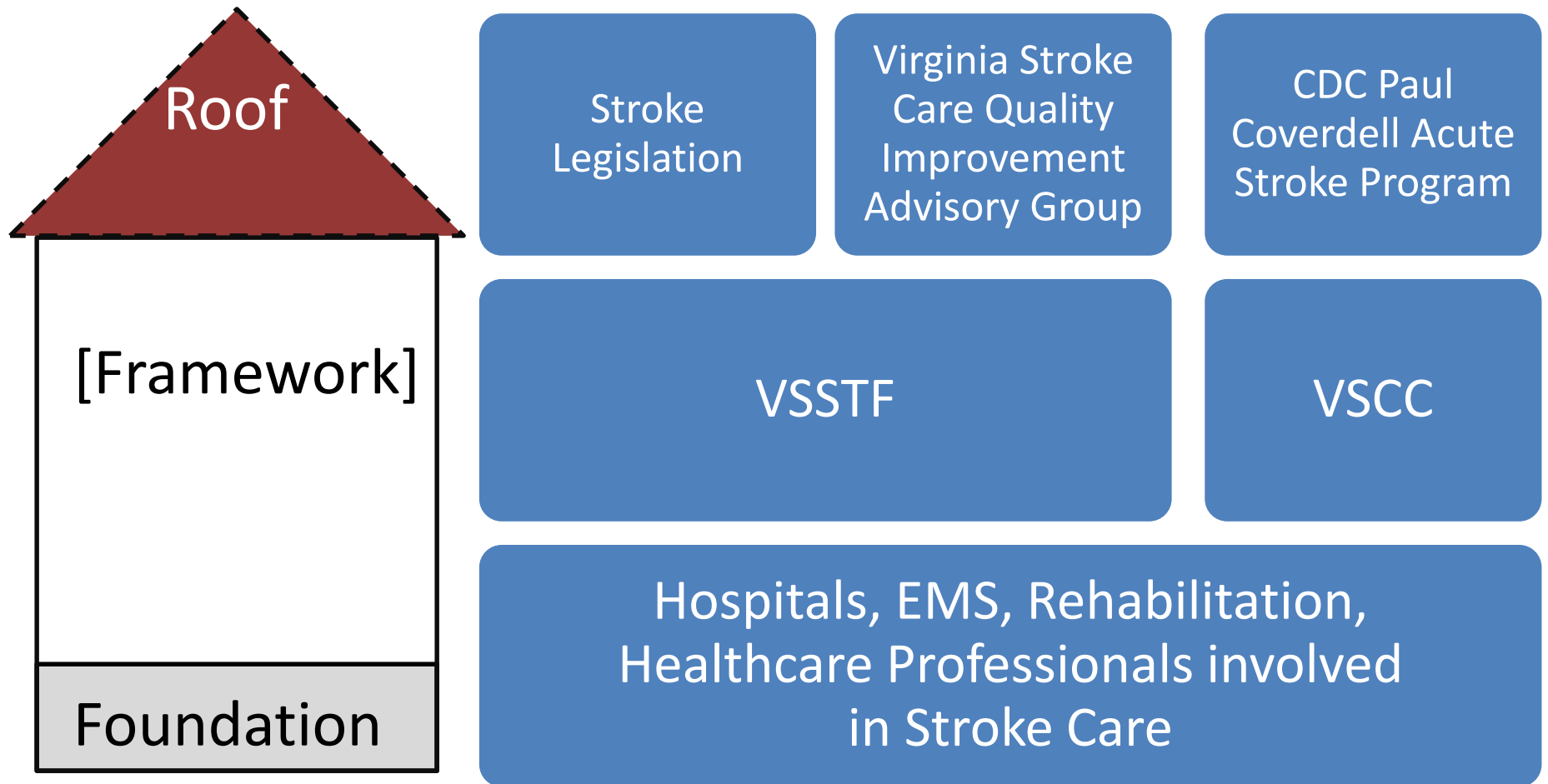
- Partner with Kwikpoint to create SSV materials
- Distribute to hospitals, clinics, pharmacies, CBOs.
- Virtual coaching and regional roundtables
- Create Stroke Smart Cities & Towns Campaign
- Support local stroke symposiums that engage high-risk communities

Years 2-3: Expand campaign across Virginia, Scale distribution



Sustainability

Beyond Year 3 of the CDC Paul Coverdell Grant...



Thank you!

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