



VSS Task Force Guidance Document

Background

Efforts to improve stroke systems of care in Virginia have been underway since 2006. Spearheaded by the American Heart Association/American Stroke Association and the Virginia Department of Health, and guided by Recommendations for the Establishment of Stroke Systems of Care (Stroke, 2005), the work led to development of a workplan designed to be a strategic roadmap for improving stroke systems.

In 2007, the Joint Commission on Health Care (JCHC), a legislative commission, conducted a study to develop strategies to address stroke prevention and care across the Commonwealth. To conduct the study, the JCHC staff convened a cross-sectional expert workgroup that met several times to review stroke systems of care in Virginia. The workgroup made a number of recommendations to improve Virginia's stroke systems, all of which were approved by JCHC.

(Refer to the JCHC decision matrix for more information:

<http://jchc.state.va.us/PDFFiles/November%208th/JCHC%20Nov%208%20Matrix%20Rev1.pdf>)

Among those recommendations was a requirement that the Virginia Department of Health (VDH) convene a standing Stroke Systems Task Force.

Purpose

The purpose of the **Virginia Stroke Systems Task Force (VSSTF)** is to address improvement in Virginia's stroke systems. Meeting quarterly, the VSSTF will focus on:

- The stroke systems work plan
- Topics referred from the stroke systems workgroup
- Other stroke issues/concerns as necessary
- Outcome analysis of interventions

Roles and Responsibilities

The VSSTF is an independent body comprised of stakeholders invested in improving stroke systems of care in Virginia. The VSSTF is not an advisory body for the Virginia Department of Health (VDH). The role of VDH is to provide administrative support to the VSSTF. The first VSSTF Chair will be appointed by VDH to assure smooth initiation of activities. Subsequent Chairs will be selected by VSSTF members.

Efforts will be made to assure representation from all areas of Virginia. Nominations for VSSTF appointments will be sought from stroke stakeholders for all positions, except those that are organizational representatives. Appointment to the VSSTF will be for a two-year term; however, some of the initial appointments will be for one year in order to create staggered terms. Members may be reappointed for additional two-year terms.

Meeting Schedule

Meetings will be held quarterly. Special, ad hoc meetings may also be called by the chairperson or at the request of the majority of the members. Meetings will be held in person with options for participation via video-conferencing or telephone. Email will be used extensively to share information and promote on-going collaboration in between meetings. Information will also be posted on the Virginia Stroke Systems website at <http://strokesystems.com/leadership.html>.

VSSTF membership will include the following:

- Neurologist (Regions: N, SW, C, E)
- Neuroradiologist
- Endovascular Neurosurgeon
- Emergency Care Physician
- Family Practice/Primary Care Physician
- Physical Medicine and Rehabilitation Physician
- Nurse Practitioner
- Licensed Nurse
- Parrish Nurse
- Pharmacologist/Pharmacist
- Primary Stroke Center Hospital Administrator
- Stroke Center Coordinator
- Small rural hospital administrator actively involved in stroke care
- Virginia Department of Health-Chronic Disease Representative
- Virginia Department of Health-Office of Emergency Medical Services Representative
- Emergency Medical Services Representative
- American Stroke Association Representative
- American Heart Association Representative
- Virginia Hospital and Healthcare Association Representative
- Medical Society of Virginia Representative
- Virginia Commonwealth University-Center on Health Disparities Representative
- Virginia Association of Health Plans Representative
- Heart Disease and Stroke Alliance
- Stroke Survivor
- Community Educator
- Rehab Facility Administrator
- Pharmaceutical Industry
- Insurance Industry
- Medical Device Industry
- Media
- Legislator or Aide
- Telemedicine Executive

Member Commitments

Members must be able to meet the following commitments:

- Attend VSSTF meetings on a regular basis-at least 2 annually
- Make recommendations and help carry out VSSTF initiatives
- Serve on Project Teams in area(s) of expertise and report progress on Project Team initiatives
- Leverage influence/resources to positively impact development of Virginia's stroke systems in the community
- Commit an average of 2-4 hours per month, not including needed travel time, during a two year term
- The VSSTF Chair must attend and facilitate meetings, and collaborate in planning for VSSTF projects

Member Qualifications and Characteristics

The ideal member will:

- Ascribe to the guidelines presented in the ASA Policy Statement Recommendations for the Establishment of Stroke Systems of Care
- Be a recognized expert in stroke systems and/or one or more of the components of a stroke system of care
- Be in a position to help effect systems change on a statewide or regional scale
- Be willing to share ideas in a cooperative forum
- Deal with other members fairly, sensitively, and confidentially
- Be open to diverse opinions and points of view

Project Teams

- Project Teams will be formed or appointed by the VSSTF as needed to address specific projects, with a Team Lead or Leaders designated.
- Talent specific to the project will be recruited by the VSSTF in order to equip the Project Team with the needed expertise for their assignment. Project Team members need not be members of the VSSTF.
- Teams will meet independently and do the work and/or engage partners in implementation to achieve the project goals.
- Project Team Leads will report progress to the VSSTF at the quarterly meetings. Funding needs will be addressed on a project-by-project basis.