



Virginia Stroke Systems Task Force (VSSTF) Meeting Minutes
October 19, 2018
UVA Health System Education Resource Center (Meeting Room B),
1220 Lee St., Charlottesville, VA 22903

Number of Attendees: 65 individuals representing Hospitals, Emergency Medical Services and EMS Regional Councils, American Heart Association, Virginia Department of Health, Virginia Hospital and Healthcare Association, Health Quality Innovators, Department of Motor Vehicles, and Stroke Survivors and Caregivers

Agenda Topic	Minutes
<p>Welcome & Introductions – Stacie Stevens, PhD, FNP, Sherita Chapman, MD Introduction of Members</p>	<ul style="list-style-type: none"> • Stacie Stevens and Sherita Chapman opened the meeting with round-robin introductions for those in attendance.
<p>VSSTF Business: Co – Chairs: Dr. Stevens and Dr. Chapman</p> <ul style="list-style-type: none"> • January 18, 2019 – Location: Medical Society of Virginia Foundation, Richmond, VA • Review of Agenda • Other Announcements 	<ul style="list-style-type: none"> • VSSTF Co-Chairs held a moment of silence in memory of Lieutenant Brad Clark with Hanover County Fire-EMS, who was tragically killed while three other firefighters were injured after their firetruck was rear-ended on I-295 during Tropical Storm Michael. • Next VSSTF Quarterly Meeting Friday, January 18, 2019: Medical Society of Virginia Foundation, Richmond, VA
<p>2017 Get With the Guidelines Statewide Data Update Lindsey Duquette, American Heart Association Izzie Gaviria, American Heart Association</p>	<ul style="list-style-type: none"> • Izzie Gaviria from the American Heart Association presented 2013-2017 statewide data from Get With the Guidelines. Slides are available by request and sent along with the VSSTF meeting minutes. • There was interest in disability data, measuring which patients are routed to which hospital, and door in and door out times. • It was noted that pre-notification by EMS was not recorded well by the hospital or EMS.
<p>VSSTF Mission/Charter Document and Nomination Process Dr. Sherita Chapman, UVA Health System Dr. Stacie Stevens, VCU Health System</p>	<ul style="list-style-type: none"> • Sherita Chapman and Stacie Stevens presented the feedback from the VSSTF Mission/Charter Survey. 52 VSSTF members responded to the survey. • Mission: All members agreed to the language as long as the term ‘survivors’ was added. One stroke survivor said including them gives their due similarly to other survivors. <ul style="list-style-type: none"> ○ VSSTF Mission Statement approved: “The VSSTF is committed to improving the health and quality of life of all stroke patients/survivors, their families, and communities we serve through quality health care, education and outreach.”

	<ul style="list-style-type: none"> • Vision: Suggestion to change ‘unified’ to ‘collaborative,’ suggested phrasing to ‘collaborative statewide continuum of stroke care,’ suggested change to remove ‘development.’ <ul style="list-style-type: none"> ○ VSSTF Vision Statement approved: “We aspire to be an influential voice for a collaborative statewide continuum of stroke care.” • Workgroups: The 4 proposed initial work groups for the VSSTF were: (1) Prehospital, (2) Acute Definite Care, (3) Post-Acute Care / Rehabilitation, (4) Secondary Prevention and Data/Education/Research/System Evaluation. <ul style="list-style-type: none"> ○ VSSTF members provided feedback and offered several suggestions: Suggested change to remove prehospital and add EMS under acute definite care. Another idea was that these workgroups were not working groups but areas of expertise. For instance, when a project or initiative comes about, representatives from each of these areas of expertise. ○ We want to ensure that all disciplines are represented in the appropriate focus areas. Suggested to include Telehealth and primary prevention. The focus areas should represent the continuum of stroke care. ○ <i>Structure:</i> The structure for when projects are undertaken by VSSTF should reflect “tags” of areas of expertise, similarly to email or file management tags. (i.e. when a project is selected, relevant areas of expertise are tagged so that members belonging to the appropriate focus areas can lead the project. ○ <i>Identifying projects:</i> Suggested two tiered survey to identify areas of interest and themes, or create a tool that utilizes GAP analysis for stroke metrics.
<p>Stroke Survivor and Caregiver Panel</p>	<ul style="list-style-type: none"> • Two stroke survivors, a stroke survivor’s mother, and a stroke survivor’s caregiver and wife provided insight into stroke and stroke care from their lens. • A few quotes include: “No one prepares you for when you go home. The needs are tremendous.” “I would like to bring awareness to not push the issue away because of the age of the person.
<p>StrokeNet Study ARCADIA</p>	<ul style="list-style-type: none"> • ARCADIA is a federally-funded randomized, blinded clinical research trial, in search of better ways to prevent new strokes after occurrence of cryptogenic strokes. The trial compares apixaban, a blood thinner, to aspirin. Participants are patients who have evidence of atrial cardiopathy and a recent stroke of unknown cause.

	<ul style="list-style-type: none"> • ARCADIA will recruit 1,100 patients over 2.5 years at 120 sites in the national NIH StrokeNet Network system. Participants will be followed for a minimum of 1.5 years and a maximum of 4 years for recurrent stroke and safety outcomes like bleeding. • For more information, visit https://www.nihstrokenet.org/clinical-trials/prevention-trials • Contact: Dr. Andrew Southerland, 434-982-5916, AS5EF@virginia.edu
<p>Recommendations Regarding Driving Post TIA/Stroke Rebecca Parsio, Department of Motor Vehicles</p>	<ul style="list-style-type: none"> • Rebecca Parsio, Medical Review Compliance Officer/Medical Consultant, Department of Motor Vehicles, presented new policy recommendations for the policy titled: Transient Ischemic Attack and/or Cerebral Vascular Accident Policy • A listing of DMV policies can be found here: https://www.dmv.virginia.gov/drivers/#medical/policies.asp
<p>Trauma-Informed Care Heather Board, Virginia Department of Health</p>	<ul style="list-style-type: none"> • Heather Board, Director of the Division of Prevention and Health Promotion at the Virginia Department of Health, provided a background on Trauma-Informed Care. • According to the Substance Abuse and Mental Health Services Administration, traumatic experiences can be dehumanizing, shocking or terrifying, singular or multiple compounding events over time, and often include betrayal of a trusted person or institution and a loss of safety. Trauma impacts one's spirituality and relationships with self, others, communities and environment, often resulting in recurring feelings of shame, guilt, rage, isolation, and disconnection. Previously experienced trauma in childhood and adulthood is associated with increased risk for chronic diseases, including stroke. Trauma-informed care is an approach to engaging people with histories of trauma that recognizes the presence of trauma symptoms and acknowledges the role that trauma has played in their lives. • Presentations slides are available by request. For more information, visit: http://www.dbhds.virginia.gov/developmental-services/children-and-families/trauma-informed-care
<p>Virginia Stroke Care Quality Improvement Initiative Update Patrick Wiggins, Virginia Department of Health</p>	<ul style="list-style-type: none"> • Patrick Wiggins, Health Systems Intervention Coordinator, Virginia Department of Health, provided a Virginia Stroke Care Quality Improvement Initiative Update regarding efforts to implement stroke legislation: (https://law.lis.virginia.gov/vacode/title32.1/chapter4/section32.1-111.15:1/). • The following updates highlight VDH's role in preparation for the legislation effective date of January 1, 2019:

	<ul style="list-style-type: none"> ○ Exploring the possibility of hiring a clinical quality improvement specialist with a minimum background of Registered Nurse, and hiring a telehealth specialist. ○ Developing a master list of stroke metrics along the continuum of stroke care covering prevention/risk factors, prehospital, in-hospital, and post-hospital/rehabilitation. VSSTF members will review and make additions to the master list. VA Stroke Care Quality Improvement Advisory Group members will rank the measures for importance/need, feasibility, and impact. ○ VDH will develop a letter encouraging hospitals to participate in this statewide data collection for the priority metrics. For those hospitals who have Get With the Guidelines, VDH will ask to become a “super-user” to have access to a limit data set through GWTG. For those hospitals without GWTG, VDH will work with the hospital to determine the most effective method for aggregate data collection. ● Powerpoint slides from the presentation are attached to the VSSTF meeting minutes. ● The master list of stroke metrics are also attached for VSSTF member review and additions to the metrics.
VSCC Meeting	Minutes provided separately by Kai Funk. Please email Kathryn_Funk@bshsi.org if you wish to receive the minutes.

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VSSTF Business: Co – Chairs: Dr. Stevens and Dr. Chapman <ul style="list-style-type: none"> ● April 19, 2019 – Location: VA Hospital & Healthcare Association, Richmond, VA ● Review of Agenda ● Reelection and Voting Process 	<ul style="list-style-type: none"> ● VSSTF Co-Chairs held a moment of silence in memory of Lieutenant Brad Clark with Hanover County Fire-EMS, who was tragically killed while three other firefighters were injured after their firetruck was rear-ended on I-295 during Tropical Storm Michael. ● Next VSSTF Quarterly Meeting Friday, January 18, 2019: Medical Society of Virginia Foundation, Richmond, VA
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