

# Virginia Stroke Care Quality Improvement Advisory Group

VSSTF Quarterly Meeting Update

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# Legislation

Code of Virginia 32.1-111.15:1 | 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 ACTS OF ASSEMBLY – 2018 SESSION

CHAPTER 276

An Act to amend the Code of Virginia by adding in Article 2.1 of Chapter 4 of Title 32.1 a section numbered 32.1-111.15:1, relating to stroke care quality improvement.

Approved March 9, 2018 [H 1197]

Be it enacted by the General Assembly of Virginia:

1. That the Code of Virginia is amended by adding in Article 2.1 of Chapter 4 of Title 32.1 a section numbered 32.1-111.15:1, to read:

§ 32.1-111.15:1. Department responsible for stroke care quality improvement; sharing of data and information.

The Department shall be responsible for stroke care quality improvement initiatives in the Commonwealth. Such initiatives shall include:

1. Implementing systems to collect data and information about stroke care in the Commonwealth in accordance with subsection B;
2. Facilitating information and data sharing and collaboration among hospitals and health care providers to improve the quality of stroke care in the Commonwealth;
3. Requiring the application of evidence-based treatment guidelines for transitioning patients to community-based follow-up care following acute treatment for stroke; and
4. Establishing a process for continuous quality improvement for the delivery of stroke care by the statewide system for stroke response and treatment in accordance with subsection C.

B. The Department shall implement systems to collect data and information related to stroke care that use nationally recognized data set platforms with confidentiality standards approved by the Centers for Medicare and Medicaid Services or consistent with the Get With The Guidelines stroke registry platform from hospitals designated as comprehensive stroke centers, regional stroke centers, or acute stroke-ready hospitals and emergency medical services agencies in the Commonwealth and (ii) from every primary stroke center with supplementary levels of stroke care distinction in the Commonwealth. Every hospital designated as a comprehensive stroke center, primary stroke center, or primary stroke center with supplementary levels of stroke care distinction shall report data and information described in clauses (i) and (ii) to the Department. The Department shall take steps to encourage hospitals designated as acute stroke-ready hospitals and emergency medical services agencies to report data and information described in clause (i) to the Department.

C. The Department shall develop a process for continuous quality improvement for the delivery of stroke care provided by the statewide system for stroke response and treatment, which shall include:

1. Collection and analysis of data related to stroke care in the Commonwealth;
2. Identification of potential interventions to improve stroke care in specific geographic areas of the Commonwealth; and
3. Development of recommendations for improvement of stroke care throughout the Commonwealth.

D. The Department shall make information contained in the systems established pursuant to subsection B and data and information collected pursuant to subsection C available to licensed hospitals and the Virginia Stroke Systems Task Force, and, upon request, to emergency medical services agencies, regional emergency medical services councils, the State Emergency Medical Services Advisory Board, and other entities engaged in the delivery of emergency medical services in the Commonwealth to facilitate the evaluation and improvement of stroke care in the Commonwealth.

E. The Department shall report to the Governor and the General Assembly annually on July 1 on stroke care improvement initiatives undertaken in accordance with this section. Such report shall include a summary report of the data collected pursuant to this section.

F. Nothing in this article shall require or authorize the disclosure of confidential information in violation of state or federal law or regulations, including the Health Insurance Portability and Accountability Act, 42 U.S.C. § 1320d et seq.

2. That the provisions of the first enactment of this act shall become effective on January 1, 2019.

3. That the Department of Health shall convene a group of stakeholders, which shall include representatives of (i) hospital systems, including at least one hospital system with at least six or more stroke centers in the Commonwealth, recommended by the Virginia Hospital and Healthcare Association; (ii) the Virginia Stroke Systems Task Force; and (iii) the American Heart Association/American Stroke Association, to advise on the implementation of the provisions of this act.

# Efforts Prior to January 1, 2019

- Building Capacity at the VA Dept. of Health
- Relationship building across sectors and disciplines. Listening to you!
- Convening a Virginia Stroke Care Quality Improvement Advisory Group
- Setting Virginia up for long-term success



Source: <https://csonic.org/category/evaluation-capacity-building/>

# Advisory Group Kickoff Meeting

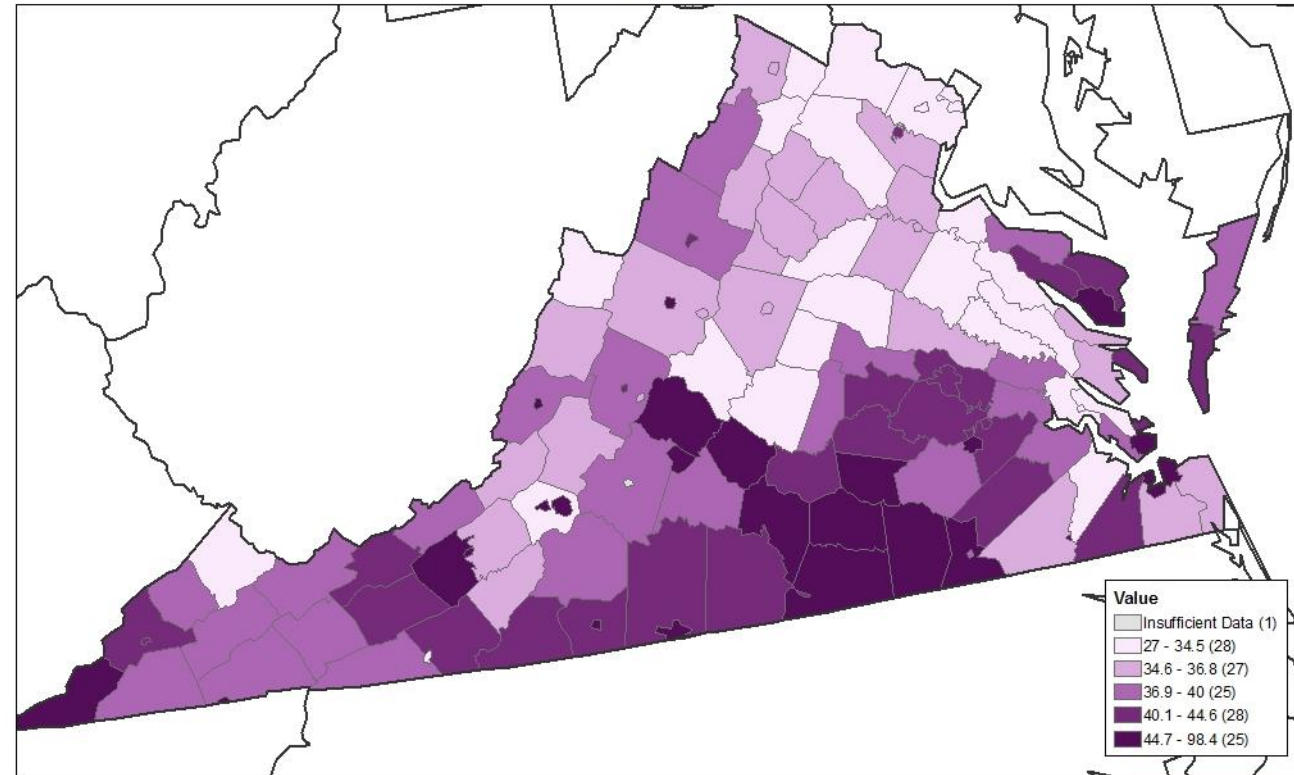
First Meeting held on August 10, 2018

Representatives: VDH, VHHA, AHA, EMS Regional Councils, Hospitals, VSSTF

Key suggestions:

1. Data Collection
2. Information Sharing
3. Quality Improvement

Stroke Death Rate per 100,000, All Ages, All Races/Ethnicities, Both Genders, 2014-2016



This map was created using the Interactive Atlas of Heart Disease and Stroke, a website developed by the Centers for Disease Control and Prevention, Division for Heart Disease and Stroke Prevention. <http://www.cdc.gov/dhdsp/maps/atlas>



# 1. Data Collection

- ❑ VDH to compile master list of stroke-related metrics under the following categories: **Prevention/Risk Factors, Pre-Hospital, In-Hospital, Post-Hospital.**
  - ❑ Requesting volunteers from VSSTF to review and add additional metrics.
- ❑ Virginia Stroke Care Quality Improvement Advisory Group members will rank and prioritize these metrics based on **Importance/Need, Feasibility, and Impact.**
- ❑ VDH will send a letter to hospitals, EMS, and related stakeholders encouraging participation in this statewide data collection initiative to move the needle on stroke in Virginia.
  - ❑ Careful considerations around data collection platforms, comprehensive stroke measures, and public reporting of data/information.

## 2. Information Sharing

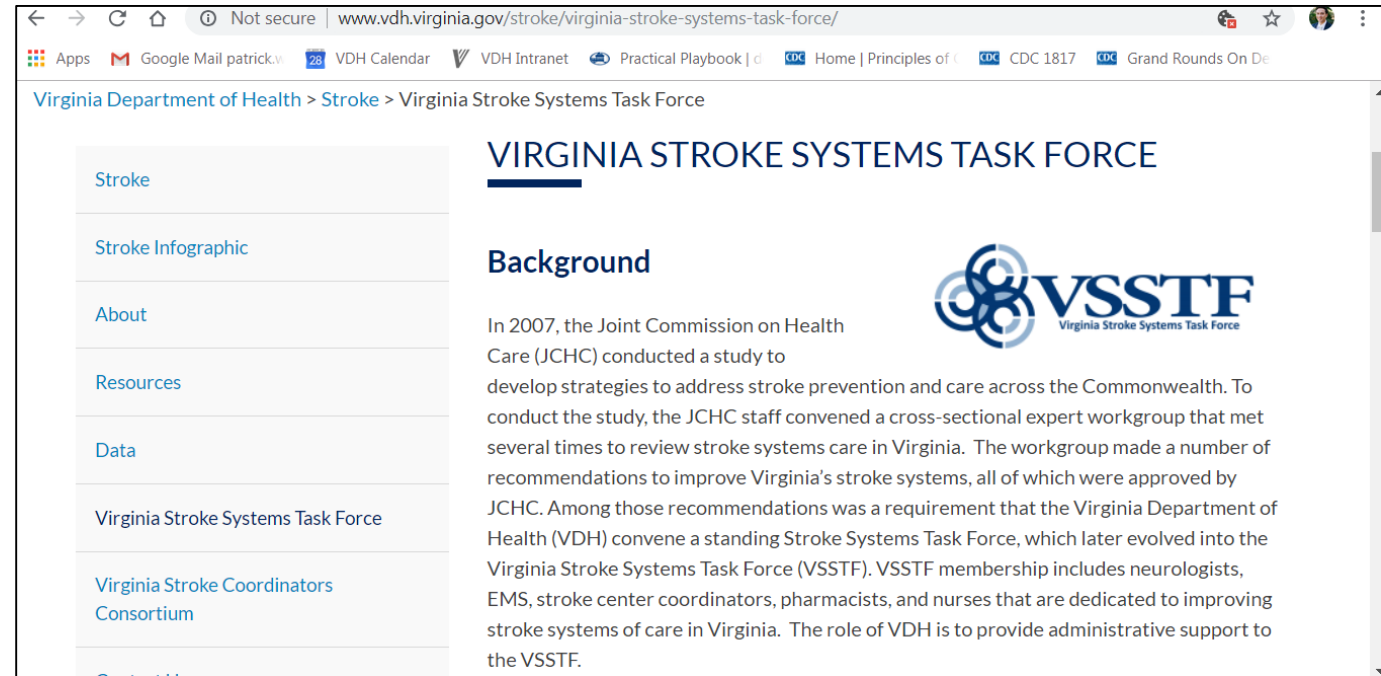
- ❑ Virginia Stroke website:

<http://www.vdh.virginia.gov/stroke/virginia-stroke-systems-task-force/>

- ❑ Governor's Report due July 1, 2019

- ❑ Updates to the VSSTF Members

- ❑ Development of (1) a platform to access aggregated statewide and regional data made publicly available, and (2) a process to facilitate individual/team feedback loops for quality improvement with hospitals and/or EMS who submit stroke metric data to VDH.



The screenshot shows a web browser displaying the Virginia Department of Health's website for the Virginia Stroke Systems Task Force. The browser's address bar shows the URL [www.vdh.virginia.gov/stroke/virginia-stroke-systems-task-force/](http://www.vdh.virginia.gov/stroke/virginia-stroke-systems-task-force/). The page features a navigation menu on the left with links for Stroke, Stroke Infographic, About, Resources, Data, Virginia Stroke Systems Task Force, and Virginia Stroke Coordinators Consortium. The main content area is titled "VIRGINIA STROKE SYSTEMS TASK FORCE" and includes a "Background" section. The background text states: "In 2007, the Joint Commission on Health Care (JCHC) 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 care in Virginia. The workgroup made a number of recommendations to improve Virginia's stroke systems, all of which were approved by JCHC. Among those recommendations was a requirement that the Virginia Department of Health (VDH) convene a standing Stroke Systems Task Force, which later evolved into the Virginia Stroke Systems Task Force (VSSTF). VSSTF membership includes neurologists, EMS, stroke center coordinators, pharmacists, and nurses that are dedicated to improving stroke systems of care in Virginia. The role of VDH is to provide administrative support to the VSSTF." To the right of the text is the VSSTF logo, which consists of three interlocking circles and the text "VSSTF Virginia Stroke Systems Task Force".

# 3. Quality Improvement

*Large-scale changes in quality of care can be induced by the systematic collection and evaluation of stroke quality data*

- ❑ Priority Data Metrics → Quality Improvement Initiatives
  - ❑ Statewide stroke data collection (Outcomes, Financial, Utilization)  
e.g. 30-day Deaths & Stroke Severity, Door-to-Needle, EMS vs Walk-in
  - ❑ Health System / Hospital Capacity Survey (Structure, Process, Utilization)  
e.g. Stroke designation, Stroke care protocols, Utilization of tPA, Telestroke
  
- ❑ ***SYNC: Transforming Healthcare Leadership*** program's next cohort launching this April, 2019. Sponsored by MSVF, VHHA, VNA, and VDH.
  - ❑ *Scholarships available. Visit <http://syncva.org/>*

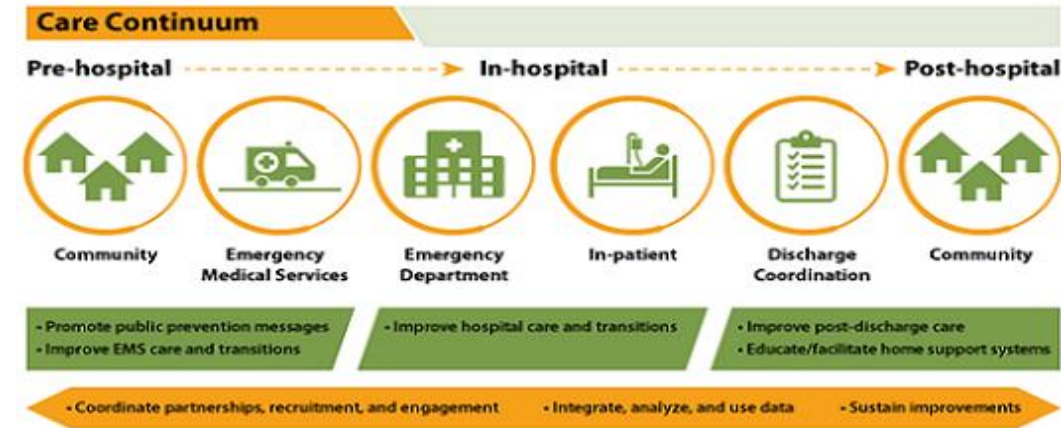
# Next Steps

- ❑ Expand the advisory group to include stroke survivors & caregivers, rehabilitation, health insurers, non-traditional stakeholders
- ❑ Finalize metrics list → advisory group votes to rank metrics → VDH letter inviting hospitals and EMS to participate in the initiative
- ❑ Determine quality improvement activities based on priority metrics and baseline data.
- ❑ Prepare Virginia for the next CDC Paul Coverdell cohort in 2020.



# CDC Paul Coverdell National Acute Stroke Program

The Paul Coverdell National Acute Stroke Program activities address the continuum of care from onset of stroke through rehabilitation and recovery, focusing on health systems change and community and clinical linkages.



**Goals:** Development of a stroke care system across the care continuum, quality improvement, prevention of stroke and disability, reduction of stroke-related deaths

**Currently funded State Awardees (2015-2020):** California, Georgia, Massachusetts, Michigan, Minnesota, New York, Ohio, Washington, Wisconsin

- *New funding opportunity in 2019/2020? Why not us???*

# Contact Information:

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