Virginia Stroke Systems Task Force

Quarterly Meeting (Virtual Available)

Meeting Location: Tidewater Emergency Medical Services,

723 Woodlake Drive Chesapeake, Virginia 23320

July 21, 2023 | 10:00am - 3:00pm



Agenda

10:00-10:30am	VSSTF Business	
	Welcome and Introductions	
	Approval of Meeting Minutes	
	Work Groups (Reinstitution, Feedback and General Comments)	
	May Day—Melanie Winningham, MD, Sentara Healthcare	
	Future Meeting Schedule	
10:30-10:40am	Virginia Stroke Care Quality Improvement Advisory Group Update - Mission, Registry, Hospital Survey, Kathryn Fur AGACNP-BC, MSN, SCRN, CNRN, Virginia Department of Health	nk,
10:40-11:00am	Stroke Smart City Initiatives: Stacie Stevens PhD, FNP /Ramana Feeser, MD, VCU Healthcare	
11:00-11:30am	EMS –Data Collection, Validity and Benchmarking, David Long MA, NRP, Executive Director, Tidewater EMS Counci	l Inc.
11:30-12:00pm	Lunch sponsored by RapidAl	
12:00-12:30pm	Vendor Talk Anthony Ribeiro, Enterprise Account Executive, RapidAl	
12:30-1:30pm	Aneurysmal Subarachnoid Hemorrhage Guidelines, John Baker, MD, PHD, Chesapeake Regional Healthcare	
1:30-2:00pm	Aneurysmal Subarachnoid Hemorrhage Patient Vignettes, Pankajavalli Ramakrishnan, MD, Riverside Healthcare	
2:00-3:00pm	Virginia Stroke Coordinators Consortium Meeting - Large Core Infarcts, John Gaughen, MD Blue Ridge Area Intervendent Neuroradiology	entional

Special thanks to RapidAI for sponsoring today's meeting!

In the spirit of Collegiality and Professionalism, please be mindful of any information obtained and shared in this meeting that could be sensitive to an individual or an institution.



Virtual Housekeeping

- Participants will be muted automatically at the start. Please remain on mute for the duration of the meeting, unless speaking.
- ▶ Please turn your camera on! It's always nice for the speaker to be able to see faces instead of talking to a bunch of blank squares.
- ▶ Open the chat box so you can view the discussion and ask any questions of the speaker. The chat box will be monitored by meeting hosts to ensure the questions are brought to the speakers' attention.
- If you want to speak to contribute to the conversation or ask a question, please use the "raise hand" feature found along the bottom of the participant's box.
- If joining the meeting over the phone only, you can mute and unmute yourself by pressing *6 on your phone's keypad.

Introductions

Introductions in order of:
VSSTF Voting Members
VSSTF Non-Voting Members

Name, Title, Organization/Hospital, City/County

For those joining virtually, introduce yourselves using the chat box to let your colleagues know you are here



VSSTF Business





VSSTF Business

Congratulations to the new VSSTF Co-Chair!

David Long, MA, NRP
Executive Director,
Tidewater EMS Council



VSSTF Business

Thank you to Chad Aldridge who has served as co-chair for the past two years!

Chad Aldridge, PT, DPT, MS-CR, NCS,
Physical Therapist,
Research Assistant Professor
UVA Medical Center

Work Groups

- Teleneurology
- Standardization of EMS Screening Tools
- EMS Destination Protocols
- Messaging to Address Social Disparities
- Stroke Smart Communities
- Quality Management
- May Day for Stroke Awareness Event
- Primary Care Interface in Stroke Systems
- Leveraging Care with EMRs
- Post-Acute Discharge Disposition

Requests from VSSTF leadership:

- Each person should limit participation to no more than 1-2 groups.
- Members will sign up on Google Docs live pages.
- Groups should have 15 or fewer members.
- 4. Members who are interested in serving as a lead for a particular workgroup should email us no later than 7/31. Send email to STROKE@vdh.virginia.com.
- 5. Leads will be responsible for outlining the goals / scope of the group and some preliminary objectives - interim progress and items for approval by voting members will be submitted by leads to VSSTF leadership at least two weeks prior to each quarterly meeting.
- 6. If there are groups with limited numbers of interested participants, we may combine groups (if applicable) or retire a proposed workup group.

Work Groups, Continued

- Reinstitution of Work Groups is a WORK IN PROGRESS.
- Feedback is key to collective success.
- Use Google Docs Live Page link to submit ideas / feedback: Work Groups Feedback Live Page.
- Feedback confirmation loop from VSSTF leadership.

VSSTF Business

VSSTF Co-Chairs: Melanie Winningham, MD, Sentara Martha Jefferson Hospital and David Long, MA, NRP, Tidewater EMS Council

Introducing a Two-Day Format:

- Thursday VDH-VSCC Stroke Coordinators Academy (9am -12 Noon)
 Sponsor Lunch and Presentation, Networking (12:00pm 1:30 pm)
 Virginia Heart Disease and Stroke Learning Collaborative (1:30pm 4:30pm)
- Friday Virginia Stroke Care Quality Improvement Advisory Group (8:30am 9:30am), Virginia Stroke Systems Task Force (10:00am - 2:00pm), Virginia Stroke Coordinators Consortium (2:00pm - 3:00pm)

Next Meeting Dates Schedule:

- October 19-20, 2023 (Virginia Hospital and Healthcare Association Richmond)
- January 18-19, 2024 (Mary Washington Hospital Fredericksburg)
- ► April 18-19, 2024 (TBD Southwest Region)
- ▶ July 18-19, 2024 (Maryview Medical Center, Portsmouth, VA)



May Day for Stroke Awareness! May 2024



May Day for Stroke Awareness!











May Day for Stroke Awareness!

- Fun!
- Achieves Education and Outreach Goals
- Marketing
- Corporate Sponsors
- Shirts
- Vendors / Donors
- Allocation of Funds to Stroke Awareness
- Reproducibility, Annual Event
- Parallel Regional Events





Virginia Stroke Care Quality Improvement Advisory Group Update

Kathryn Funk, AGACNP-BC, MSN, SCRN, CNRN Virginia Stroke Registry Coordinator Virginia Dept of Health, Office of Family Health Services



Mission of the VSQI Advisory Group

- VSSFT developed 2007 by order of the General Assembly
- Southwest Virginia Stroke Task Force (VSSTF subgroup) in 2014-2015
- Led to the Virginia Stroke Quality Initiative to look at whole state
- 2018 legislation passed through the work of the VSQI & VSSTF
- Meets before the VSSTF Quarterly Meeting
- Representatives from Regions, Hospitals, and EMS
- Helps Guide with Quality Improvement Projects for Stroke

Virginia Stroke 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 followup 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.

H 11971

Approved March 9, 2018

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 Tide 32.1 a

me Department shall be responsible for stroke care quality improvement initiati mmonwealth. Such initiatives shall include:

1. Implementing systems to collect data and information about stroke care in the Commonwealth

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 tatewide system for stroke response and treatment in accordance with subsection C

 The Department shall implement systems to collect data and information related to stroke care pationally recognized data set platforms with confidentiality standards approved by the Medicaid Services or consistent with the Get With The Guidelin ated as comprehensive stroke centers, prima stroke-ready hospitals and emergeevery 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 às 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

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

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





Virginia Stroke Registry Updates

Phase 1: VDH Stroke Repository.

- 47/47 possible Hospitals participating for June Data Submission!!
- Received data from 44 hospitals, 3 had no new data for submission
- Over 15,900 records total submitted to the CDC since June 2022

Phase 2: Virginia Stroke Registry (Spring 2024).

- An expanded data set beyond the required Coverdell elements and adds on a full data entry and reporting product suite.
- Will be open to All Hospitals in Commonwealth at no extra cost
- Met June 21st in person with ESO to work on logic
- Another meeting scheduled for July 2023



2023 Hospital Stroke Inventory Survey

- A REDCap survey sent to all known stroke coordinators or stroke representatives on April 24, 2023, and closed on May 12, 2023.
- 57% response rate with 61 fully completed or partially completed surveys
- 47 hospitals and 14 free-standing EDs
- 75% were certified facilities
- More data heavy than 2022 Survey
- Preliminary data available and final report is forthcoming

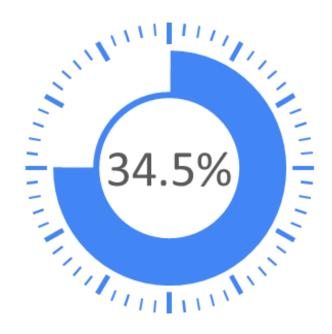


2023 Hospital Stroke Inventory Survey Topics

- Certification and Barriers to Certification
- Time Goals, such as Door to Provider, Door to CT, Door to Thrombolytics, Transfer Times
- Teleneurology
- EMS integration
- Stroke Quality and Process Improvement
- Community Resources and Disparities of Care
- Transitions of Care



Average door to thrombolytic times



Less than 45 minutes



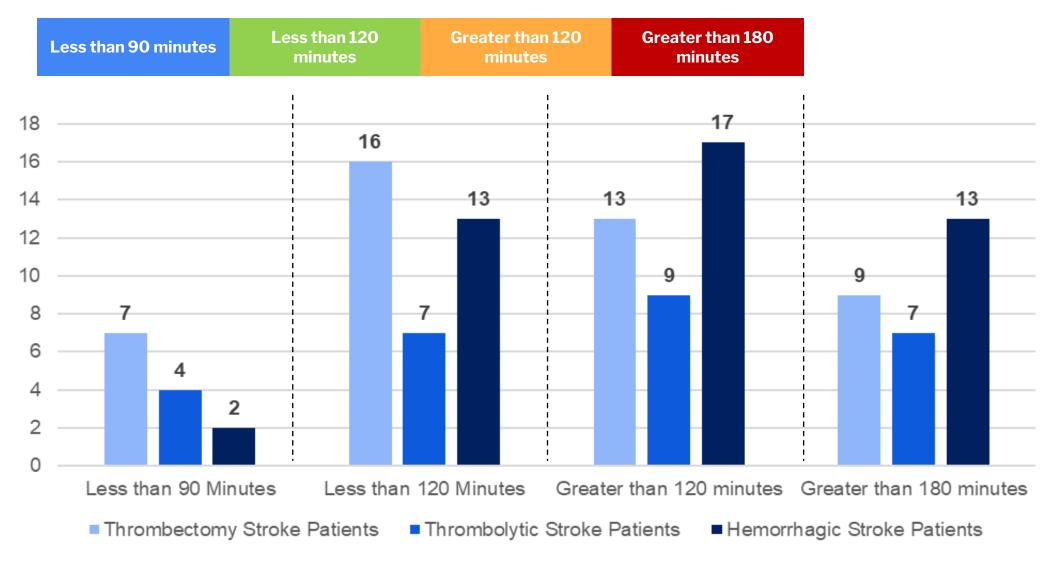
Less than 60 minutes



Greater than 60 minutes



Average door in-door out times by Stroke Patient Type





2023 EMS Stroke Inventory Survey is OPEN

- Emailed 7/19/23
- Sent to each of the EMS Agency Directors by the OEMS
- Due back by August 4, 2023

Dear Virginia EMS Agency Director:

The Virginia Department of Health (VDH) Office of EMS is partnering with VDH Office of Family Health Services (OFHS) to request your assistance in completing the 2023 Virginia EMS Stroke Inventory Survey, a survey regarding your agency's stroke protocols and stroke-related agency measures.

Results from this survey will enable the Virginia Stroke Care Quality Improvement Advisory Group to gain a better understanding of the needs of EMS agencies with regards to stroke treatment, triage, and transport. The information you provide is confidential and will only be reported as aggregated results.

Please complete this survey by the end of day Friday, August 4, 2023. VDH will provide a report with the results of this survey after all submissions are gathered and analyzed.



Questions?

Stroke@vdh.virginia.gov

Kathryn Funk, AGACNP-BC, MSN-RN, SCRN, CNRN – Stroke Registry Coordinator (kathryn.funk@vdh.virginia.gov)

Allie Sedon, MPH – Stroke Epidemiologist (allie.sedon@vdh.virginia.gov)