

Virginia Stroke Care Quality Improvement Advisory Group Update

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Mission of the VSCQI 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 VSCQI & 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 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.

A. 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 from that informationally 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, primary 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.

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

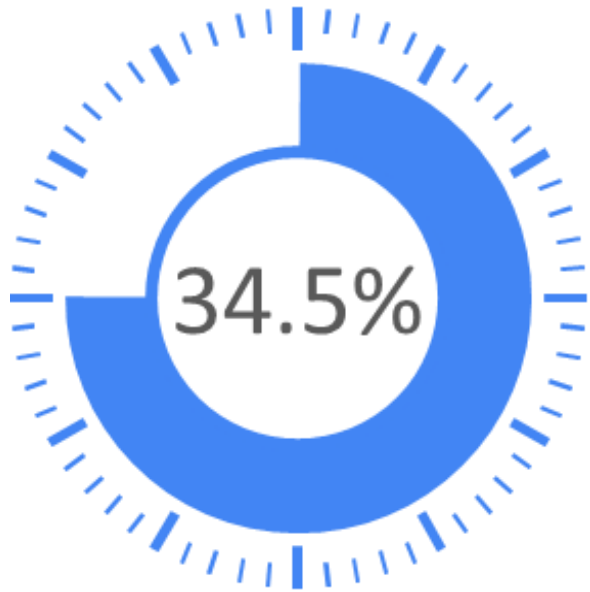
2023 Hospital Stroke Inventory Survey

- 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

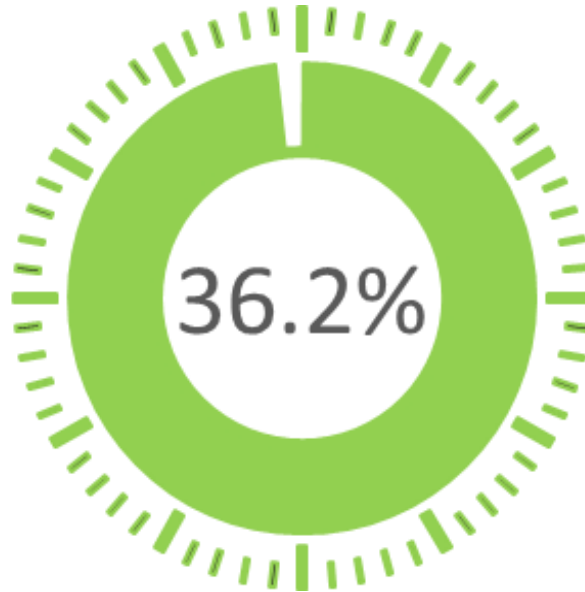
2023 Hospital Stroke Inventory Survey Topics

- 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

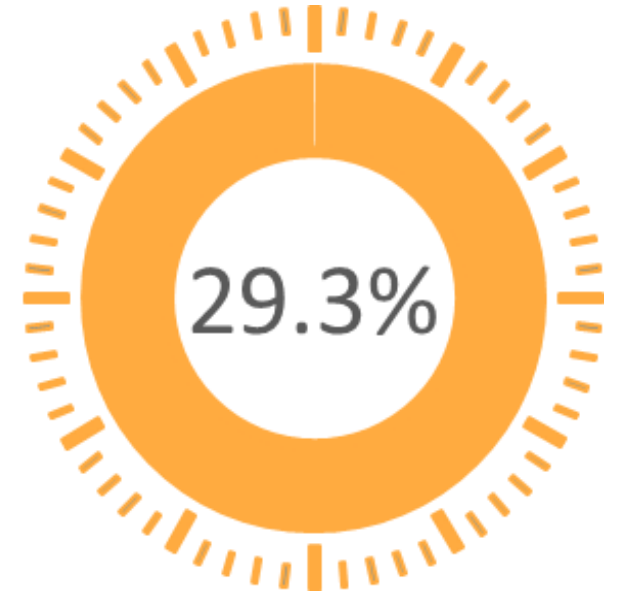
Average door to thrombolytic times



**Less than 45
minutes**

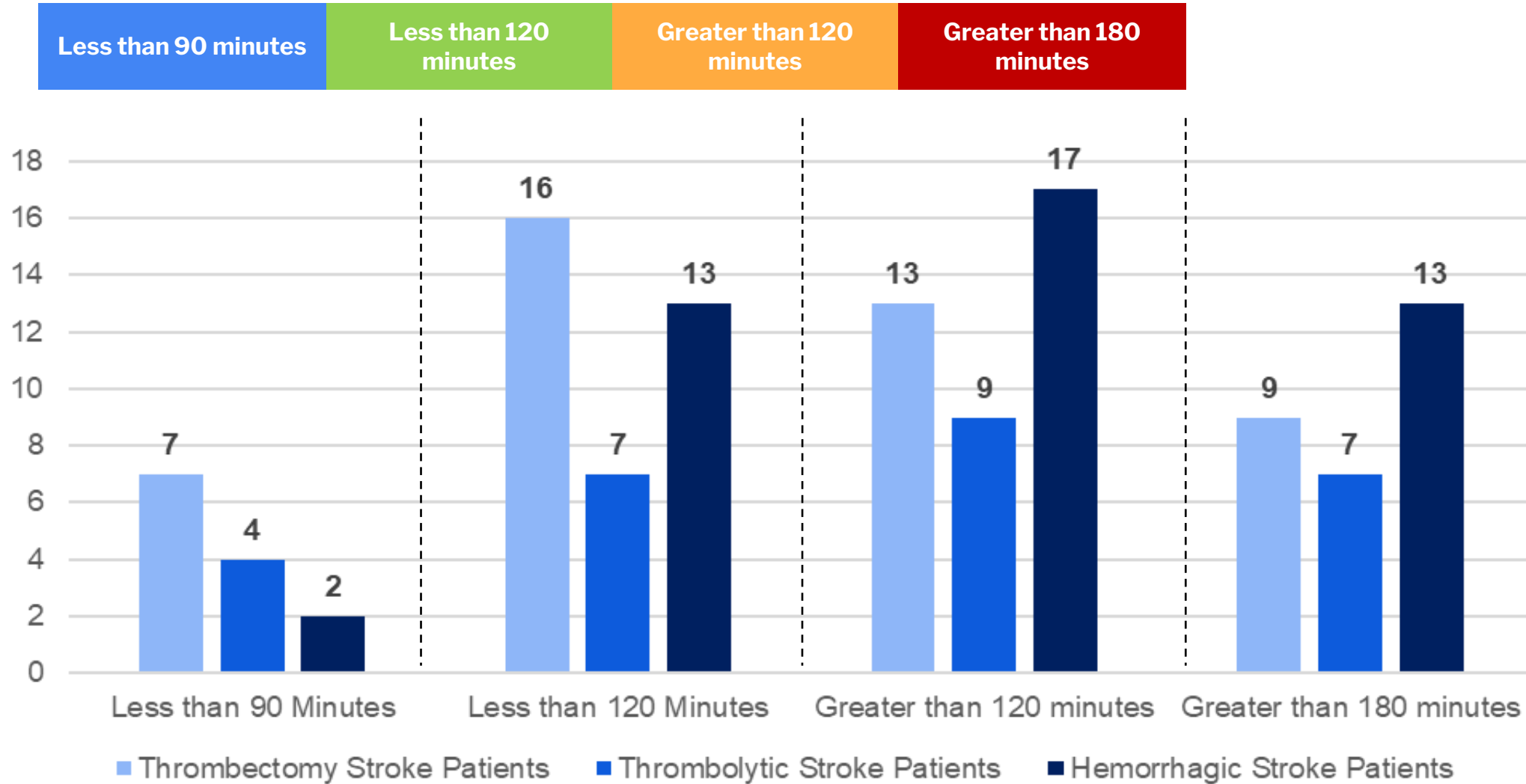


**Less than 60
minutes**



**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?

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