Virginia Stroke Care Quality Improvement Initiative Update

VSSTF Quarterly Meeting Update

January 24, 2020

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Virginia Department of Health

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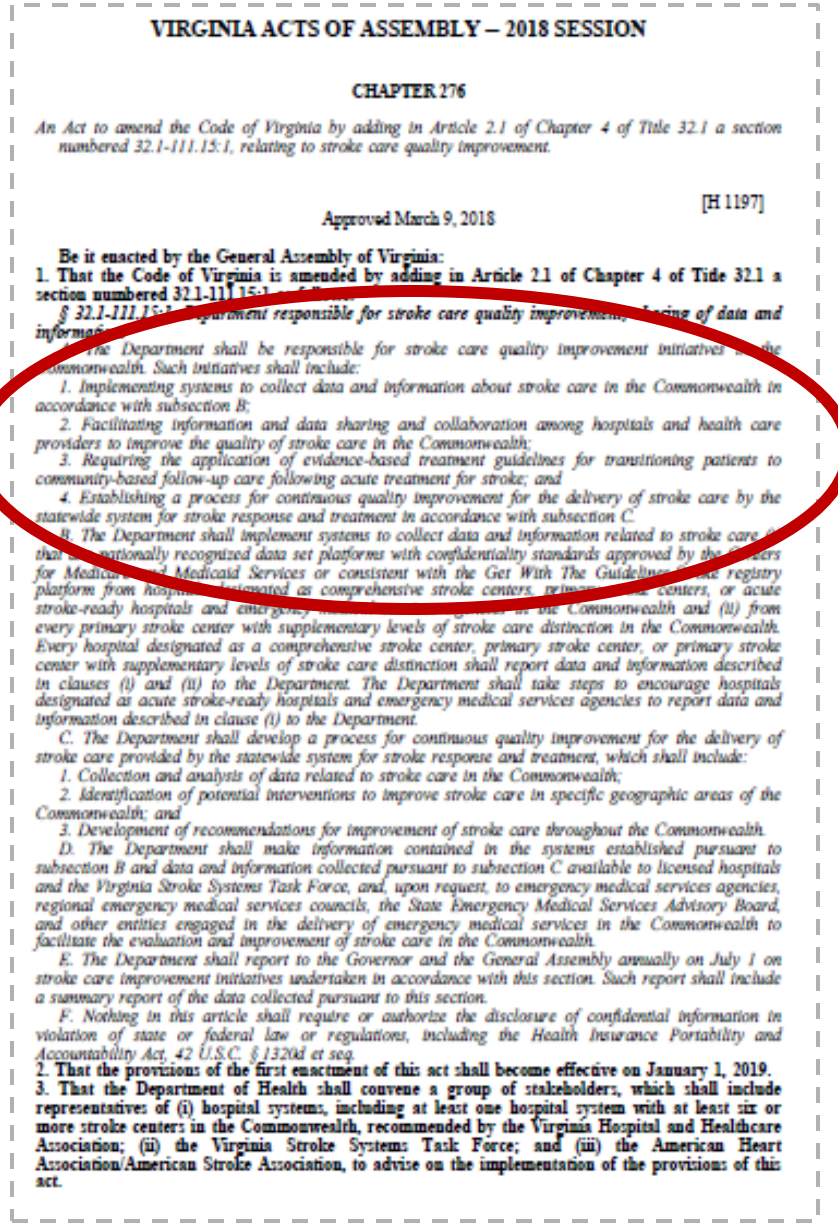
Legislation

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.

[H 1197]

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 Title 32.1 a section numbered 32.1-111.15:1 [illegible]

§ 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 [illegible] that [illegible] 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, primary stroke centers, or acute stroke-ready hospitals and emergency [illegible] 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.

Stroke Care Quality Improvement Advisory Group

- VA Department of Health (VDH)
- VA Office of EMS (VDH)
- Stroke Survivors and Caregiver Support Groups
  - Survivor / Caregiver Council
- VA Hospital & Healthcare Association (VHHA)
- American Heart / Stroke Association (AHA/ASA)
- Hospitals
- Emergency Medical Services & EMS Councils
- U.S. Department of Veterans Affairs – Medical Centers
- Stroke Rehabilitation Centers & Skilled Nursing Facilities
- VA Stroke Systems Task Force & VA Stroke Coordinators

Work Groups

- Virginia Stroke Website Work Group
- Acute Stroke Treatment Strategies Work Group
- Stroke Survivor and Caregiver Supports Work Group
- Hospital Stroke Inventory Survey Work Group
- EMS Stroke Inventory Survey Work Group
- Data Council

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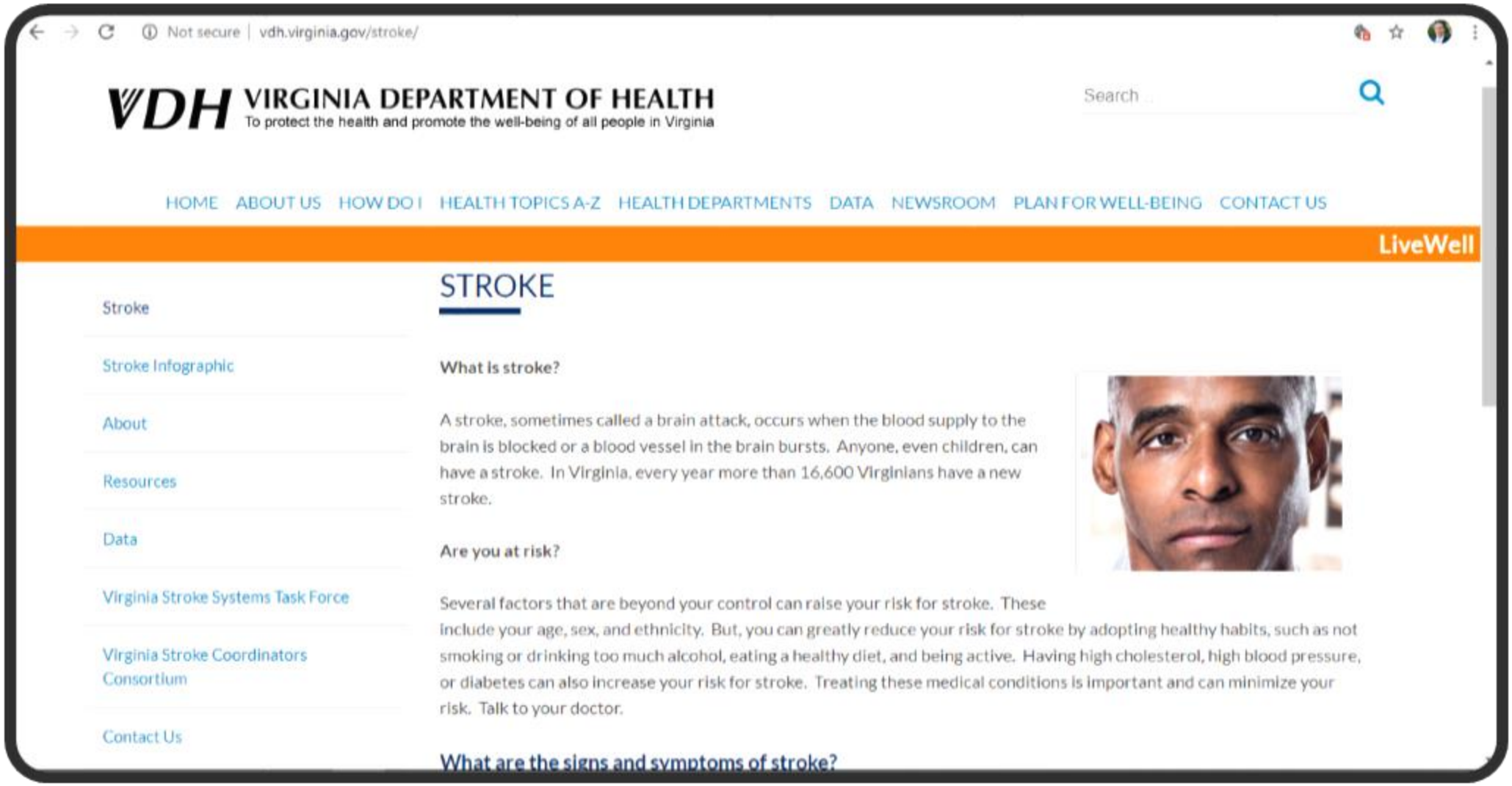
Work Group: Virginia Stroke Website



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Not secure | vdh.virginia.gov/health-department-locator/

HEALTH DEPARTMENT LOCATOR

Health Department Locator

Health District Websites

Enter Your Address or Zip Code | Search radius 25 mi | Results 25 | Search

Email this page

Hospitals

Rehabilitation Facilities

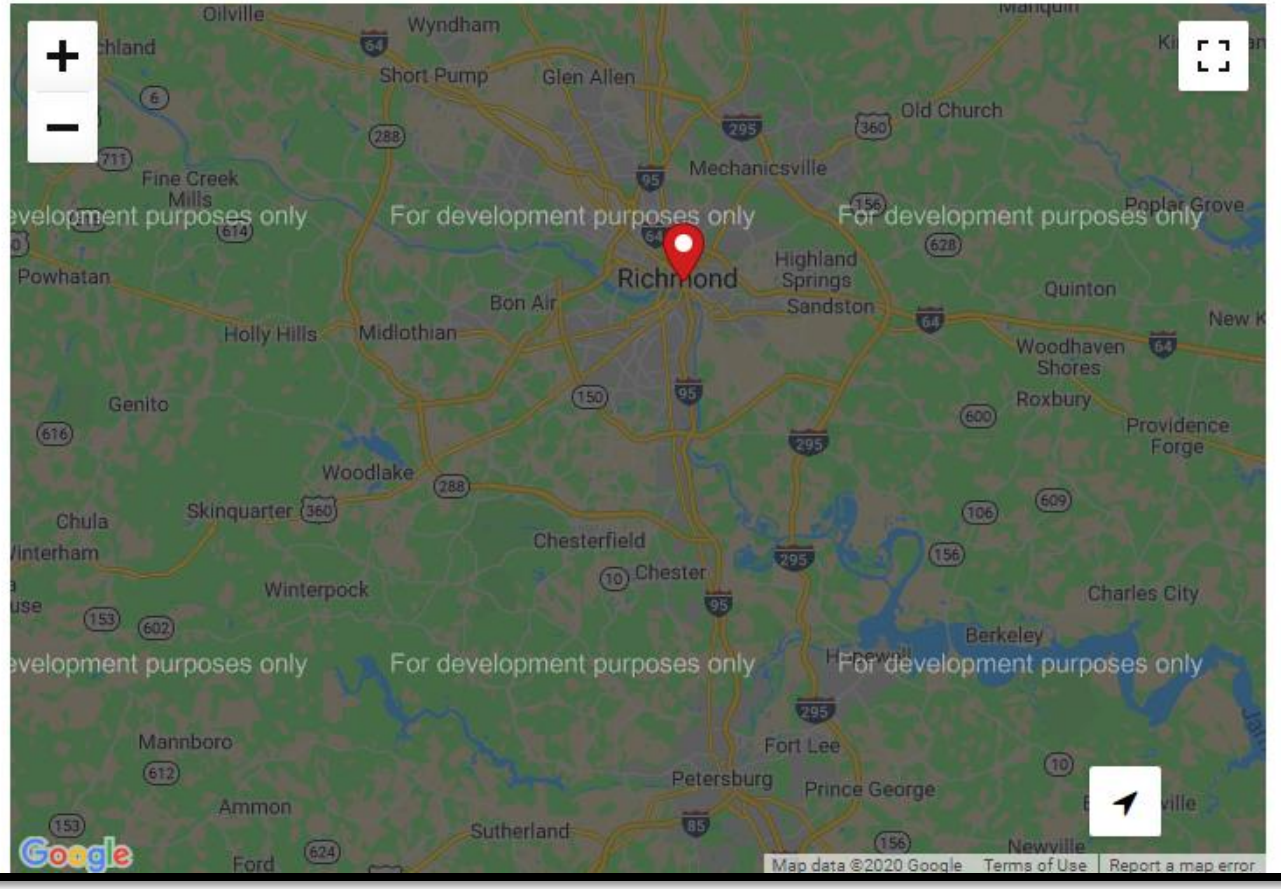
Stroke Support Groups

Community Organizations (Primary Care Clinics, FQHCs, MIH-CP, Pharmacy)

Hospital #1
- Stroke Certification
- Address
- Point of Contact

Hospital #2
- Stroke Certification
- Address
- Point of Contact

Hospital #3
- Stroke Certification
- Address
- Point of Contact



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Work Group: Acute Stroke Treatment Strategies

Co-leaders: **V. Ramana Feeser MD**, Director of Quality and Safety/EM physician at VCU Health System in Richmond &

Sara Watkins MSN, RN, Stroke Program Coordinator at Riverside Regional Medical Center in Newport News

Update: Meeting monthly to identify the top **2-3 best practice strategies** to optimize time to decision and decrease door to needle time.

Goals: Build a menu of highly recommended options of best strategies for hospitals to consider. **Host consultation calls with hospital teams** to assess needs and propose recommendations for quality improvement.

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Work Group: Stroke Survivor and Caregiver Supports

https://www.stroke.org/-/media/stroke-images/support/group-of-diverse-people-giving-each-other-support.png

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Work Group: Hospital Stroke Inventory Survey

Status: Planning to pilot survey with 2-3 hospitals in February 2020
Full launch in March 2020.

Work Group: EMS Stroke Inventory Survey

Status: Ready for full launch in February 2020 to all EMS agencies.

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Data Council

Update:

- Reviewed data from the Virginia Hospital & Healthcare Association and the Virginia Office of EMS. Analyzed stroke hospitalization and readmission rates, as well as geographic distribution of stroke.

- Identified and prioritized geographic areas into three clusters:
  High, Medium, Low

- Next Steps: Add a final layer of the Concentrated Disadvantage Index (CDI), Establish a hospital and regional stakeholder engagement strategy.

- Next Task: Convene TJC, DNV and HFAP to crosswalk data definitions in preparation for the development of a stroke registry.

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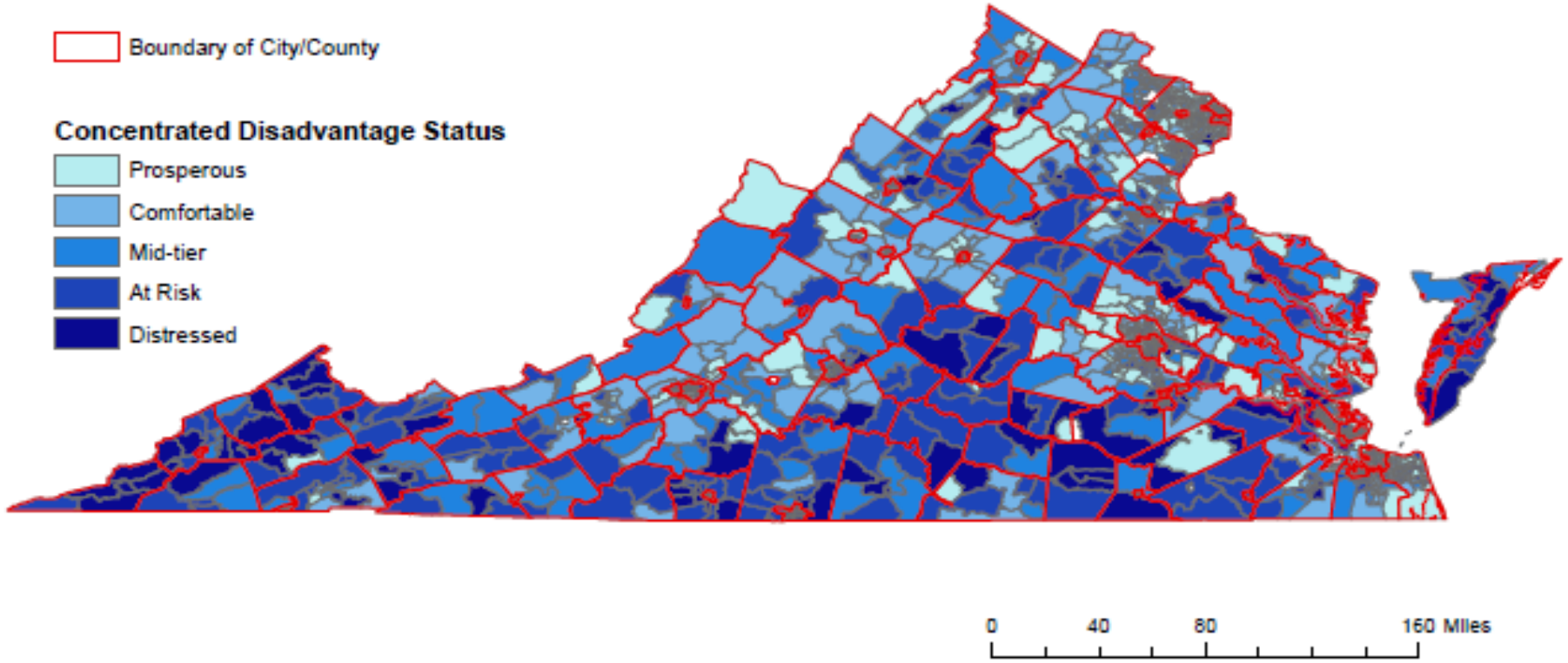
Concentrated Diasvantage Status in Census Tracts (within boundary of City/County): Virginia, 2013-2017



Concentrated disadvantage status categorizes census tracts based on the proportion of households per census tract with a high level of concentrated disadvantage. Concentrated disadvantage is calculated using five census variables: 1) Percent of individuals below the poverty line, 2) Percent of individuals on public assistance, 3) Percent female headed households, 4) Percent unemployed, and 5) Percent less than age 18.

Date: 1/22/2020

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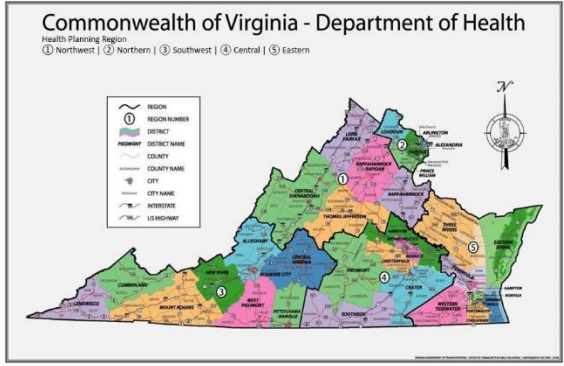
Priority Clusters (Stroke Hospitalizations) Categorized by Health Planning Region + Concentrated Disadvantage Index



Priority	Northwest	Northern	Southwest	Central	Eastern
High	Spotsylvania	Prince William	Salem	Richmond, Petersburg, Henrico	Virginia Beach, Suffolk, Chesapeake, Hampton
Medium	-	Fairfax, Loudoun	Roanoke County, Bedford, Lynchburg, Montgomery	Henrico, Chesterfield	Newport News, Norfolk
Low	Augusta, Rockingham, Fauquier	Loudoun	Franklin County, Tazewell, Wise, Pittsylvania, Botetourt	-	Accomack
CDI			Norton, Martinsville, Danville, Lee, Bristol, Wise, Roanoke City, Buchanan, Henry, Lynchburg, Dickenson, Galax	Emporia, Petersburg, Hopewell, Brunswick, Nottoway, Richmond, Colonial Heights, Charlotte, Cumberland, Dinwiddie	Franklin City, Portsmouth, Norfolk, Newport News, Suffolk

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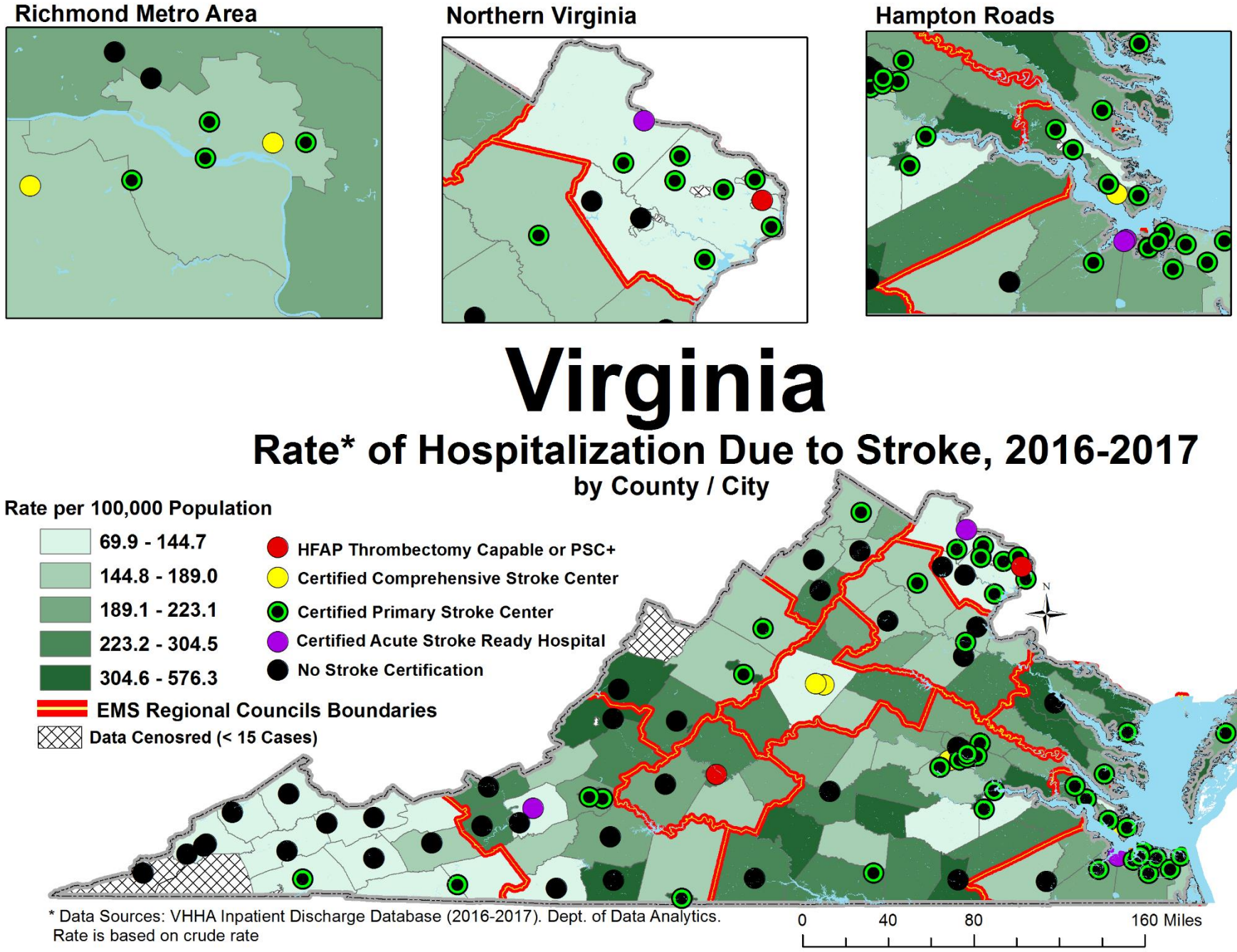
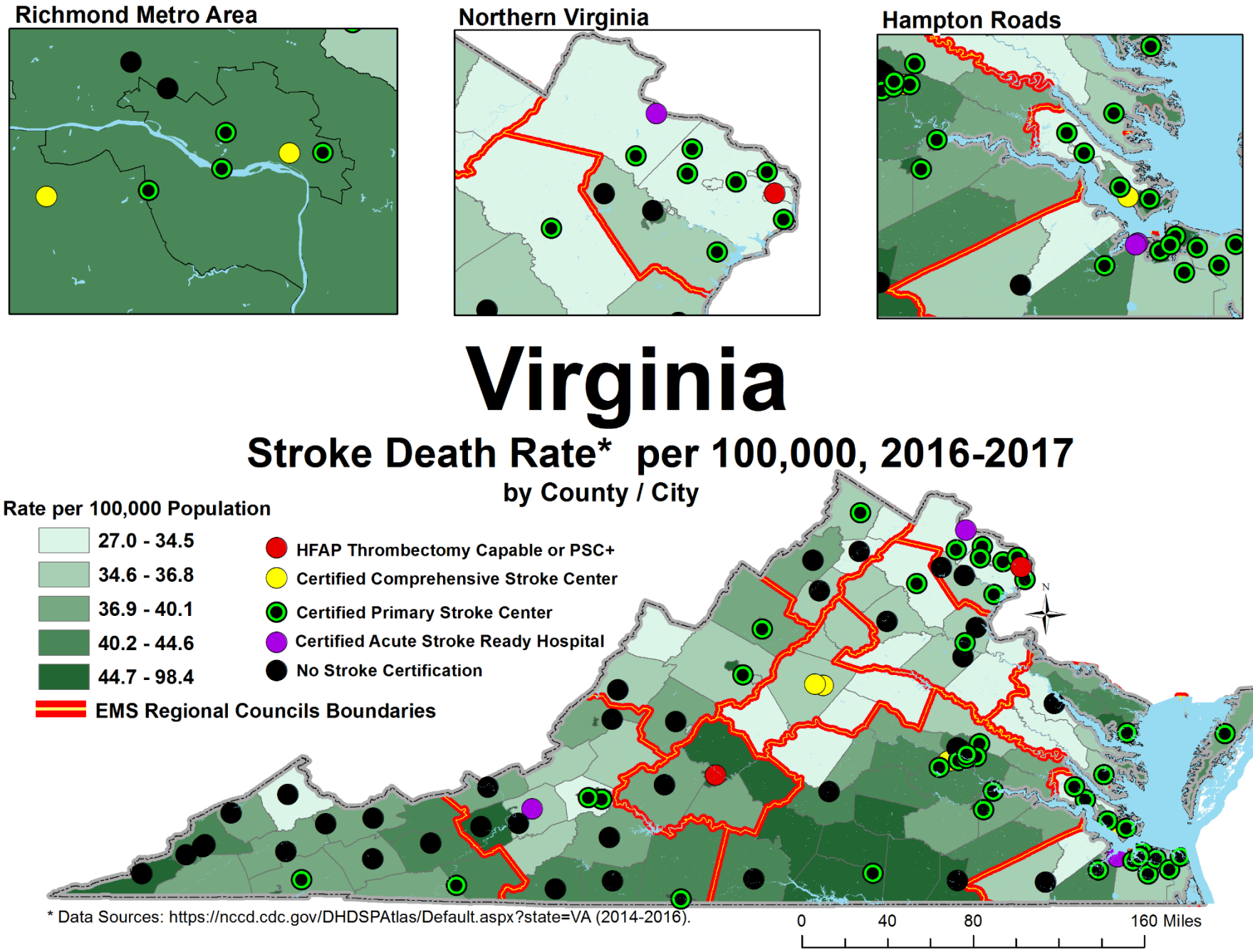
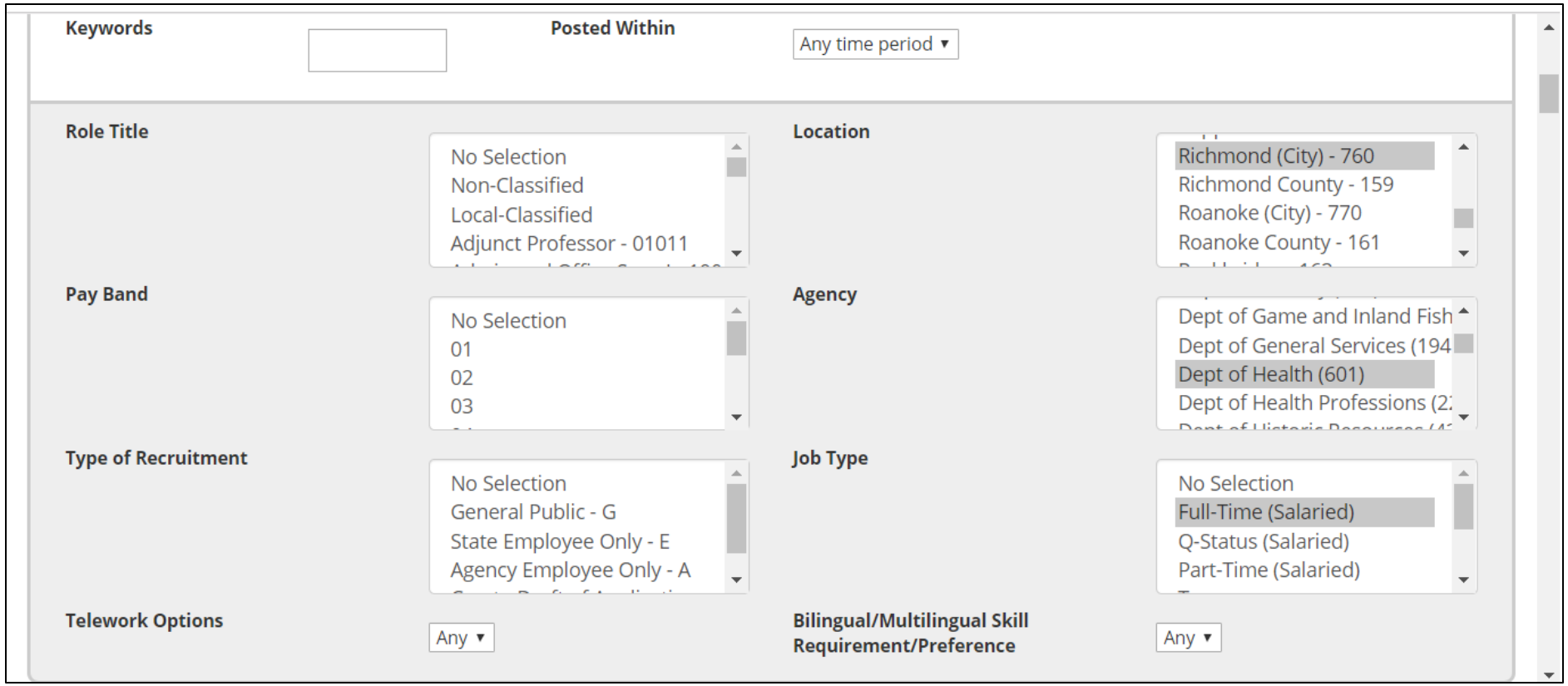

Richmond Metro Area
Northern Virginia
Hampton Roads
Virginia
Rate* of Hospitalization Due to Stroke, 2016-2017
by County / City
Rate per 100,000 Population
69.9 - 144.7
144.8 - 189.0
189.1 - 223.1
223.2 - 304.5
304.6 - 576.3
EMS Regional Councils Boundaries
Data Cenosred (< 15 Cases)
HFAP Thrombectomy Capable or PSC+
Certified Comprehensive Stroke Center
Certified Primary Stroke Center
Certified Acute Stroke Ready Hospital
No Stroke Certification
N
* Data Sources: VHHA Inpatient Discharge Database (2016-2017). Dept. of Data Analytics.
Rate is based on crude rate
0
40
80
160 Miles


Richmond Metro Area
Northern Virginia
Hampton Roads
Virginia
Stroke Death Rate* per 100,000, 2016-2017
by County / City
Rate per 100,000 Population
27.0 - 34.5
34.6 - 36.8
36.9 - 40.1
40.2 - 44.6
44.7 - 98.4
EMS Regional Councils Boundaries
HFAP Thrombectomy Capable or PSC+
Certified Comprehensive Stroke Center
Certified Primary Stroke Center
Certified Acute Stroke Ready Hospital
No Stroke Certification
N
* Data Sources: https://nccd.cdc.gov/DHDSPAtlas/Default.aspx?state=VA (2014-2016).
0
40
80
160 Miles

Other Announcements

- **VDH hiring two new positions:** *Clinical Improvement Specialist (RN)*
  (Open now!) Link: http://jobs.virginia.gov/



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