

Virginia Stroke Care Quality Improvement Advisory Group Meeting

Meeting Location: Mary Washington Healthcare, Fick Conference Center, 1301 Sam Perry Blvd, Fredericksburg, VA

January 19, 2024 | 8:30am – 9:30am Meeting Minutes

Attendance: 23 attendees in person

Attendees	1. Patrick Wiggins, Chronic Disease Supervisor, VDH OFHS
	2. Kathryn Funk, Stroke Registry Coordinator, VDH OFHS
	3. Allie Lundberg, Stroke Epidemiologist, VDH OFHS
	4. Bethany McCunn, Stroke Registry Epidemiologist, VDH OFHS
	5. Kelsey Rideout, REMS
	6. Michael Player, PEMS
	7. Valerie Vagts, TEMS
	8. Susan Halpin, Mary Washington Healthcare
	9. Amanda Loreti, CJEMS
	10. Daniel Linkins, CSEM
	11. George Lindbeck, OEMS
	12. Rhonda Ragan, Valley Health
	13. Debbie Thomas, PEMS
	14. Mary Jobson-Oliver, UVA
	15. Wendy Bunting, Acute Rehab Director, Riverside Regional Healthcare, Newport News
	16. Elizabeth Hart, LewisGale Medical Center, Salem
	17. Stacie Stevens, VCU Health, Richmond
	18. Mandi Zemaiduk, Centra Health
	19. Donna Layne, Centra Health
	20. Wayne Perry, REMS
	21. Branden Robinson, Sevaro Health
	22. Robin Scott, Bon Secours St Mary's Hospital
	23. Jessica Rosner, VDH OEMS

Agenda	Notes
8:30-8:45 am Welcome and Minutes Approval	Patrick Wiggins (VDH) opened the meeting at 8:30 am with introductions of the stroke team. Wendy Bunting motioned to approve the minutes, and Beth Hart seconded. The minutes were approved as submitted.
8:45-9:30 am	Allie Lundberg provided a brief overview of the results of the EMS Survey and the ongoing collaboration with OEMS for distribution of the results report. The prehospital portion of the stroke registry was a discussion point and attendees provided the opportunity to provide feedback on future QA reports.
	Future registry QA report discussion/activity 1. Need to have included: a. Primary & secondary stroke screen – type, result, time b. LKW (last known well) versus symptom discovery c. When pre-alerts are sent to hospitals d. Family/caregiver phone # e. Blood glucose – completion, when f. Easy & consistent collaboration with EMS & hospitals 2. Would be nice to see: a. Detailed race & gender analyses b. Patient outcome & details c. Anti-coagulant – which, when was last dose d. FSED (free-standing Emergency department) to comprehensive center/hospital - why, timing differences e. Out migration (transfer from 1 hospital to another) - why, to where, cert level difference, time difference f. Flight service availability 3. Dream Big: a. 100% patient feedback – missed cases? b. RACE to LVO correlation – research/data c. Stroke symptom recognition/awareness from family/friends/public/etc. d. Consistent stroke scale [within software] e. Thinking outside jurisdiction for destinations f. Inclusivity with patient needs/wishes g. CT/thrombolytics for EMS h. Mobile stroke units
Public comment	Public Comment: Stacie – Speaking to the State as a non-political entity, meaning not a hospital, with free standing emergency departments. What do we think regarding data on free standing Eds and determining metrics when patients should be transported from free standing Eds to main hospital. Response: Currently difficult to capture free standing ED data. VDH encourages free standing Eds to be stroke certified to better capture metrics.
	Elizabeth Hart: Will the data VDH presented be available? Response: the data is being finalized in the EMS survey and it was shared to the Advisory Group as a preliminary review.

Debbie from PEMS. A nice to have metric: Would be nice to see LVO metrics and outcomes when TNK was administered early. Do we always need to go to a comprehensive stroke center?

Response by Stacie: Explained process with imaging with CT and CTA.

Response 2: An EMS region wanted to know more information about following an LVO patient.

Stacie – Is the Stroke Registry's plan to link the EMS to the hospital to the next hospital, which would take out the stroke coordinator from needing to make the data connection (i.e. follow-up)?

Response: That is the big goal. Stacie response: then it would allow EMS to know whether they are over triaging. (I.e. over/under triage metric).

Wendy – Do we know now if our stroke patients have been seen by more than one facility? Response VDH: Now no because it goes back to the patient ID. Nationwide there is no system in place, except Arkansas has a band system tracking from EMS to hospital. Response Stacie: we want to know which EMS. Response VDH OEMS: NEMSIS is working on unique patient identifier. There are products such as Pulsara has a scanning function bracelet, which can talk to EHR at hospital. We do not have that worked out in STEMI, Stroke or Trauma. Still working on it.

Response: Michael PEMS – EMS can have a patient care report, can turn it over to somewhere else, can then hand it over to air transport. Now it is 3 different patient care reports. Response VDH: The Stroke Registry is a patient-centric registry to breakdown silos and join multiple transports together.

Michael PEMS — A couple of EMS Regional Council members in attendance were concerned with the EMS survey report results given the number of responses and the impact it had on data reliability. In PEMS, we know that all transports go to a certified stroke center, as all hospitals in the region are stroke certified, how can there be a portion that does not? If the report goes out to the public, it would be a poor response and problematic responses. The regional councils would like to be more involved in improving response rate and have accurate data. Concerned it may be a similar issue with the first state Trauma Report. Suggest that this EMS report results could speak to the data inconsistencies.

Follow-up Daniel Linkins: EMS agencies that answered this survey may have changed leadership or staff who would not know the protocols or data. EMS Regional Councils can provide the consistency. We do this well with the children survey.

Amanda Loreti – It is a low response for the survey. VDH Response: we changed up the distribution list to be more targeted, which may have decreased the completion %.

9:40 am Adjourn

Mandi – for future state, it is important to see out migration. Will the Stroke Registry and VDH be looking at. VDH Response: We are needing to develop data suppression and data sharing protocols, agreements. We are looking into it.