VIRGINIA DEPARTMENT OF HEALTH

To protect the health and promote the well-being of all people in Virginia.

Virginia Stroke Care Quality Improvement Initiative Meeting

Meeting Minutes (APPROVED)

Meeting Location: Riverside College of Health Careers 316 Main St, Newport News, VA 23601 (In-Person Only)

Meeting Date: October 14, 2022 from 8:30am – 9:40am

Attendance: 13 Advisory Group Members – Patrick Wiggins (VDH), Kathryn Funk (VDH), Chad Aldridge (VSSTF Chair / UVA Health), Melanie Winningham (VSSTF Chair / Sentara Martha Jefferson Hospital), Mandi Zemaiduk (VSCC Co-Chair / Centra), Laurie Mayer (VSCC Chair ' Bon Secours), Pankajavalli Ramakrishan (Riverside), Dana Gibler (Riverside), Nicole Duck (Riverside), Donna Layne (Centra), Stacie Stevens (VCU), David Loy (Bon Secours), Wolfgang Leisch (Riverside), Kim Warren (Bon Secours), Sophea Booker (Bon Secours)
Public Attendance: Pat Edwards (Bon Secours)

Agenda		Notes
8:30am-9:40am Welcome and Minutes Approval		• Patrick Wiggins (VDH) opened the meeting and facilitated introductions of advisory group members and the public in attendance. • Meeting Minutes from July 15, 2022 were approved.
9:00-9:40am	**Takeaways and Developing the Virginia Stroke Quality Improvement Process and Reports for Hospitals**	Goal from meeting is to see what was useful and how can we apply to Virginia. MW would like to be able to combine Virginia Statewide and Individual hospital reports. Like the standardized forms of MN and the homogeneity of them PR wanted to know how far retrospective it would be and would we be able to compare apples to apples. She stated that look at information in real-time might lead to smaller data numbers and not a true timeline or representation of care provided. A retrospective look back would be better. CA recommends utilization of a standard way of comparison for hospital reports but also wants the group to look at rehab needs and how the state is doing overall. Can we look at outreach and referrals? MZ would like to look at the bigger picture for our feedback reports such as incorporating grant info (such as ASTHOS), transfers, home health, DME, proper nutrition, etc. Would it be possible to make the report more expansive and not just look at standardized measures? SS like the Arkansas dashboard as it was easy to read

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	PW asked the group if they liked the color-coding of Green, Yellow and Red on the Arkansas report and the group agreed that they did and it was easy to understand. KW asked about incorporating telemedicine information such as who responds to TN consults, who takes care of the patient to assist the Teleneurologist and what connection is being used. MW states that the G,Y,R dashboard was visually pleasing, Would recommend including information regarding EMS metrics and timeline KW also recommended including reperfusion information such as TICI score and acceptable results (looking at comprehensive stroke measures and not just primary stroke measures) PW stated that the report goal would be to connect readmissions, deaths and other SDOH which are CMS requirements in 2023 PR recommended looking at poorer resourced facilities and the resources that they need. DL recommended looking at modified Rankin Score mean/median for county and stroke discharges to help see which patients are getting better by demographics. Looking at the regions for specific weaknesses in care and incorporating rehab data if possible. Additionally, look at the LVOs and patients transferred to see if they got better after treatment. CA suggested adding vision, cognitive studies as modified Rankin Score does not capture cognition, perhaps driving/return to work or revocationalized. Looking at other metrics post-discharge. Discussion occurred in group as to what metric/exam might best capture cognitive impairment following a stroke and would this differ by age profile. DL suggested finding a simple metric. KW liked the MN dashboard as it showed how to start a QI project on pg 19, what is a QI project on pg 21,22 and is laid out in an easy to understand format for first time users MW agreed that the MN example is a very clear manual to use.
Public Comment	Pat Edwards suggested giving EMS feedback and finding out what does EMS want.
9:40am Adjourn	The meeting ended at 9:40am.

Key: Melanie Winningham=MW	Mandi Zemaiduk=MZ	Kim Warren=KW
Chad Aldridge= CA	Stacie Stevens=SS	David Loy=DL
Pankaja Ramakrishman=PR	Patrick Wiggins=PW	