

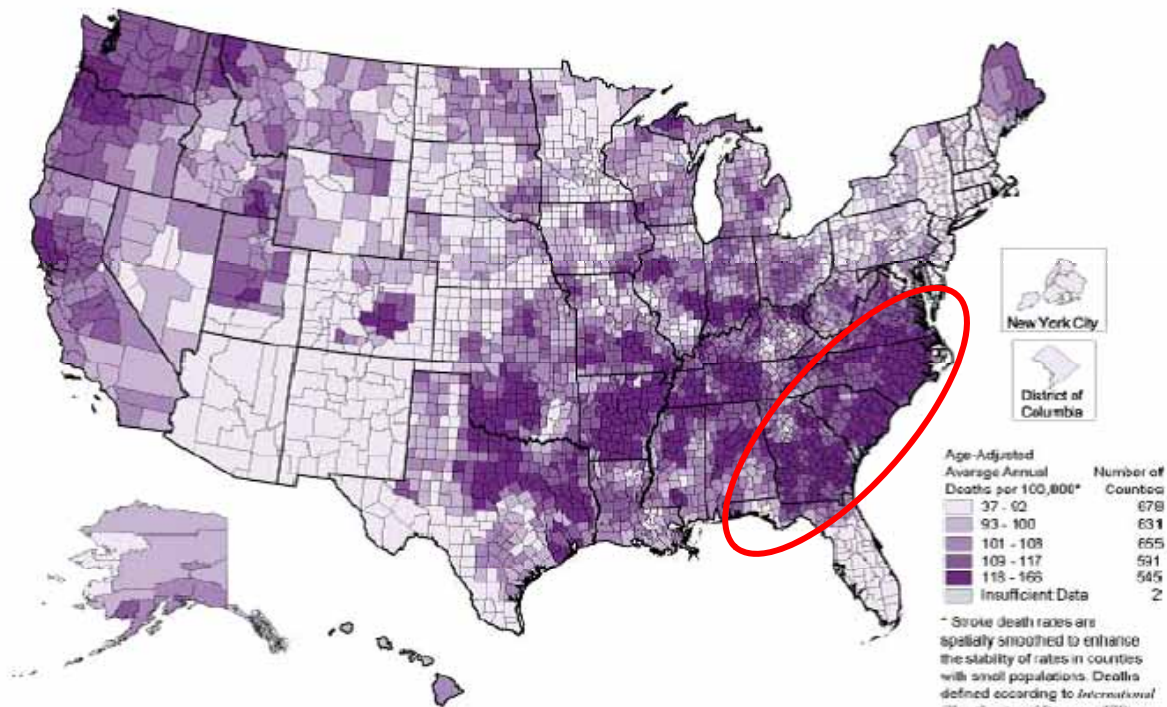
# Virginia Stroke System Task Force: Goals and Work Plan



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# Virginia Stroke Statistics

Stroke Death Rates, 2000-2004  
Adults Ages 35 Years and Older by County



Age-Adjusted Average Annual Deaths per 100,000*	Number of Counties
37 - 62	678
63 - 90	631
91 - 108	655
109 - 117	591
118 - 165	545
Insufficient Data	2

\* Stroke death rates are spatially smoothed to enhance the stability of rates in counties with small populations. Deaths defined according to *International Classification of Diseases (ICD)* codes: ICD-10, I66-169.

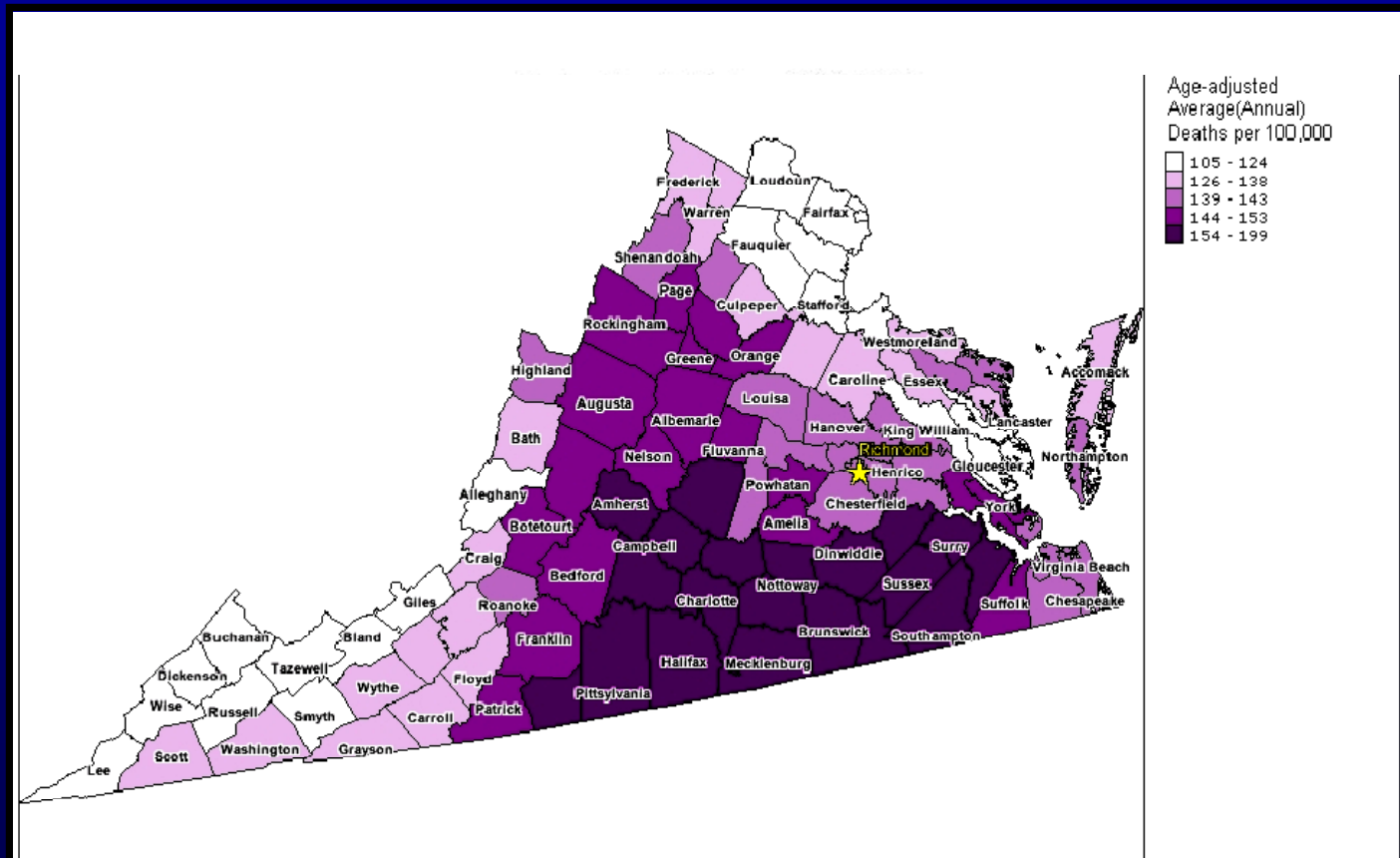
Data Source: National Vital Statistics System, U.S. Census Bureau



Department of Health and Human Services  
Centers for Disease Control and Prevention  
National Center for Chronic Disease Prevention and Health Promotion  
February 2006



# Virginia Stroke Statistics

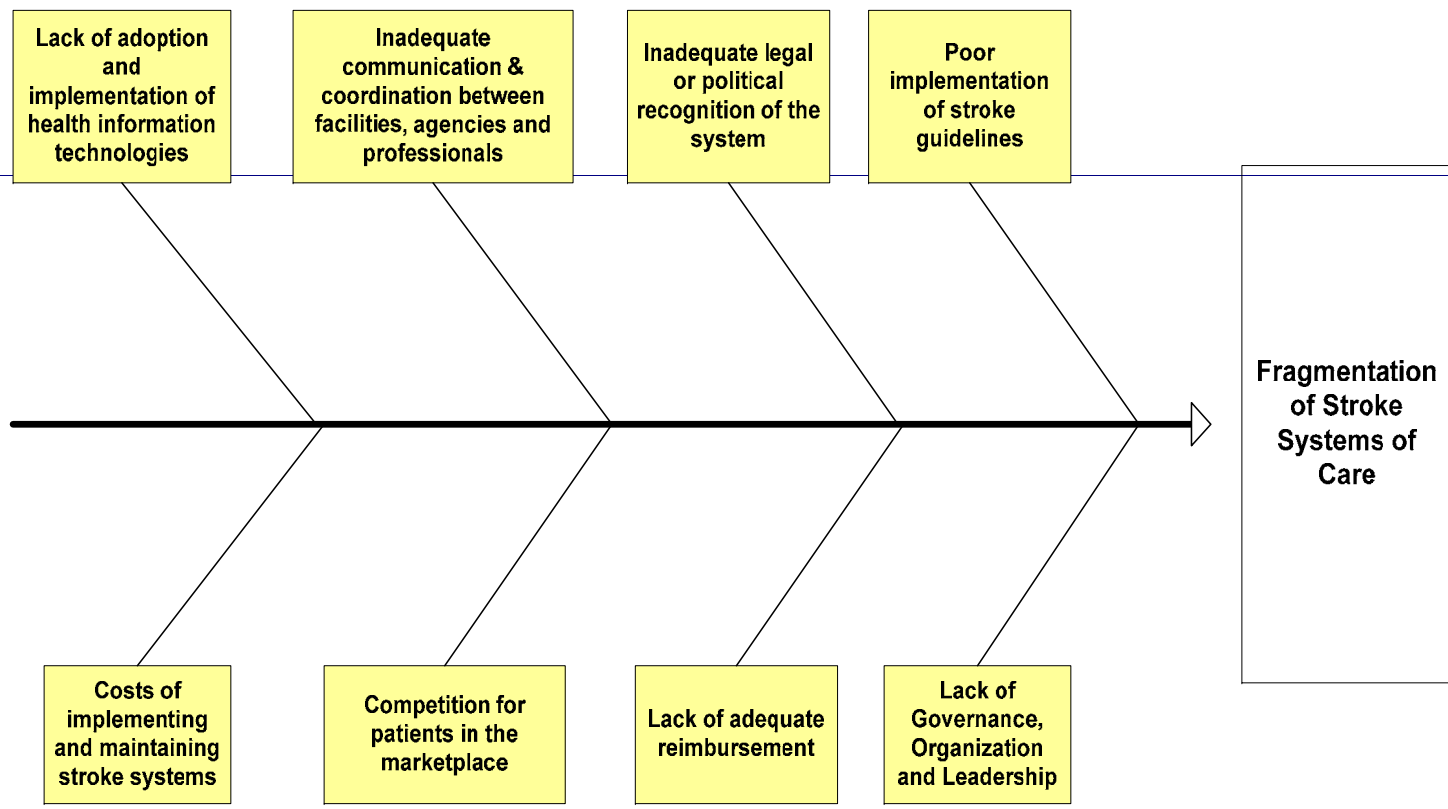


Department of Health and Human Services  
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 National Center for Chronic Disease Prevention and Health Promotion

# Virginia Stroke Statistics

- Stroke the third leading cause of death in Virginia (2004)
- ~14,000 patients diagnosis of TIA or stroke discharged 85 hospitals *IV rt-PA use*
  - Nationally only 2-5% of ischemic stroke patients received rt-PA
  - Virginia below national - 0.5% (prior to 2005)
  - Virginia t-PA use rate tripled - 1.7% (post 10/05)

# Analysis Fragmentation of Care



# Virginia Stroke Systems of Care

## Continuum of Care

1.

Prevention

2.

EMS Notification  
& Response

3.

Acute  
Treatment

4.

Sub-Acute Care &  
Secondary Prevention

5.

Rehabilitation



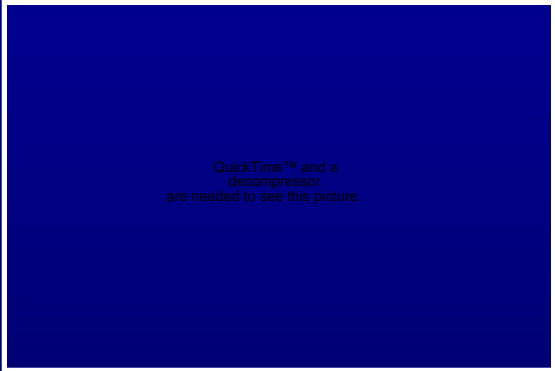
**Continuous Quality Improvement (CQI)**

# ASA Recs for Stroke Systems of Care

- *“Should ensure that decisions about protocols and patient care are based on what is in the best interests of stroke patients”*
  - Above geopolitical boundaries or corporate affiliations
  - May require collaboration among entities in neighboring states or political jurisdictions

# Virginia Stroke System

- VSS Collaborative
- Identified Stroke Stakeholders (300+)
- Inventory of current stroke system  
(3 regional mtg)
- Statewide Survey 82 VA Hospitals
  - Acute Stroke Hospital Role Map (81)
- Developed a Stroke Continuum of Care Core Work Plan
- EMS Medical Direction Committee (2005)  
EMS stroke protocols - Elevated stroke as key issue area



QuickTime™ and a  
decompressor  
are needed to see this picture.

# VSS Policy Successes

- Virginia Governor Tim Kaine signed HB 479 into law (March 2008)
  - OEMS will develop base standards
  - Regional Councils to customize
  - Consistent protocols based on region-specific resources (including Primary Stroke Centers), rapid transport, and hospital pre-notification



# VSS Policy Successes

- All hospitals recommended to establish a protocol for the rapid evaluation and subsequent admission or transfer
- Centralized EMS electronic medical record data collection
- Care coordination service payments (DMAS)
- Expedited Medicaid determination review (DSS & DMAS)
- Uniform destination plans (EMS)

# VSS Initiated Resources

- **VA Stroke Hospital Stratification Map**
  - Survey based, online, updated, VHHA co-supported effort
- **Stroke Ambassador Program** – email format, question-answer database
- The Office of EMS - Statewide release of *Virginia Standard Curriculum: Stroke & Intracranial Hemorrhage* (TRAINVirginia: <https://va.train.org>)
- **VSS Website** – an umbrella site to concentrate Va specific stroke resources into one user-friendly database (healthcare provider use)

# JCHC Va Stroke Task Force

- **Joint Commission on Healthcare (JCHC) Stroke Policy Work Group** recommended it's formation in Jan '07
- An **independent body** comprised of stakeholders invested in improving stroke systems of care in Virginia
- Not an advisory body for VDH - facilitated by staff from the Heart Disease and Stroke Prevention Project in the Division of Chronic Disease Prevention and Control, Comprised of:
  - 22 members
  - Multidisciplinary, regional representation
  - Development of statewide work plan

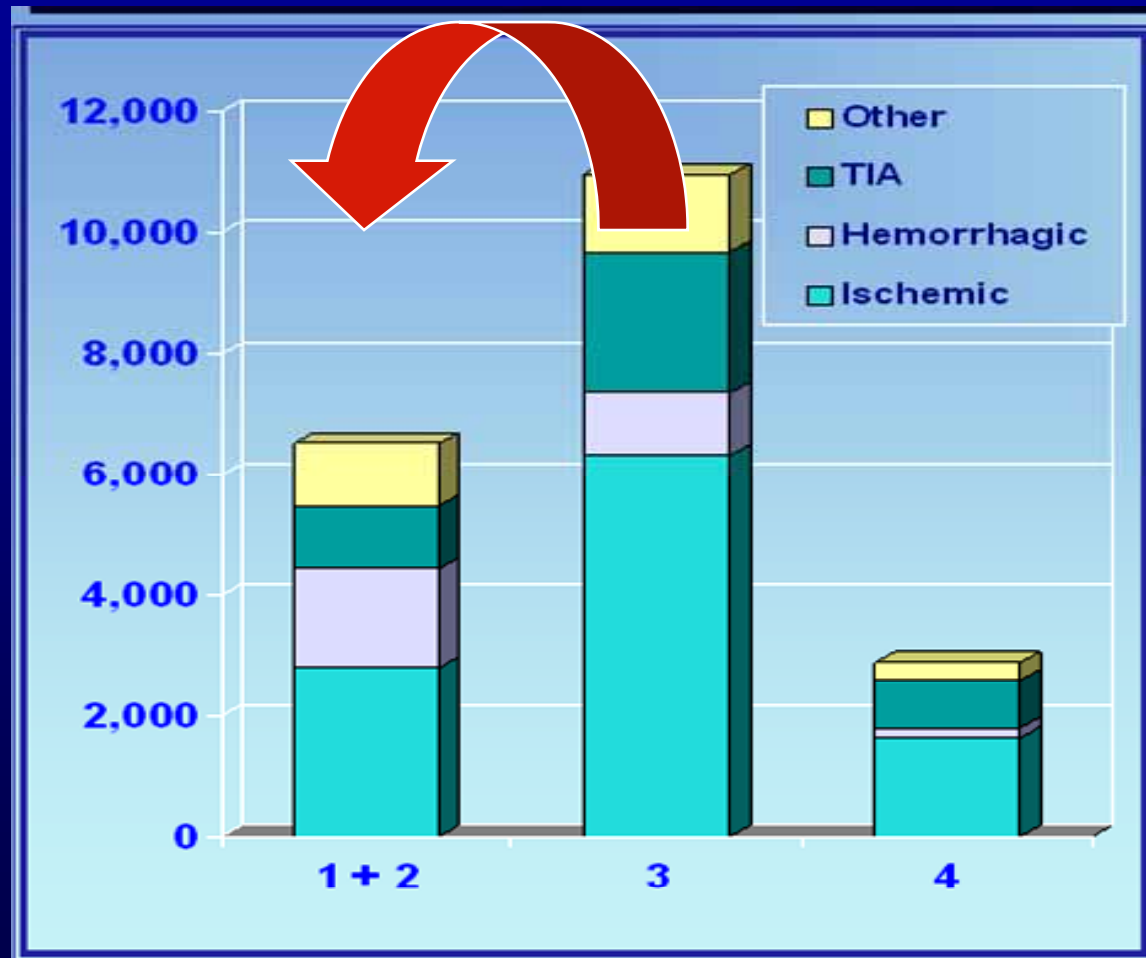
# JCHC Va Stroke Task Force Work Plan

- Based on VSS TF Work Plan
- Comprehensive - 34 page document
  - Multiple Strategies w/i component (10)
    - Partners
    - Accomplishments to date
    - Next Steps
    - Measures

# Va Integrated Stroke System

- Avoid state mandated specific protocols, or state PSC accreditation model
- Promote the growth of PSCs and of regional relationships, correct disparities of care (VDH-VTN CAH-HIT initiative)
- Technology one tool (facilitate education, communication, data management, treatment & quality analysis)

# Mix of Stroke Type by Level



Presented at VA JCHC – Diane Hillman, PhD 2007

# Va Integrated Stroke System

- Partnership development
  - **ASA** – “roadmap” successful in other states
  - **Va Department of Health** - Office of Minority Health and Public Health Policy
  - **VSS Task Force** (300+ stakeholders)
  - **Va Telehealth Network (VTN)**
- A strategic concept was developed - **Virginia Acute Stroke Telehealth (VAST) network** in partnership with state agencies, academic medical centers and healthcare facilities