

Virginia Stroke Care Quality Improvement Advisory Group Meeting

Meeting Location: Medical Society of Virginia Foundation, 2924 Emerywood Pkwy, 2nd floor conference room, Richmond, VA 23294-3746

January 13, 2023 | 8:30am - 9:40am

Meeting Minutes

Agenda	Notes
8:30-8:35am Welcome and	VDH opened the meeting at 8:30am with introductions and
Minutes Approval	minutes approval.
8:35-9:00am VDH Coverdell	VDH Staff reviewed a printed hospital tour sheet with Advisory
Stroke Hospital Tour -	Group.
Example Itinerary Review	Question (VHHA): Who is coming from VDH? Does the team include someone clinical?
	Answer (VDH): Yes, the Stroke Registry Coordinator has a minimum requirement of RN or equivalent.
	Mary Washington Feedback from Hospital Tour: It was really helpful. Felt like a survey (certification) but not stressful. Had ED nurse manager, individuals speaking who do the work, EMS coordinator.
	Question: Would this be useful for hospitals looking to be certified? Answer (Mary Washington): Yes, hospitals are really siloed so this helps connect.
	Question: Thinking about limited capacity at VDH, could focus on less resourced hospitals and instead duplicate same steps as certification bodies. If mapping to learn about hospitals, could obtain surveys from hospitals. Answer (Mary Washington): I like the idea of the scorecard for efficiency. Answer (VDH): Goal to offer advice based on report card, hospitals underperforming benchmarks. It is not feasible to visit all hospitals given current capacity.



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

	UVA: Maybe phase 1 is for VDH to learn from certified
	hospitals for best practices.
	VCU: For larger hospitals, maybe a focused survey would be
	better.
	UVA: Agreed, need to be more focused, larger hospitals can
	pull out champions to meet in order.
	VHHA: Phase 1 could be collection, Phase 2 could be
	dissemination.
	UVA: Visit a sample of each region and type of hospital.
	VHHA: Use the VHHA Stroke Collaborative and visit these non-
	stroke certified hospitals and acute-stroke ready hospitals.
	VDH: Not mandatory, but it is voluntary on behalf of the
	hospital. Relationship building and communication is
	important.
9:00-9:40am CDC Coverdell	VDH shared CDC Guidance for hospitals to participate in IRR.
Inter-rater Reliability (IRR)	-VDH met with different states to see their reabstraction
Reabstraction Guidance	process. Due date is February 13th.
- Virginia Review	VCU: We would like this to be done quarterly.
- Viigiilia Keview	UVA: Where will the comparison come from?
Public Comment	VDH: EHR chart to submission comparison.
	UVA: How can hospitals reliably say their data is accurate?
	Group: It is a requirement of certification.
	VDH: This will be a benefit because reabstraction process is
	typically outsourced, this process can be cost saving.
	Group: It is an honor system from hospitals to tell the truth
	about accuracy of the data.
	VDH developed a REDCap survey for IRR, shared with group.
	UVA: Suggestion regarding names to prevent a mismatch
	between hospital internal IRR and VDH IRR - could combine
	date and times into 1 measure entry, to make it easier, then
	separate on the back end.
0.40am Adiaum	Meeting was adjourned at 9:40am
9:40am Adjourn	i viceting was adjourned at 5.40am