

Virginia Stroke Systems Task Force Meeting Minutes

Meeting Location: Mary Washington Healthcare System, Fick Conference Center, 1301 Sam
Perry Blvd, Fredericksburg, VA January 19, 2024 | 10am - 3:00pm

Attendance: 37 in person, 88 virtual, total: 125 attendees

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Agenda Item	 10:00 am – 10:15 am, VSSTF Business, co-chairs: Melanie Winningham, MD, Sentara Healthcare Welcome and Introductions Approval of Meeting Minutes from October 2023 New Co-Chair and Voting Members for 2024 Process 	
Minutes:	 Dr. Melanie Winningham (VSSTF Co-Chair) opened the meeting. Branden Robinson motioned to approve the minutes from October 2023; Elizabeth Hart seconded. Minutes were approved as submitted. David Long, co-chair was not at the meeting. Introductions were made in person for those present and via chat for those attending online. Information regarding election of new co-chair and needed voting members via RedCap survey was presented. 	
Agenda Item	 10:15-11:25am, Workgroups Report Out EMS Destination Protocols, Daniel Linkins, Central Shenandoah EMS May Day for Stroke Awareness, Melanie Winningham, Sentara Healthcare Messaging to Address Social Disparities, Kristie Burnette, Mary Brandenburg, VHHA Post-Acute Discharge Disposition, Chad Aldridge, UVA Teleneurology, Branden Robinson, Sevaro Stroke Smart, Alan Stillman, Kwikpoint 	
Minutes:	 Each Work Group provided a presentation on their current work and plans for future engagement of their work groups. Destination Workgroup presented developing a coordinated system for selecting appropriate destination for stroke patients using best available evidence. May Day: modeling after Relay for Life; planning for May 2025 Addressing Social Disparities: Presented scope of work, charter, literature review and goals. Meeting the first Friday of each month; next meeting Feb. 2; looking at 911 call hesitancy. Post-Acute Discharge Disposition: group needs to narrow focus per Chad and is inviting others to participate. Teleneurology presented on work done to date with desired metrics and best practices identified. Branden presented on future goals. 	



	Stroke Smart Workgroup: presented background of Stroke Smart and discussed the current status of the Stroke Smart Medical Practice.
	All groups invited new members to join. Melanie had sign-in sheets on a table and individuals were encouraged to enter their name into chat to be placed on the sign in sheet. This time slot was also used to announce that the Northern Virginia EMS agency is hiring a Stroke Smart Outreach Coordinator and Margaret Probst (the person retiring from role) would be willing to assist with information.
Agenda Item	11:25-11:45 am, Stroke Smart Fredericksburg, Susan Halpin, MWHC, Nana Noi, Rappahannock EMS, Christina Rauch, MWHC EMS
Minutes:	 Susan, Nana, and Christina presented on the work done for the Stroke Smart Fredericksburg event held in 2023. Public comment and questions included: Reaching out to children through the schools and how to reach out to HS/college level age. Were the children taught at once in a special assembly? Response: No, they rotated in groups to the special assembly and several sessions were done. Possibility of using billboards for stroke awareness. Question about languages. SSF was English and Spanish only. Public comment about Stroke Smart videos available in Spanish and Korean on the Northern Virginia EMS webpage
Agenda Items	11:45–12:15 pm Lunch 12:15-12:45 pm Best Practice Perspectives for Elevating Stroke Care, Scott Hartman, Client Relations Manager and Michelle Luffey, Senior VP, Corazon, Inc.
Minutes:	Thank you to our sponsor today, Corazon, for sponsoring today's meeting and providing lunch. Thank you to Scott Hartman and Michelle Luffey for their discussion. Discussed Get Ahead of Stroke which seeks to send patients directly to the correct facility to treat, even if this means to bypass other hospitals.
Agenda Item	12:45-1:00 pm Delays in Calling 911 Literature Search, Allie Lundberg, VDH
Minutes:	 Allie Lundberg presented on literature search for 911 hesitancy. Results found women aged 18-44, as well as lower income individuals less likely to call 911. Questions/Comments: How does EMS respect patient request for hospital location? (Brendan), may be a topic for protocol workgroup to address Are there lessons from young myocardial infarction outreach that can be applied to female hesitancy to call 911? (Andrew)



	 Fear of EMS billing, is that reflected in literature? (Mary), Response: that yes, cost is a concern from EMS showing up to transfer as well as ages 18-44 years old do not always have health insurance. Comment: women of Middle Eastern descent can't call 911 because they need head of household's (male; husband or father) approval. This is a cultural issue. (Alan) Would diversion matter from primary to a comparable location? Comment from Corazon: Having legislation removes question about where to take patients. Need a collaborative effort for public education and protocols. Headache is not included in the acronym (B.E. F.A.S.T or F.A.S.T.) but it is an indicator of stroke. This is an issue for younger clients that seek treatment over the weekend and are dismissed as the cause is "partying." Comment (Alison) Need to look into pregnant and post-partum women
Agenda Item:	1:00-1:20 pm, Looking through a Health Equity Lens to Improve Stroke Care, Amy Markham, Augusta Health
Minutes:	 Amy Markham presented on Augusta Health and how they were able to compare their stroke data with health equity variables to identify groups and location of individuals less likely to arrive at the hospital within 4.5 hours of stroke onset. Questions to Amy included: Can you partner with schools? (Mary), Response: Yes, the group is starting with Stuart's Draft Middle School Is there a partnership with EMS? (Melanie), Response: Yes, there is. The organization is open to ideas, please send to Amy Markham
Agenda Item:	1:20-1:50 pm, Strategic Planning Session, Melanie Winningham, co-chair
Minutes:	Melanie led the discussion with having participants write ideas for future VSSTF focus areas/agenda items on cards and place in a bag. Those attending virtually could write into the chat, which was then written on cards by Kathryn and placed in the bag. As statements were read, Melanie requested applicants and those online to demonstrate agreement by show of hands. The topics/comments with the highest votes in order are: • Time for collaboration during the VSSTF meetings • Updated state stroke triage plan and decision tree for EMS agencies • Post-Acute Stroke Care • Young stroke patients • Transitions of care education for medical emergencies • Uniformity/Standardization of stroke care in all of Virginia • Stroke education with focus on stroke triage and screening, urgent cares, where to go and when



Agenda Item	1:50-2:00 pm VDH Updates and Final Remarks and Wrap Up, Allie Lundberg, VDH, Melanie Winningham, co-chairs
Minutes:	Bethany McCunn was welcomed as the new Stroke Registry Epidemiologist. Allie Lundberg reminded hospitals that reabstraction project is due by Jan 31st with reports sent in March. Next Coverdell submission is in Feb. Stroke Registry data model will be finalized before 2/15/24. Melanie Winningham closed the meeting.
Agenda Item	2:00-3:00pm Virginia Stroke Coordinators Consortium, Mandi Zemaiduk, Centra and Elizabeth Hart, LewisGale, Co-Chairs
Minutes	Mandi opened the meeting and announced her retirement and provided information on process to elect new co-chair. Agenda included hot topics and questions from stroke coordinators and discussion around who had recent surveys and upcoming surveys. Meeting concluded at 3:00 pm.