Virginia Department of Health Updates

Virginia Stroke Care Quality Improvement Initiative and
Virginia CDC Paul Coverdell National Acute Stroke Program (CDC PCNASP)

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Leading Causes of Death in Virginia, 2021

Causes of Death	Number of Deaths
1. **Heart Disease**	15,942
2. Cancer	15,114
3. COVID-19	8,230
4. Accidents	4,558
5. **Stroke**	3,901
6. Chronic Lower Respiratory Diseases	3,117
7. Diabetes	2,589
8. Alzheimer's Disease	2,541
9. Kidney Disease	1,577
10. Parkinson's Disease	1,105

Stroke: Stroke death rates have increased from 36.2 in 2013 (lowest in 15 years) to 39.9 in 2020. Time is Brain - the vast majority of stroke patients do not arrive to the hospital within the treatment window, leading to increased death & disability.

Cardiovascular Disease: Heart Disease death rates have steadily increased over the past 3 years. In 2020, Heart Disease surpassed Cancer as the Leading Cause of Death in Virginia and remains the Leading Cause of Death in 2021.

Source: Vital Event Statistics Program, Office of Information Management - Virginia Department of Health 04/13/2022. Data is preliminary and subject to change. Counts for COVID-19 deaths are based strictly on underlying cause of death using the Virginia Case Definition for COVID-19 from 8/31/2021.

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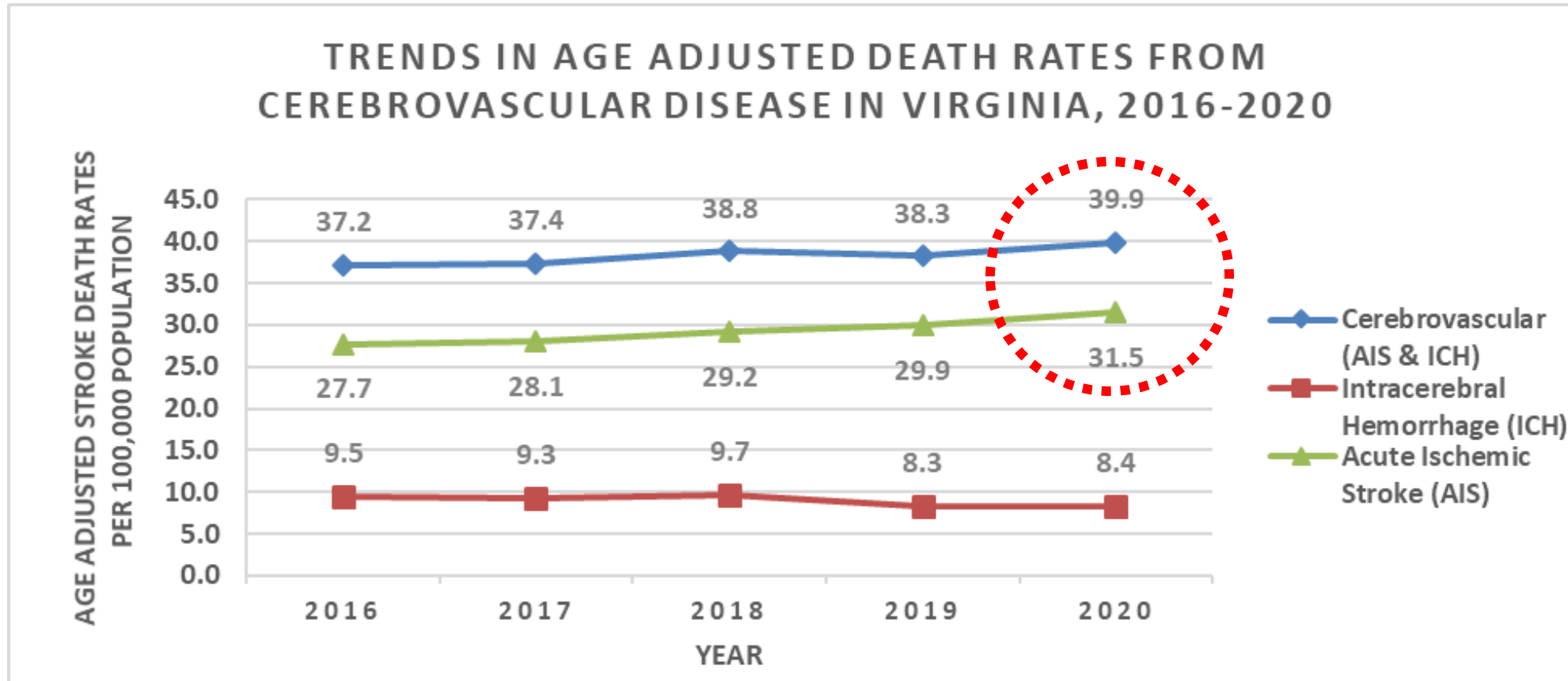# Stroke Death Rates Rising in Virginia

Figure. Trends in Age Adjusted Death Rates from Cerebrovascular Disease in Virginia, 2016-2020. ICD-10 Codes I60-I69 (Cerebrovascular), I60-I62 (Intracerebral Hemorrhage (ICH)), I63-I69 (Acute Ischemic Stroke (AIS)). Data Source: Vital Event Statistics Program, Office of Information Management, Virginia Department of Health.
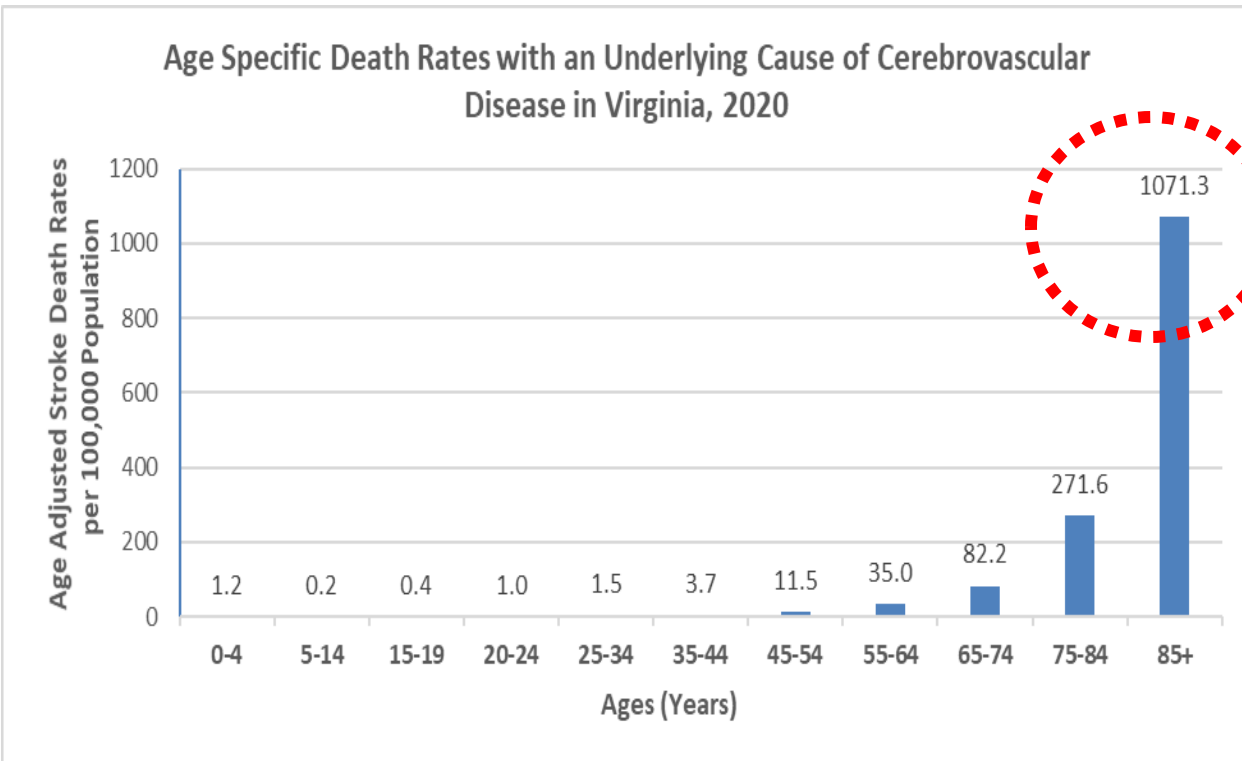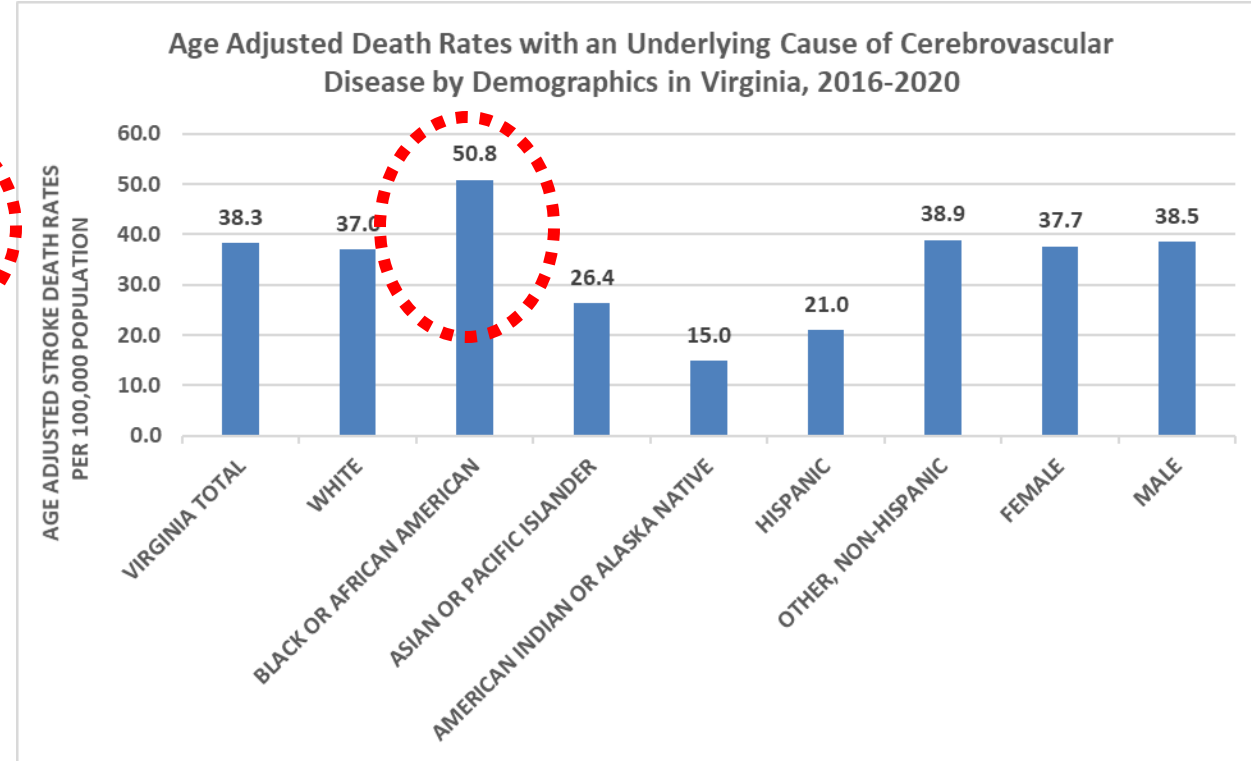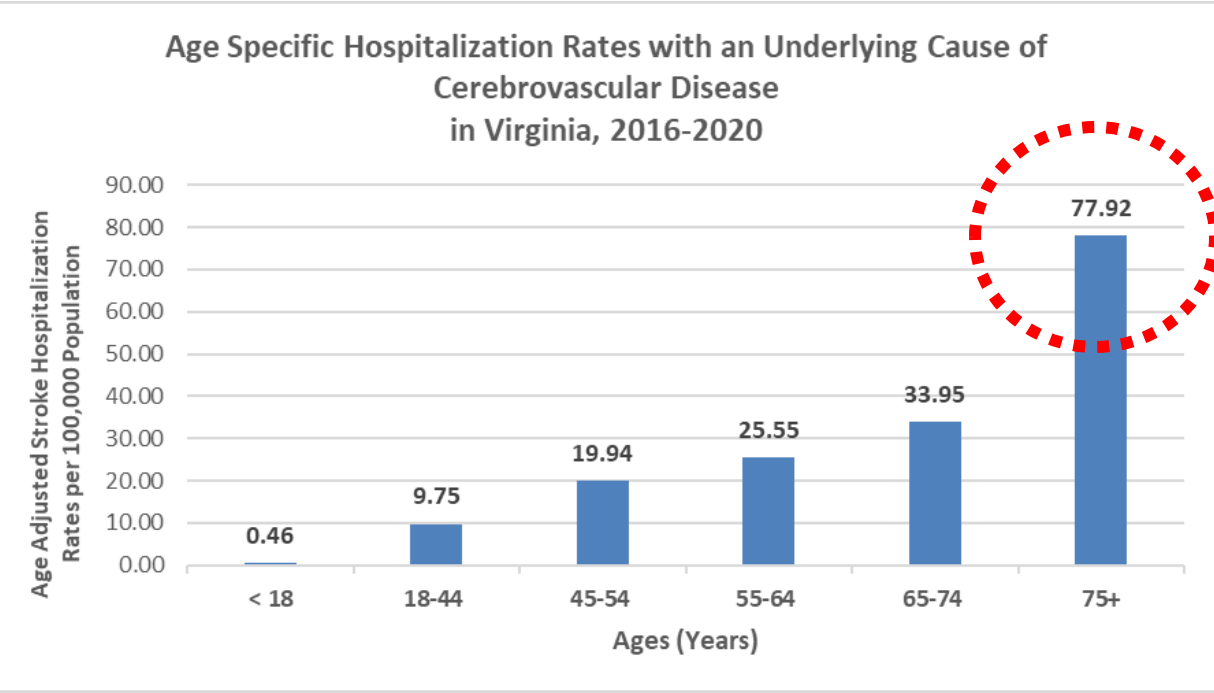
Stroke Death Rates and Demographic Data

Figure. Age Specific Death Rates with an Underlying Cause of Cerebrovascular Disease in Virginia, 2020. ICD-10 Codes I60-I69 (Cerebrovascular), I60-I62 (Intracerebral Hemorrhage (ICH)), I63-I69 (Acute Ischemic Stroke (AIS)). Data Source: Vital Event Statistics Program, Office of Information Management, Virginia Department of Health.

Figure. Age Adjusted Death Rates with an Underlying Cause of Cerebrovascular Disease by Demographics in Virginia, 2016-2020. ICD-10 Codes I60-I69 (Cerebrovascular), I60-I62 (Intracerebral Hemorrhage (ICH)), I63-I69 (Acute Ischemic Stroke (AIS)). Data Source: Vital Event Statistics Program, Office of Information Management, Virginia Department of Health.

Stroke Hospitalization Rates and Demographic Data

Figure. Age Specific Hospitalization Rates Per 100,000 Population with an Underlying Cause of Cerebrovascular Disease in Virginia, 2016-2020. ICD-10 Codes I60-I62 (Intracerebral Hemorrhage (ICH)), I63-I69 (Acute Ischemic Stroke (AIS)), G45 (Transient Ischemic Attack (TIA)), I60-I69 and G45 (All Stroke/TIA). Data Source: Inpatient discharge dataset provided to Virginia Department of Health by Virginia Health Information Discharge Database, 2022.
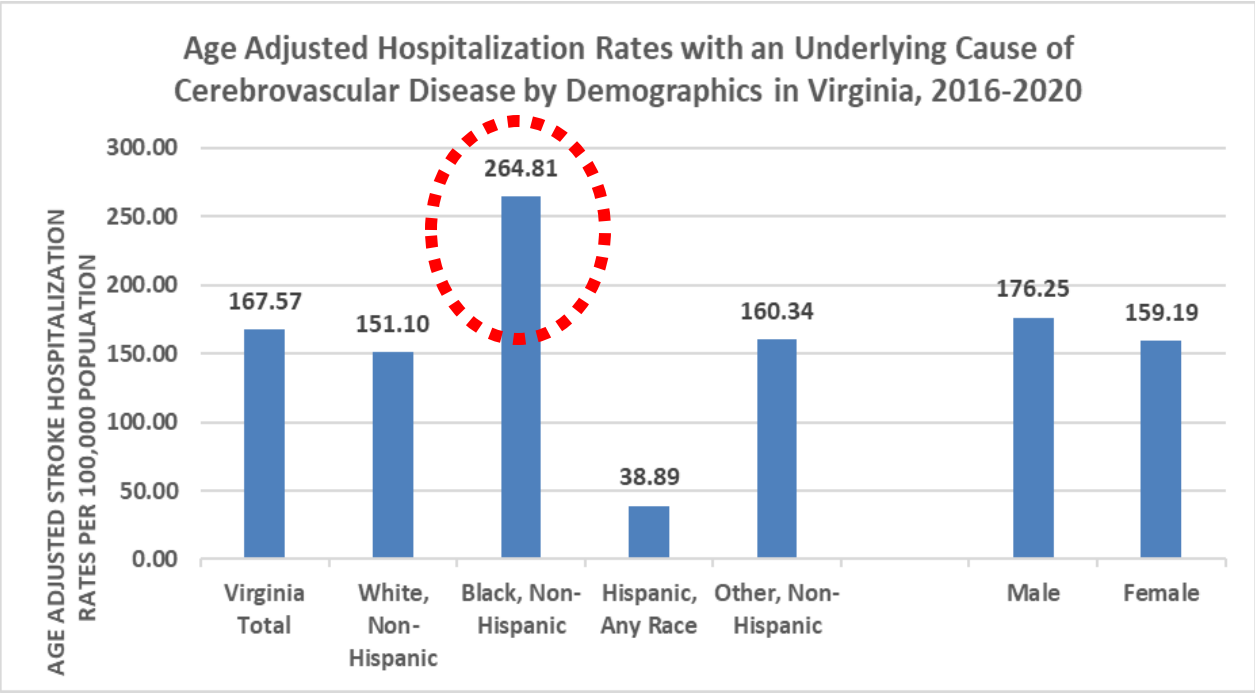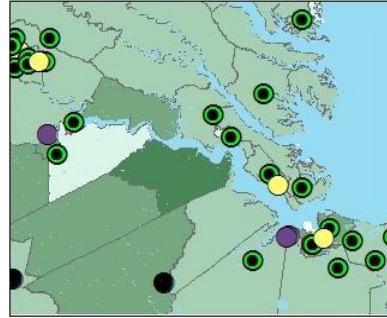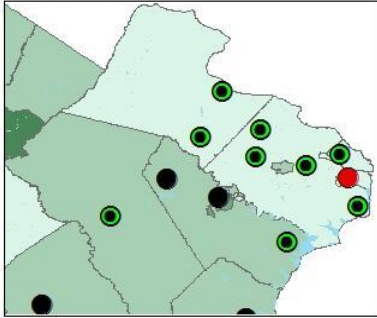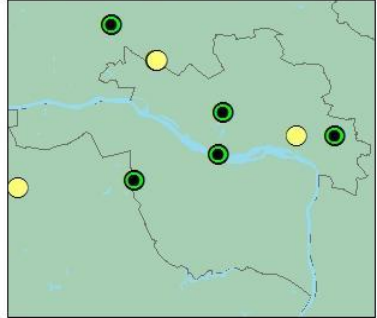
Figure. Age Adjusted Hospitalization Rates per 100,000 Population with an Underlying Cause of Cerebrovascular Disease by Demographics in Virginia, 2016-2020. ICD-10 Codes I60-I62 (Intracerebral Hemorrhage (ICH)), I63-I69 (Acute Ischemic Stroke (AIS)), G45 (Transient Ischemic Attack (TIA)), I60-I69 and G45 (All Stroke/TIA). Data Source: Inpatient discharge dataset provided to Virginia Department of Health by Virginia Health Information Discharge Database, 2022.
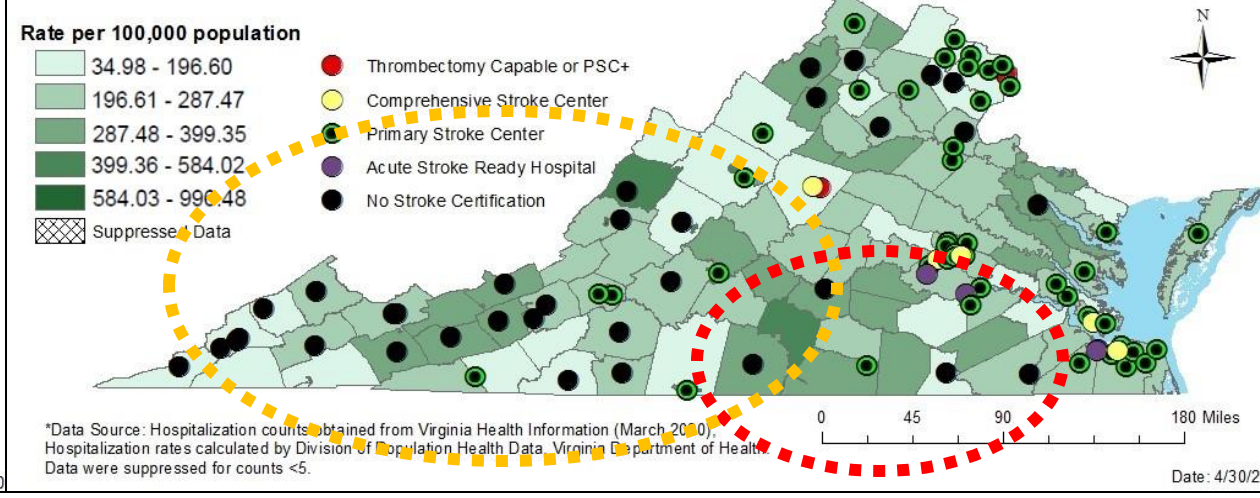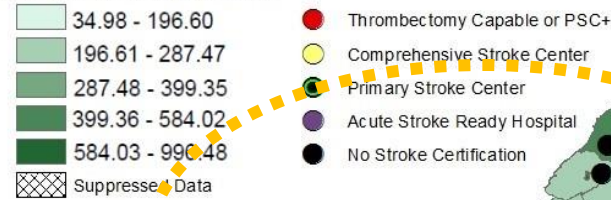
Health Disparities in Virginia

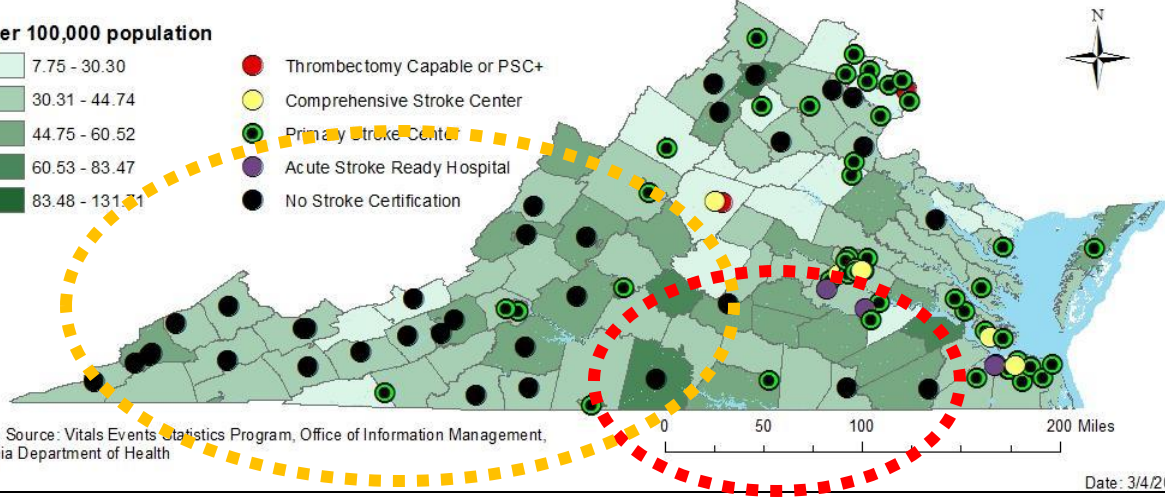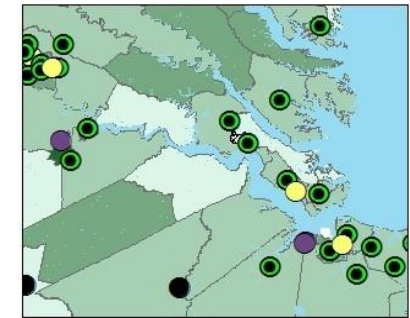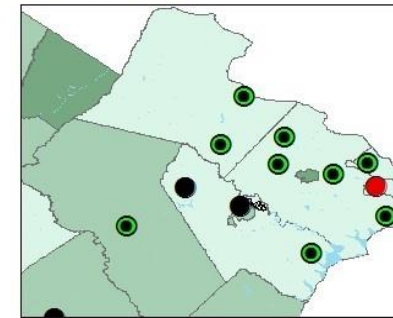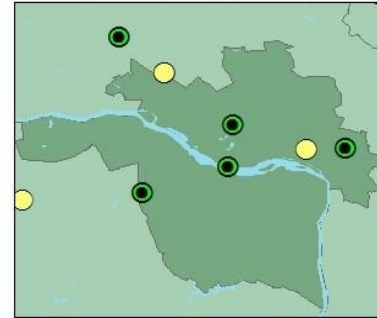| Region	Locality	Stroke Mortality 2014-2018	Stroke Mortality 2016-2020	Stroke Mortality Change (+ / -)
Central	Greensville County	64.76	63.43	-1.33
	Brunswick County	59.44	59.53	0.09
	Nottoway County	59.13	53.97	-5.16
	Petersburg City	58.65	65.10	6.45
	Surry County	57.96	39.08	-18.88
	Mecklenburg County	56.97	60.28	3.31
	Hopewell City	49.93	44.49	-5.44
Eastern	Franklin City	93.2	96.93	3.73
	Portsmouth City	52.67	47.68	-4.99
	Lancaster County	52.66	58.78	6.12
	Norfolk City	50.01	53.09	3.08
	Hampton City	47.33	42.89	-4.44
	Accomack County	45.56	51.32	5.76
	Mathews County	44.48	35.87	-8.61
Northern	Manassas City	49.75	46.00	-3.75
	Fairfax City	41.11	49.95	8.84
Northwest	Highland County	60.66	37.51	-23.15
	Lexington City	60	54.99	-5.01
	Buena Vista City	53.67	44.49	-9.18
	Harrisonburg City	48.99	47.57	-1.42
	Staunton City	48.17	41.44	-6.74
	Warren County	44.16	47.87	3.71
	King William County	44.14	51.49	7.35
	Caroline County	42.46	39.53	-2.93
Southwest	Martinsville City	84.64	94.42	9.78
	Covington City	74.77	64.23	-10.54
	Galax City	70.09	82.64	12.55
	Radford City	67.57	62.29	-5.28
	Lynchburg City	61.13	64.97	3.84
	Appomattox County	59.56	58.82	-0.75
	Danville City	54.72	52.85	-1.87
	Salem City	51.26	51.97	0.71
	Amherst County	50.55	47.20	-3.35

Table. Virginia Stroke Priority Geographic Areas by Mortality Age-Adjusted Rates, 2014-2018 and 2016-2020 Comparison.

Highest Stroke Mortality
Franklin City
Martinsville City
Galax City

Notes: Localities were categorized by Virginia Health Planning Region and sorted by Age-Adjusted Mortality Rate. The top quartile of each region was then selected to indicate priority localities. (Virginia Department of Health, Office of Vital Records).

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Legislation

Code of Virginia 32.1-111.15:1

HB 1197 and SB 867 | Effective 1/1/2019

Department responsible for stroke care quality improvement; sharing of data and information.

1. Implement **systems to collect data** and information related to stroke care.

2. Facilitate **information & data sharing** and collaboration among hospitals and providers.

3. Apply evidence-based treatment guidelines for transitioning patients to **community-based follow-up care** following acute treatment for stroke.

4. Establish a process for **continuous quality improvement** for the delivery of stroke care.

CDC Paul Coverdell National Acute Stroke Program

Grantor: Centers for Disease Control & Prevention

Funding Amount: $600,000 per year, eligible for continued funding based on performance throughout 3 year period

# of Years in Funding Period: 3 Years – 2021 to 2024

Scope of Work:

- **Category I**: Data Infrastructure across Stroke Systems
- **Category II**: Team-based Approach and Quality of Care
- **Category III**: Referral Systems: Community Resources and Clinical Services

Paul Coverdell National Acute Stroke Program Mission

The mission of the Paul Coverdell National Acute Stroke Program is to track and improve the quality of care for acute stroke patients; to decrease the rate of premature death and disability from acute stroke through secondary prevention; to increase public awareness of stroke treatment and prevention; and to reduce disparities in acute stroke care by providing underserved populations with better access to care.

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Virginia Stroke Registry Overview and Purpose

- Required Element of Participation for the Coverdell Grant
- Mandated by our General Assembly

- Outcomes
  - Track and Monitor Clinical Measures to Improve Data Infrastructure Across Stroke Systems of Care
  - Link Pre-Hospital, Hospital, and Post-hospital follow up data

- Hosted by the Office of EMS by ESO
  - ESO will allow reporting of data for <u>ALL</u> hospitals in Virginia without cost
  - Will be done in 2 Phases

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Virginia Stroke Registry Phases

Phase 1: VDH **Stroke Repository**.

- Data submissions to state via ESO Portal utilizing the GWTG data set
- 13 Participating Hospitals for Phase 1

Phase 2: VDH **Stroke Registry (June 2023)**.

- Supplements the Stroke Repository with an expanded data set that beyond the Coverdell data set and adds on a full data entry and reporting product suite.
- Open to All Hospitals in Commonwealth at no extra cost

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Hospital Inventory Survey for the Coverdell Grant

- <u>Annual</u> Survey Required for Virginia's Coverdell Grant
- Aggregate Data Must be submitted to the CDC by VDH
  - Will not contain identifiable information
- Filled out by Stroke Coordinator or hospital designee

- Identifies
  - Capacities of Hospitals for stroke care
  - Gaps in acute stroke care
  - How we can better serve hospitals with fewer resources

- Hospital Inventory Survey is Open Now

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VIRGINIA COVERDELL ACUTE STROKE REGISTRY SURVEY

The Virginia Department of Health appreciates your work in stroke patient care and thanks you for your time completing the following survey. The information provided will help VDH understand the current capacity of facilities for stroke care in Virginia. It will also help the VCASR better serve its participating facilities. The information provided in this survey is confidential and will only be reported as aggregated results, without identifying your individual facility.

Please answer all questions for each individual facility and not for a healthcare system. Survey should be answered by the stroke coordinator or a hospital designee.

QR Code to take Hospital Inventory Survey

or

Hospital Inventory Survey link

https://redcap.vdh.virginia.gov/redcap/surveys/?s=M9HKYEMX39

Questions about this survey can be directed to Kathryn Funk (Kathryn.Funk@vdh.virginia.gov).

EMS Inventory Survey

- Required Element of Performance for the Coverdell Grant

- Strategies
  - Analyze data and identify areas to improve the efficiency and quality of care within EMS and Hospital settings
  - Coordinate, develop, and implement profession and workforce development opportunities to improve evidence-based knowledge of stroke care and implementation of activities to address disparities
  - Develop and implement patient care practices/protocols with EMS and Hospital systems to coordinate patient handoff and transitions of care

- In development and plan to have available in Summer 2022

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Stroke Smart Virginia Initiative 2022

- ✓ **Stroke Smart Virginia Work Group – VSSTF**

- ✓ **Stroke Smart Materials** – Wallet Card and Magnets. Updated to be diverse and in Spanish.

- ✓ **Stroke Smart Champions** - Pharmacy Technicians in independent pharmacies training.

- ✓ **Stroke Smart Faith-based Organizations** – Events

- ✓ **Stroke Smart Medical Practices** – Training front office staff, tele-education in waiting room TVs

- ✓ **Stroke Smart Northern Virginia** – New Position

- ✓ **Stroke Smart Virginia PSA Video**

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Questions and Answers