

## **Arkansas Department of Health: Arkansas Stroke Registry Stroke Regional Meeting Charter**

### **A. Purpose of the Stroke Regional Meeting**

Arkansas faces a critical public health challenge due to its persistently high stroke mortality rate. The latest data from 2023 show Arkansas has the 4<sup>th</sup> highest stroke death rate among all states. This statistic underscores the urgent need to enhance stroke patient care across the state. While initiatives like the Arkansas Stroke Registry (Registry) have improved the quality of stroke care through data collection and performance reviews, there remains a significant need to ensure timely, equitable treatment for all stroke patients in Arkansas. Addressing these issues is vital to reducing stroke-related deaths and improving health outcomes statewide. The Stroke Regional Meeting (Regional Meeting) was formed to address regional-specific issues as well as to highlight regional successes and provide guidance and support for EMS agencies and hospitals with quality improvement (QI). The Regional Meetings were formed by the Arkansas Department of Health's Registry and developed as a QI forum.

To focus on local issues, the state is divided into 7 regions for stroke QI forums named as:

- Arkansas Valley Regional Meeting
- Northwest Regional Meeting
- Southwest Regional Meeting
- Southeast Regional Meeting
- Central/Metro Regional Meeting
- North Central Regional Meeting
- Northeast Regional Meeting

The goal is to coordinate regional efforts to reduce the burden of stroke on Arkansans and optimize a system of stroke care including prevention efforts, community outreach, education and support. The meetings are an opportunity for the Registry staff to communicate Registry changes, support opportunities and challenges. It is a forum for EMS agencies and hospitals to address issues facing the regions. The Regional Meeting team is supported by the Registry staff and regional leaders (Leaders). The Leaders are selected by vote or the approval of Regional Meeting members. The Leaders work with others to facilitate the Regional Meetings. The meetings are comprised of regional EMS staff and hospital stroke coordinators and supports EMS providers and stroke coordinators in improving care. The Regional Meetings focus on improving care as evidenced by measure adherence, overcoming obstacles and providing an opportunity to communicate with the Registry staff and/or the Acute Care Stroke Task Force (Task Force) for assistance. The Registry, as well as the Task Force, are available to work with the Regions to problem-solve, make suggestions on next steps and recommendations for changes.

In the Regional Meetings, participants share areas of strength and challenges as well as successful strategies. The Leader organizes Regional Meetings and if needed, assigns the team's work to members. Additionally, the Leader may make connections with Leaders from the other regions with questions, successful strategies and/or other needed information. The team works together to improve regional performance. Leaders are encouraged to provide a progress report, on their region, during Task Force meetings at least annually. To be included on the agenda, the regional Leader makes a request. The Registry staff can supply progress report templates upon request.

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### **B. Leadership and Membership**

The Regional Meeting Team Leader position is a 3-year term. There is a maximum of 4 Representatives for two regions (Central/Metro and Northwest) and a maximum of 3 Representatives for the other five regions. Ideally, the leaders represent EMS, an acute stroke ready hospital, a primary stroke center/receiving center and if available in the region, a comprehensive stroke center. The process of selecting a Leader is conducted prior to the expiration of the term. The nominees are suggested by the Regional Meeting Team members, self-nominations are accepted as well. Prior to nominating, it is recommended that the member ask the person, to ensure he/she is willing to serve. Once a ballot is completed, the Team members vote for their choices; Registry staff tally the votes and share the results, by Email, to the team. The Leaders of each region are listed on the ADH website and updated as needed.

The Regional Meeting team membership is comprised of EMS staff and stroke coordinators within the region. Guests may be invited to the meetings depending upon the interest of the members. The guest may attend all, or a portion of the meeting, depending on the sensitivity of the meeting content.

### **C. Team Roles**

Team Member and Registry representation:

- Providing QI assistance to the members. This can be accomplished by team members discussing the successes or challenges in and/or impacting their organizations.
- Presenting regional, state, and other data for QI purposes.
- Giving feedback on work being done as requested by a member.
- Reviewing data to identify improvement/challenges needed to improve measure adherence.
- Creating, collating, interpreting, and presenting short questionnaires to identify common issues, educational needs and necessary supports.
- Connecting mentors with new coordinators and/or coordinators needing support.
- Requesting and coordinating participation in educational webinars in response to data, questions, and other inputs from the members.
- Affording an opportunity to make regional or state-wide impact through working with and reporting into the Task Force.

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Team Leader/designee:

- With support from the Registry staff, maintain a Regional Contact List with up-to-date information on all participating hospitals and EMS services within the region.
- Schedule meetings and create agendas. The meeting may be in-person or through a video conferencing platform or an in-person meeting may include a platform to allow attendees an alternative to an in-person meeting. The meetings are expected to be at least quarterly. They may be scheduled more frequently if needed.
- Prepare for the meeting and send the agenda for the meeting and the minutes from the previous meeting to the team at least 1 week prior to the meeting. This provides time for members with follow-up to be sure the work is completed prior to the meeting.
- Interact with the Task Force and when requested, provide an update on data, challenges, areas of opportunity, strategies that are working well as well as resources/support needed to meet the challenges. Make a request to present for questions, requests for assistance or feedback, or to make presentation on improvements made.

Regional Meeting team member:

- Attend all meetings. It is critical to have full participation in the meetings. There are times when issues arise, and participation is not possible. If that happens, notify the Leader as soon as possible.
- Actively participate in meetings. Improving care is facilitated by member participation. It is important to share experiences. Sharing local opportunities is helpful as well.
- Share responsibilities and volunteer when members are asked to document the meeting; complete needed follow-up and/or request topics of interest are placed on the agenda.
- Complete all assignments timely. When assigned follow-up, be sure the work is completed prior to the meeting. Be prepared to discuss the follow-up at the meeting.

### **D. Regional Guidelines**

The meetings are to be scheduled, at a minimum, quarterly. The Team may decide to meet more frequently if needed.

At the first meeting after the new fiscal year (July), the following are completed:

- The current leadership is discussed. At the meeting, the leaders may resign from their roles, for the next term. If a leader is willing to serve another term, and there are no volunteers or nominations, the team may approve the Leader's continuation to serve in the role. If there is no leader willing to continue, members may volunteer to serve and/or nominations may be made.

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- If the leadership isn't finalized at the meeting, a Registry staff member will send-out an Email ballot. The returned ballots will be tallied and the results communicated.
- A review of the current charter is completed. Suggestions are documented and submitted to the Registry for review. Registry staff reviews all comments and revises the charter as appropriate. After the charter is updated, it is distributed at each Region's next meeting.
- A review and update of the EMS agencies/hospitals contact information is completed.

Support to the regions is through the Registry and Task Force. The Registry may be contacted as part of the meeting, or, directly as appropriate. The Task Force can be accessed through the Registry or by direct contact of the Leader. The regions may request assistance related to state resources, and/or challenges that can't be addressed at the regional level. In addition, highlighting the good work being done in the region should be brought to the attention of the Task Force. All regions are encouraged to attend a Task Force meeting, and upon request, be on the agenda for participation at least annually.

**E. CONFIDENTIALITY**

The QI work of the Regional Meeting includes reviewing regional stroke measure aggregate data. All hospital-specific data are de-identified. Unless shared by the coordinator, no member is aware of the adherence of another agency/hospital. As this is not a medical staff Committee, the Regional Meeting has no peer review protection. All data reviewed and discussed are in aggregated. Names of patients, physicians or other health care providers should not be attached to any discussions. Discussion of sentinel events should not be discussed at the meeting.

The purpose of this forum is to discuss and address common issues impacting the care of the stroke patient. An environment of trust is critical. What is discussed at the meeting; stays in the meeting. With trust, a free and productive discussion is the outcome. A commitment to confidentiality should be stated at the beginning of the meeting, as a reminder of its importance.