FLORIDA COVERDELL LEARNING COLLABORATIVE

Learning Collaborative Virtual Meeting
November 17, 2025

Agenda

1. Introductions
2. Reintroduction of the Florida Coverdell Learning Collaborative (CLC)
   - CLC Defined, Mission, Goals
   - CLC Member Roles and Expectations
   - CLC Initiative Updates: “Clinical and Social Resources Catalogue”
3. Feeding Florida Presentation: Ginnifer Barber, Director of Florida Nutrition Education
4. UCF HealthARCH & FSR: QI Strategies and Plan-Do-Study-Act (PDSA) Model
5. UCF HealthARCH: Applying the PDSA Cycle
6. Next Steps & Upcoming Meetings
7. Q/A Discussion

Introductions

FDOH Intro

- Tara Hylton, MPH
- Patrick S Hodge, MPH, MS
- Muaz Butt, MPH
- Brenda Clotfelter, BSED, PMP
- Ty Carhart, PMD
- Prudhvi Alugubelli, B Tech, Data Sci. Cert., MYSQL, Tableau

UM FSR Intro

- Jose G Romano, MD
- Carolina Marinovic Gutierrez, PhD
- Juan Carlos L. Nobrega, MPH
- Gillian Gordon Perue, MD
- Hannah Gardener, ScD
- Hao Yin, ScM
- Deepthi Puram, MS, MBA

UCF HealthARCH

HealthARCH is a division of the University of Central Florida College of Medicine that was established in 2010 to aid in the adoption of electronic health records and use of health data to improve patient care and support research.

It now operates as a community focused consulting group supporting healthcare professionals in transforming and continuously improving health care delivery, the patient experience, and health outcomes.

HealthARCH's team of industry experts facilitates the adoption and implementation of the latest evidence-based quality best practices to organizations of all types and sizes.

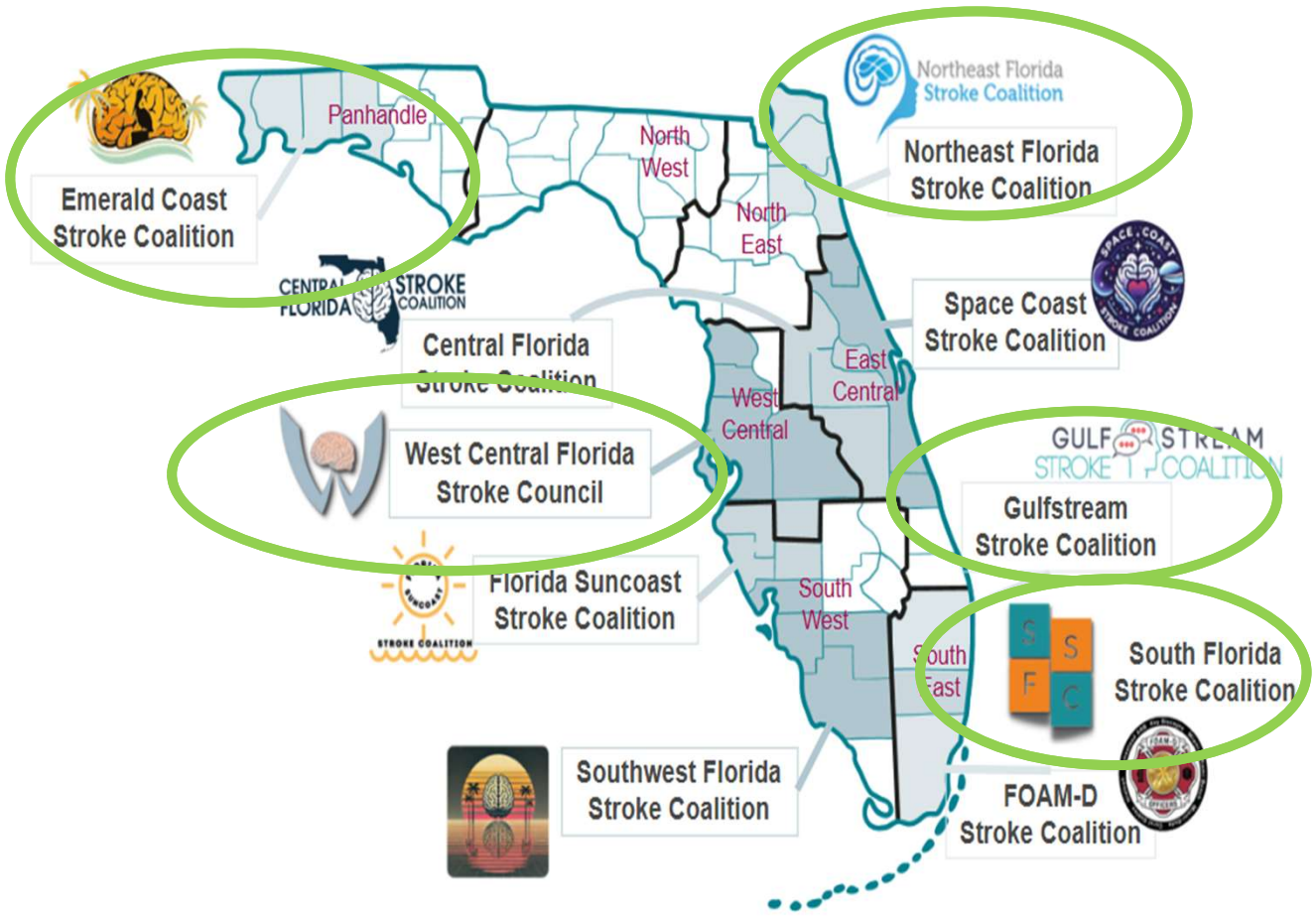
UCF HealthARCH Intro

HealthARCH supports our provider clients and partners across a wide variety of disciplines including chronic diseases such as HIV, Cancer, Cardiovascular, Diabetes and newer models of care such as Patient Centered Medical Home, Behavioral Health Integration, and Value-Based Care.

UCF HealthARCH Members:

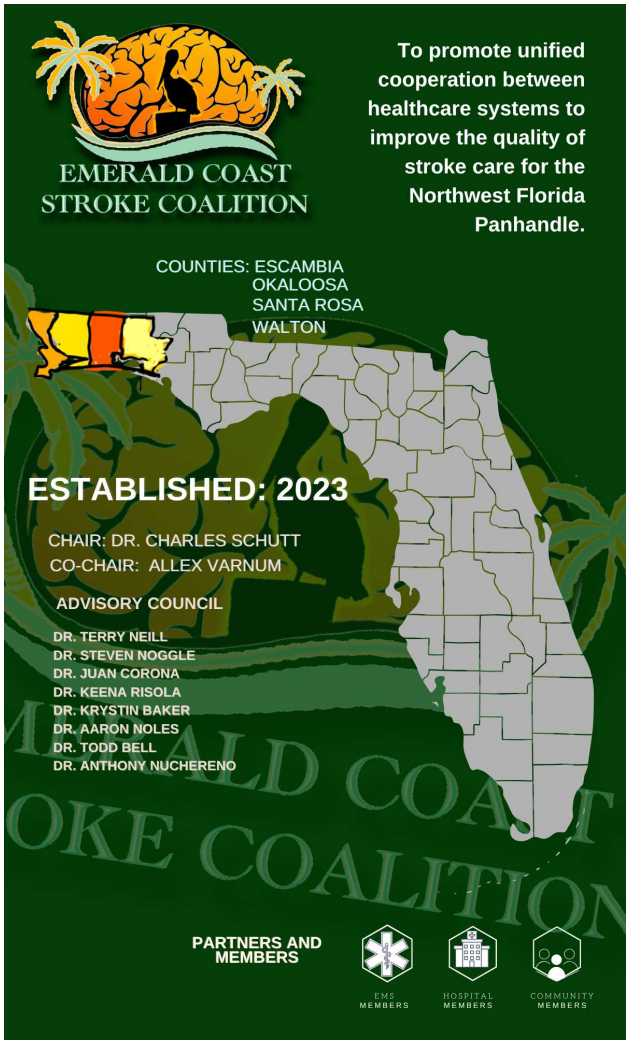
1. Scott Langdon – Executive Director
   - Scott.Langdon@ucf.edu
2. Jordon Schagrin, MSHCI, PCMH CCE – Associate Director
   - Jordon.Schagrin@ucf.edu
3. Jessica Schappacher, MS HSA, PCMH CCE – Project Manager
   - Jessica.Schappacher@ucf.edu
4. Heather Baker, MS HSA, PCMH CCE – Consultant
   - Heather.Baker@ucf.edu

Stroke Coalition Introductions



Note: For Florida Coverdell Program, the Coverdell Learning Collaborative will initially begin with five stroke coalitions:

1. Escambia (ECSC)
2. Duval (NEFSC)
3. Palm Beach (SFSC; GSSC)
4. Broward (SFSC)
5. Hillsborough (WCFSC)



Emerald Coast Stroke Coalition (ECSC)

Escambia County:

- Charles Schutt, MD
- Allex Varnum, RN
- Kim Landry, MD (District 1 EMS- Chair)

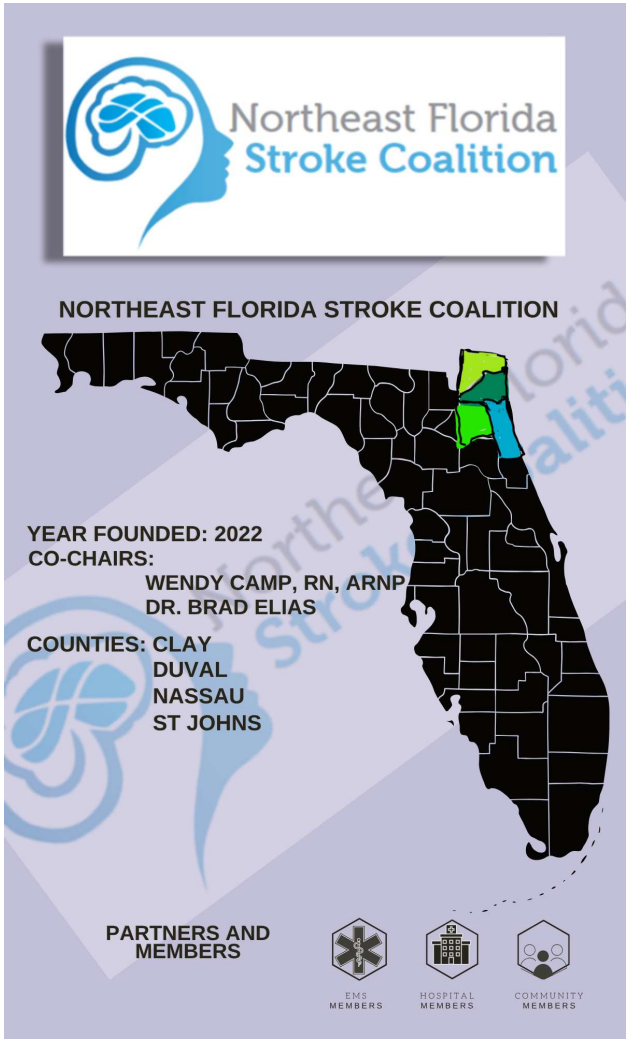
Participating Stroke Centers

North Okaloosa Medical Center

- Laura Messer, RN

Ascension Sacred Heart Emerald Coast

- Lauren Anderson, MSN, RN



Northeast Florida Stroke Coalition (NEFSC)

Duval County:

- Wendy Camp, APRN
- Brad Elias, MD

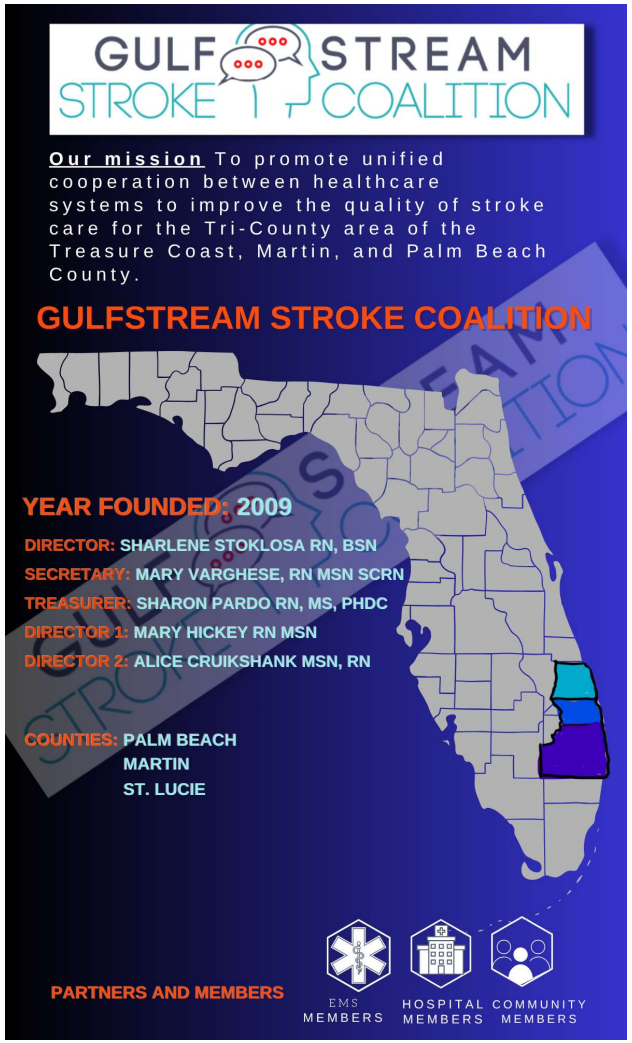
Participating Stroke Centers

Baptist Medical Center Jacksonville South

- Wendy Camp, APRN
- Kristin Davies, APRN

UFHealth St. John's

- Lindsey Perrotta, DNP, RN, SCRN



Gulf Stream Stroke Coalition (GSSC)

Palm Beach County:

- Sharlene Stoklosa, RN, BSN
- Sharon Pardo, RN, MS, PHDC

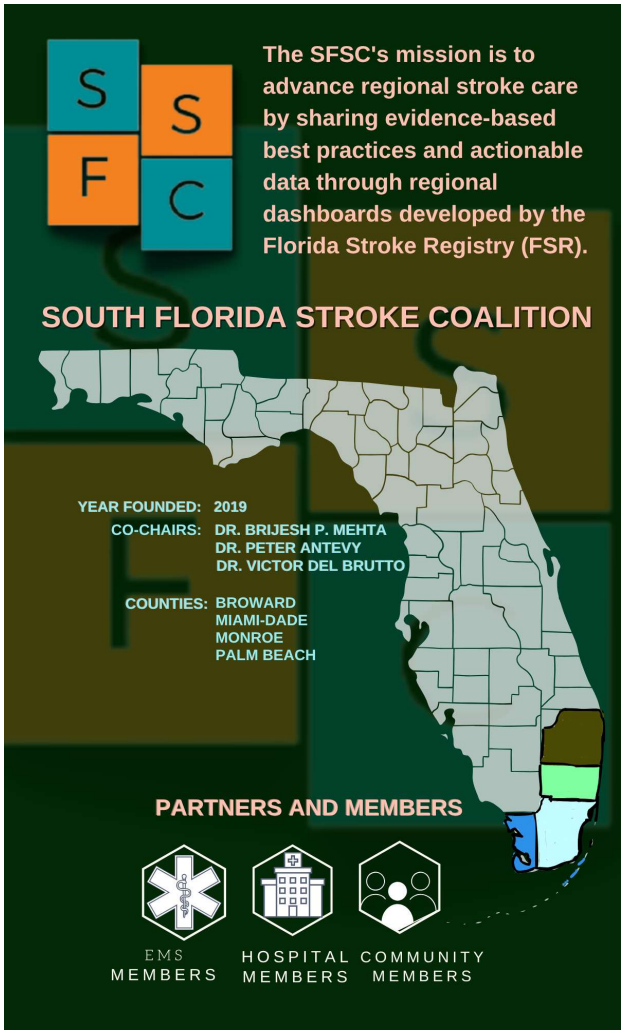
Participating Stroke Centers

Bethesda Hospital

- Gail Flanz, BSC PT

JFK North

- Sharlene Stoklosa, RN, BSN



South Florida Stroke Coalition (SFSC)

Broward County:

- Brijesh Mehta, MD
- Melissa Arbelo-Rodriguez, BSN, RN

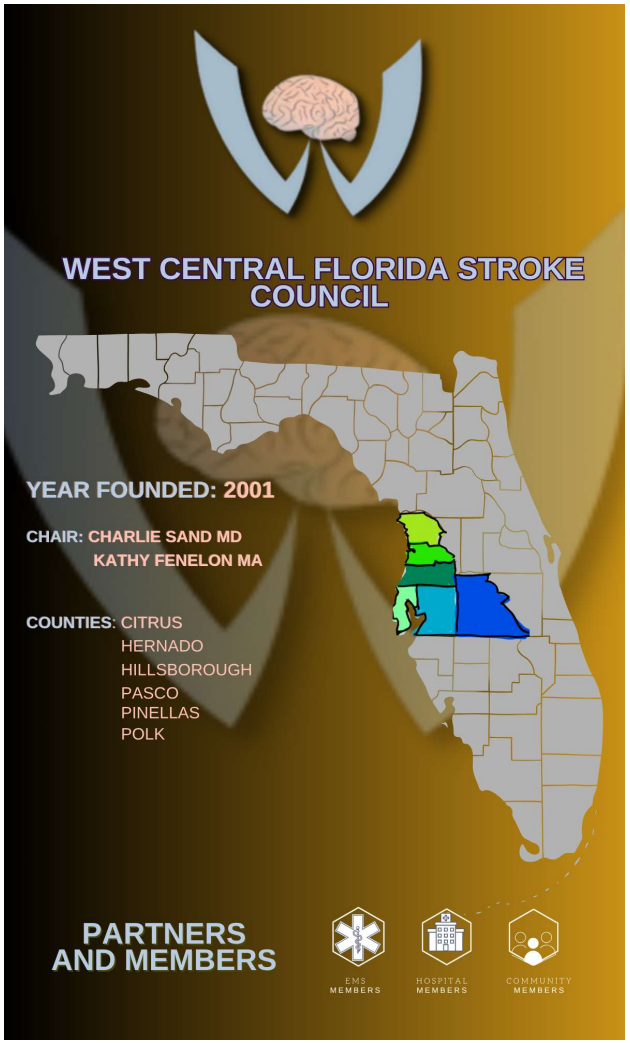
Participating Stroke Centers

Memorial Hospital Miramar

- Maria Guillen, BSN, RN, SCRN

Broward Health Imperial Point

- Nicole Florez-Furmanski, BSN, RN



West Central Florida Stroke Council (WCFSC)

Hillsborough County:

- David Rose, MD

Participating Stroke Centers

HCA Florida South Tampa Hospital

- Elizabeth Flynn, BSN, RN

St. Joseph's Hospital - North

- Timothy Tidwell, MSN, RN, CMSRN

St. Joseph's Hospital - South

- Vanessa Murphy, MSN, RN, CCRN

Community Partners

- Feeding Florida
- American Heart Association
- Florida Commission for the Transportation Disadvantaged
- Florida Community Health Worker Coalition
- Florida Hospital Association
- Florida Mobile Integrated Health Community Paramedicine

The Florida Coverdell Learning Collaborative

Defined, Mission, Goals

What is the "CLC" and Why should it be formed?

Defined: The Coverdell Learning Collaborative (CLC) is a Quality-of-Care knowledge exchange forum and advisory committee composed of clinical and non-clinical subject matter experts (i.e., leadership from local Florida stroke coalitions and statewide non-clinical agencies).

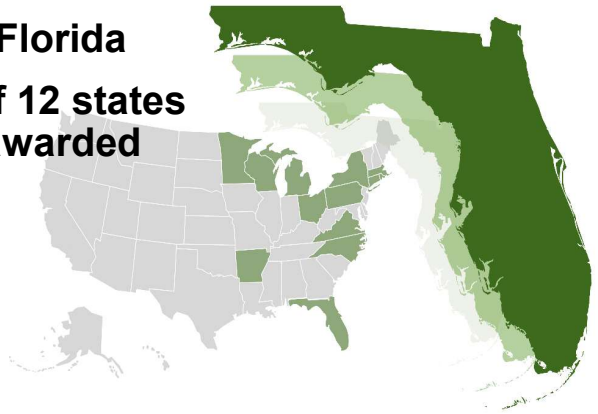
Mission Statement: The Florida Coverdell Learning Collaborative (CLC) is a knowledge exchange forum between local Florida Stroke Coalition representatives and subject matter experts (both clinical and non-clinical). The mission of the CLC is to establish and support the adoption of evidence-based stroke care best practices for all Floridians, particularly among populations at greatest risk for primary and secondary stroke events.

What is the “CLC” and Why should it be formed?

CLC Will Support Cycle II Florida Coverdell Program AIMS:

Florida

1 of 12 states awarded



Cycle II 2024 -2029

1. **Enhance data tracking and reporting on clinical and social service needs (primordial, primary, and secondary stroke setting)**
2. **Advance team-based approach for uncontrolled HTN and primary/secondary stroke events**
3. **Strengthen community – clinical communication to support transitions of care between stroke system of care cation**

CLC Goals

1. Coalesce the **five Florida counties** identified with populations at greatest risk for a first and second stroke **(accomplished)** ☑
2. Incorporate **community and resource subject matter** experts that will facilitate awareness and access to statewide resources. (**accomplished)** ☑
3. Identify local barriers to **improving the quality of stroke care** that may be addressed across the continuum of care and generalized statewide.
4. Define **best practices and/or initiatives** that include clinical and non-clinical resources to address identified barriers.
5. Disseminate and apply defined best practices and/or initiatives and utilize a formal PDSA model to **evaluate effectiveness**.

CLC Goals

2. Incorporate **community and resource subject matter** experts that will facilitate awareness and access to statewide resources.

- Feeding Florida
- American Heart Association
- Florida Commission for the Transportation Disadvantaged
- Florida Community Health Worker Coalition
- Florida Hospital Association
- Florida Mobile Integrated Health Community Paramedicine

CLC Goals

3. Identify local barriers to **improving the quality of stroke care** that may be addressed across the continuum of care and generalized statewide.

Grant Year	Quality Indicator	Definition	Transition of Care (TOC)	Data Source
FY25-26	Door In- Door Out	Number of patients who were transferred from a primary care center to a comprehensive stroke center in less than 120 minutes	Internal Hospital	American Heart Association Get with Guidelines-Stroke
FY26-27	Last Known Well	Percentage of suspected-stroke transports that had a documented time last known to be well	Pre-hospital to Hospital	EMSTARS
FY27-28 FY28-29	Clinical Referrals	Number of patients with a stroke diagnosis who were referred to a Mobile Integrated Health Community Paramedic or Community Health Worker	Hospital to Outpatient (stroke recovery)	CaseBook Dataset Mobile Integrated Health Community Paramedics Dataset.
	Non-Clinical Referrals	Number of patients with a stroke diagnosis who were referred to a non-clinical social service organization for community resources	Hospital to Community Resources	
Note; Quality indicators provided are examples and can be modified.				

CLC Goals

4. Define **best practices and/or initiatives** that include clinical and non-clinical resources to address identified barriers.

5. Disseminate and apply defined best practices and/or initiatives and utilize a formal PDSA model to **evaluate effectiveness**.

CLC Member Roles and Expectations

Roles

- Expert: in health and community resources
- Guidance: on project direction

Responsibilities

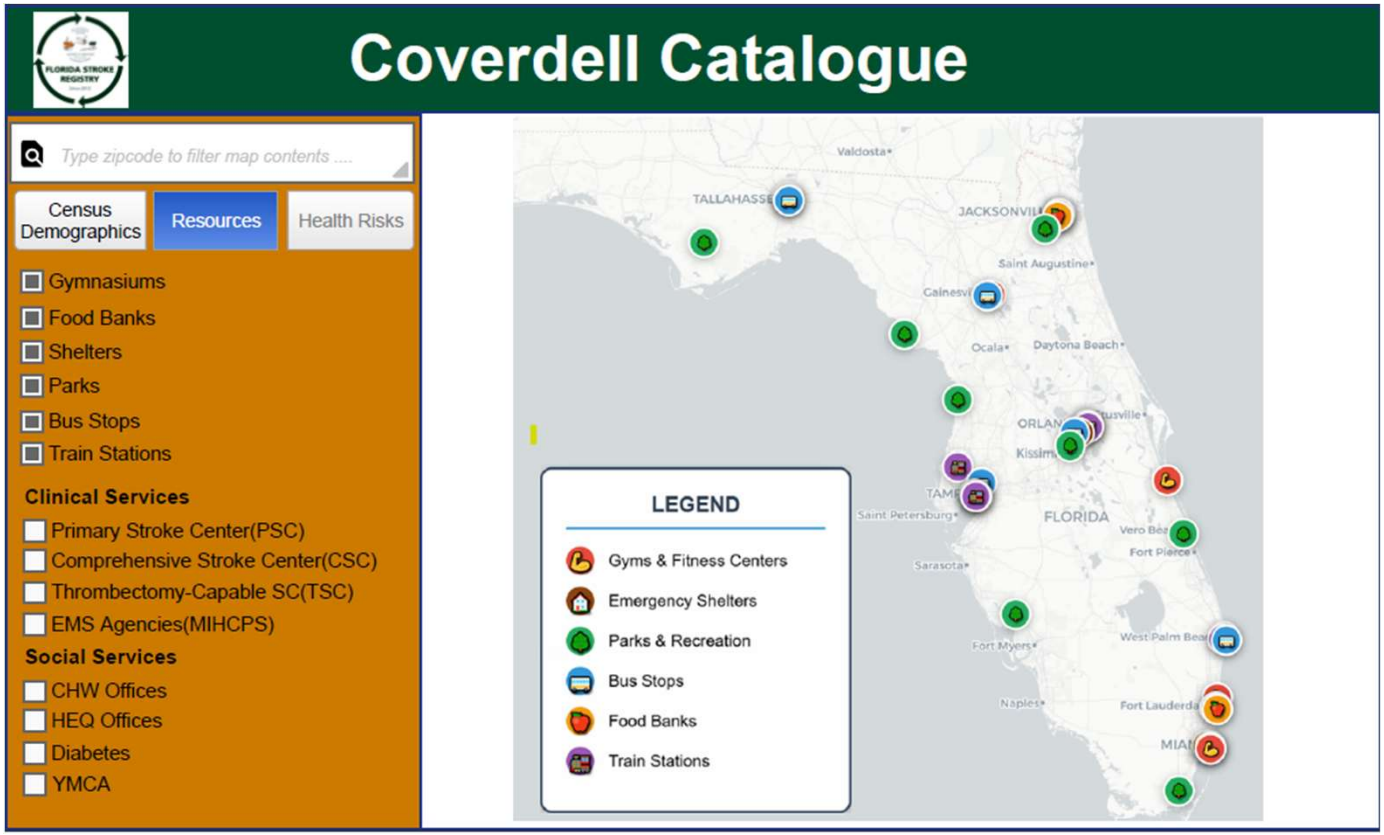
- Contributing to and sharing with the CLC local stroke coalition quality improvement concerns and successes
- Facilitating CLC initiative relevance within local stroke coalitions (by disseminating and promoting featured CLC best practices)

Expectations

- Attending 4 CLC meetings (3 virtual and 1 in-person)
- Active participation in the Plan-Do-Study-Act (PDSA) cycle
- Providing feedback on CLC initiatives

CLC Initiatives on the Horizon

Clinical and Social Resources Catalogue



Accessed through FSR Website

Shows clinical and non-clinical resources

Expected release in Spring 2026

Feeding Florida:
Programs, Services and Impact

Presented by: Ginnifer Barber RD/LDN

Director of Florida Nutrition Education

FEEDING FLORIDA

Florida's Food Bank Network

A statewide network of 9 food banks, connecting Florida communities to nutritious food and education

FEEDING FLORIDA®

Florida's Food Bank Network

Feeding Florida's focus is to improve the quality of food in food banks in order to increase access to and promote healthier food choices for all neighbors regardless of income.

Food insecurity = Nutrition Insecurity

Stroke Prevention

- Many strokes are preventable through healthy lifestyle changes and managing underlying health conditions.
- Lifestyle strategies include: choosing healthy foods, such as fresh fruits and vegetables, limiting saturated/trans fats, and sodium, increasing physical activity, and limiting smoking and alcohol.
- Food insecure populations have increased risk of chronic disease, making food access and nutrition education essential.

https://www.cdc.gov/stroke/prevention/index.html

FEEDING FLORIDA
Florida's Food Bank Network

Our Programs & Stroke Prevention

Fresh Access BUCKS
an initiative of Feeding Florida

Farmers Feeding Florida

FLORIDA NUTRITION ED
A program of Feeding Florida

SNAP EDUCATION

Farmer’s Feeding Florida

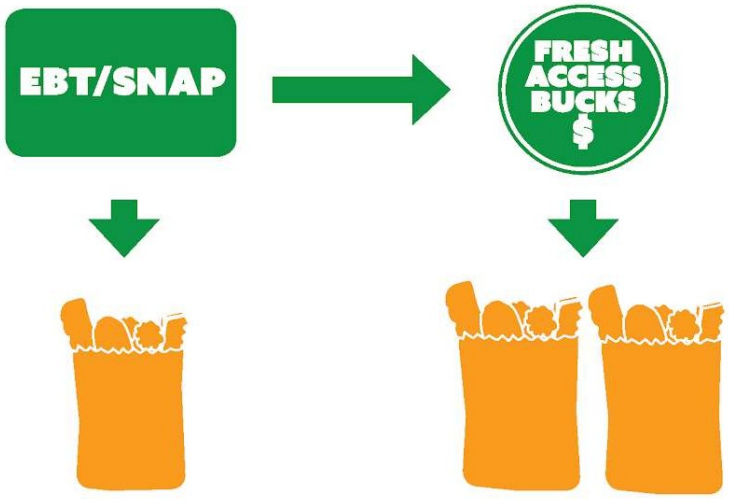
- Farmers Feeding Florida is a produce recovery initiative in partnership with local farmers, ranchers, packers and brokers throughout Florida.

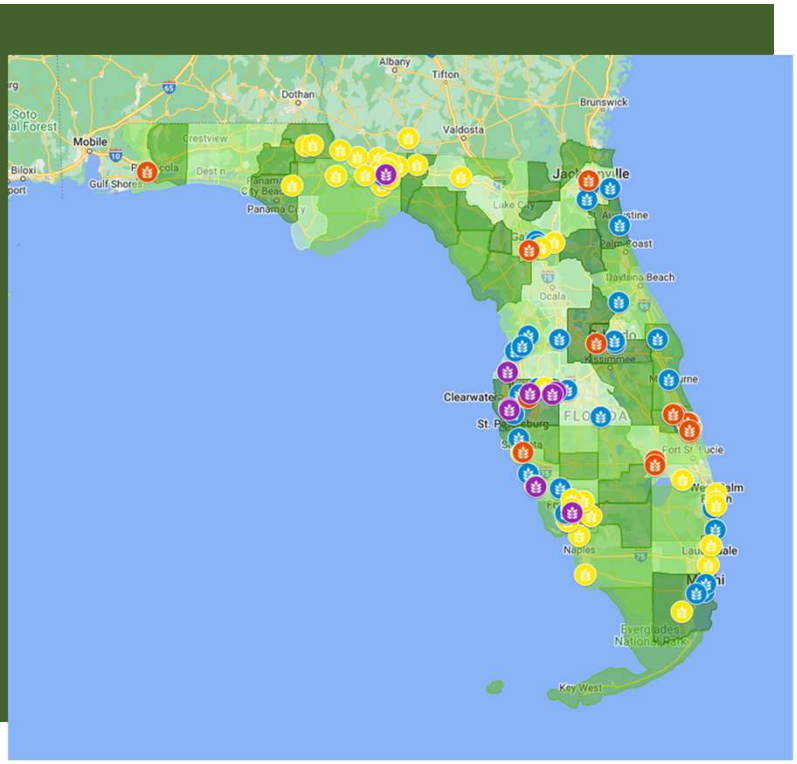
- The goal is to rescue and distribute excess or unmarketable products to the families that need it most.

- Between 1/1/25 – 6/31/25 this program provided 19.5 million pounds of fresh fruits and vegetables to Floridians through our 9 member food banks at no charge.

Fresh Access BUCKS

DOUBLE YOUR SNAP BENEFITS. TAKE HOME TWICE AS MUCH WITH FRESH ACCESS BUCKS!





Fresh Access Bucks: Recent Impacts

- 43 outlets across the state of Florida.
- Reaching 49,180 clients.
- Providing 221,834 servings of fruits and vegetables.
- Since January, 2025, they have added more outlets and diversified funding therefore more servings of and access to fruit and vegetables in rural areas throughout the state.

FLORIDA NUTRITION ED

A program of Feeding Florida

Florida Nutrition Ed is a program which helps SNAP eligible Floridians learn how to make healthy meals, stretch their dollars at the grocery store, and make informed decisions about what they eat.

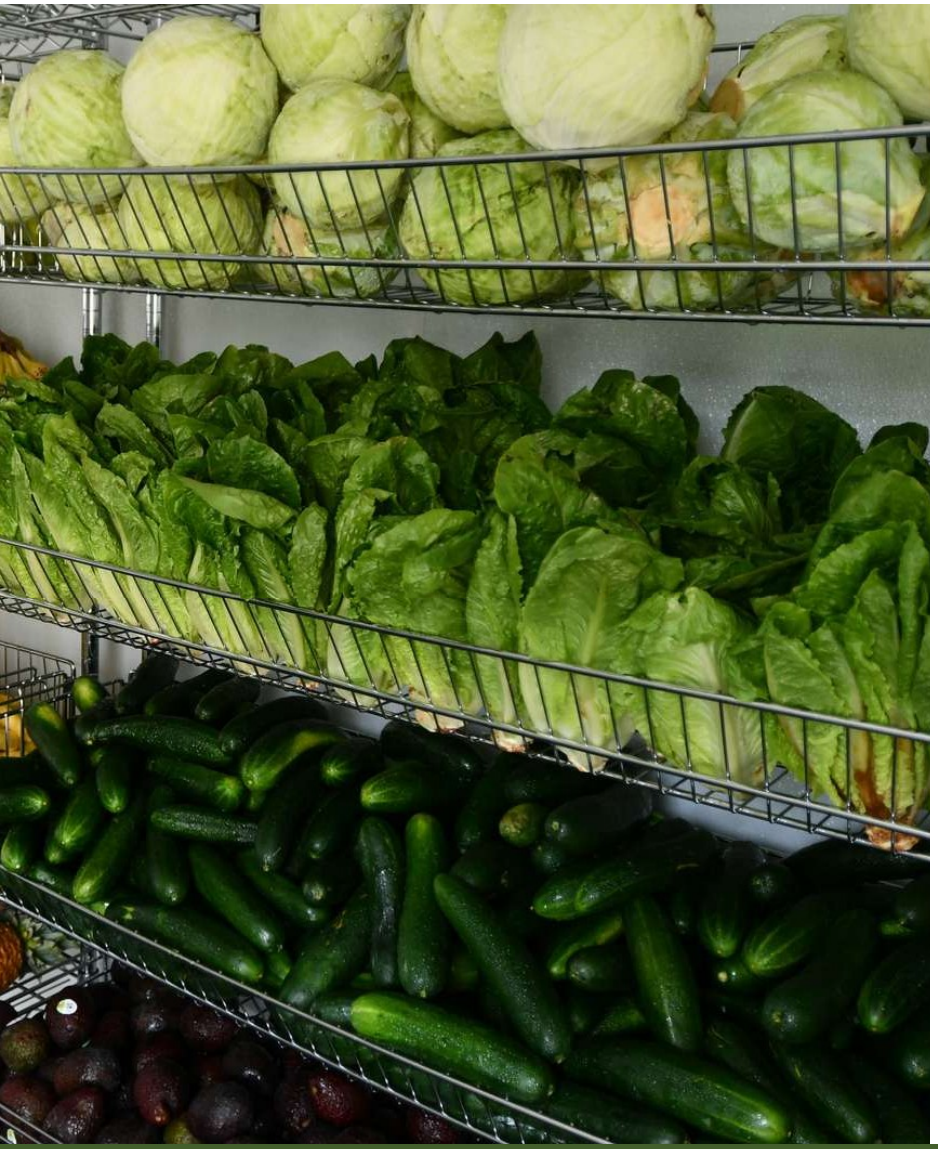
A SNAP-Ed Initiative

FLORIDA NUTRITION ED
A program of Feeding Florida

Florida Nutrition Ed: Recent Impacts

- The program provides direct nutrition education to over 36,000 Floridians, teaching the importance healthy food choices and focusing on long term behavior change.

- Over 1,000,0000 Floridians have been affected by PSE (policy, system, environmental) changes such as increasing access to fruits and vegetables, making nutrition policy changes in food pantries to incentivize healthy food choices, promoting physical activity, and increased water consumption.



New Project:
Food is Medicine (FIM)

Feeding Florida is working with HMO's to provide nutrition education along with healthy food boxes with fresh fruits and vegetables via prescription produce vouchers.

Feeding Florida's Programs Role in Stroke Prevention

Healthy Food Access:

- Our programs increase access to nutritious foods, including fresh produce, for food insecure community members, which directly supports CDC guidance for stroke prevention.

Nutrition Education:

- Our education program provides participants with the knowledge needed to shop, cook, and consume healthy foods.
- Education supports behavior changes such as improved choices when grocery shopping, preparing foods in a more healthful way, and sustainable habits.

Food is Medicine:

- This program connects clinical care to food access, helping remove financial barriers to eating healthier, and assist patients in managing conditions (such as hypertension, diabetes, obesity) linked to stroke risk.

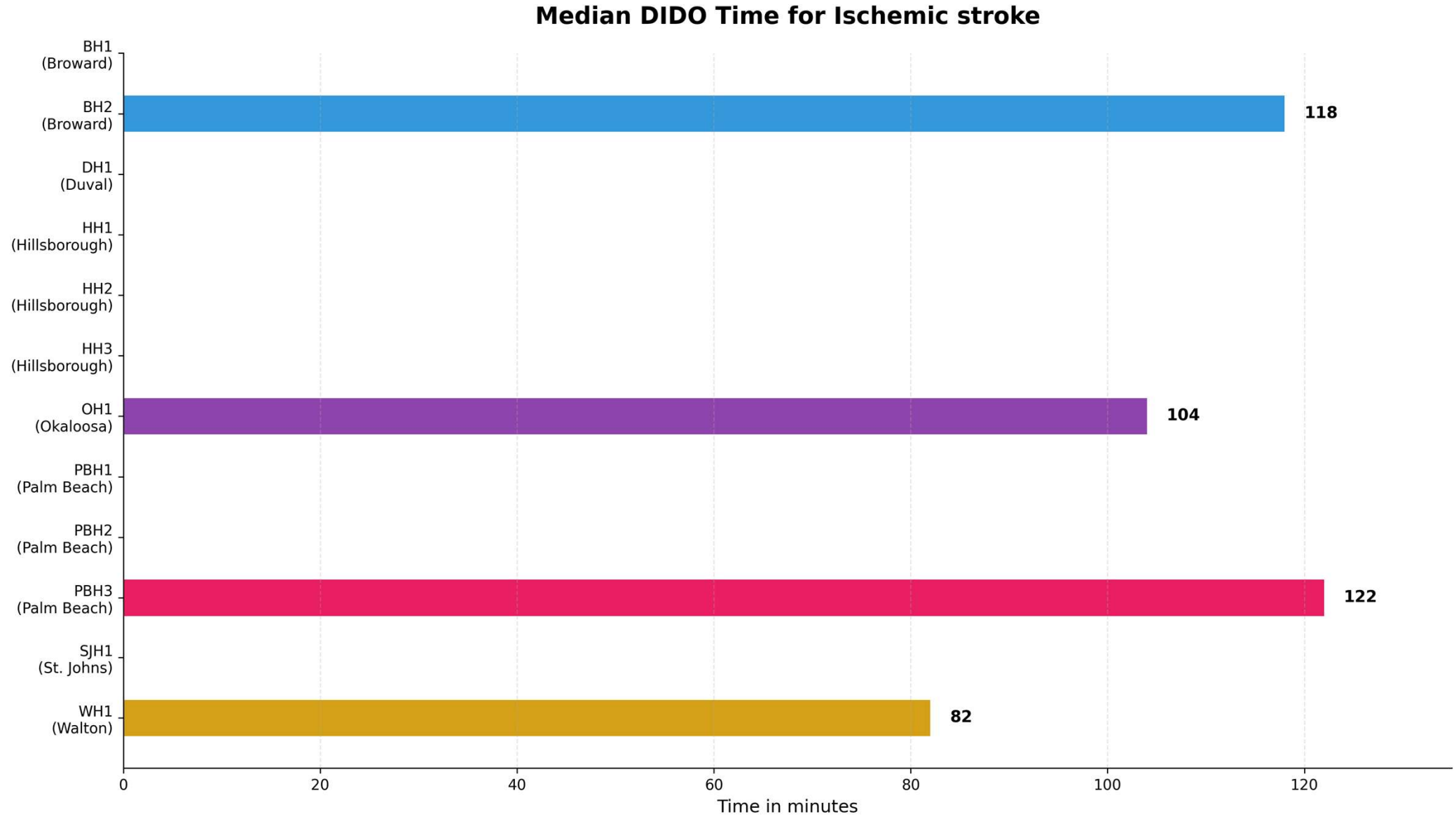
Any Questions?

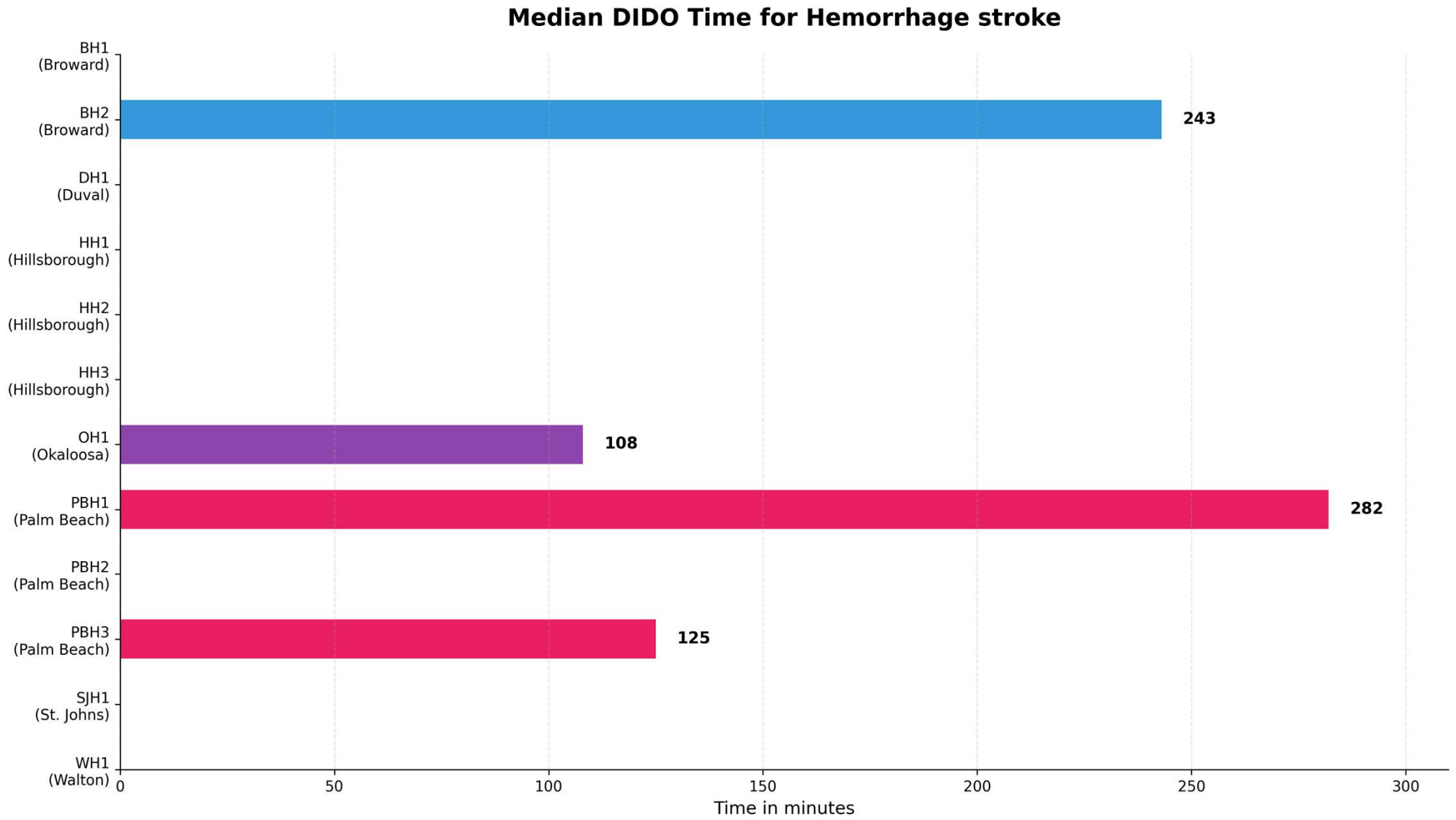
FEEDING FLORIDA
Florida's Food Bank Network

For more information, contact me at:

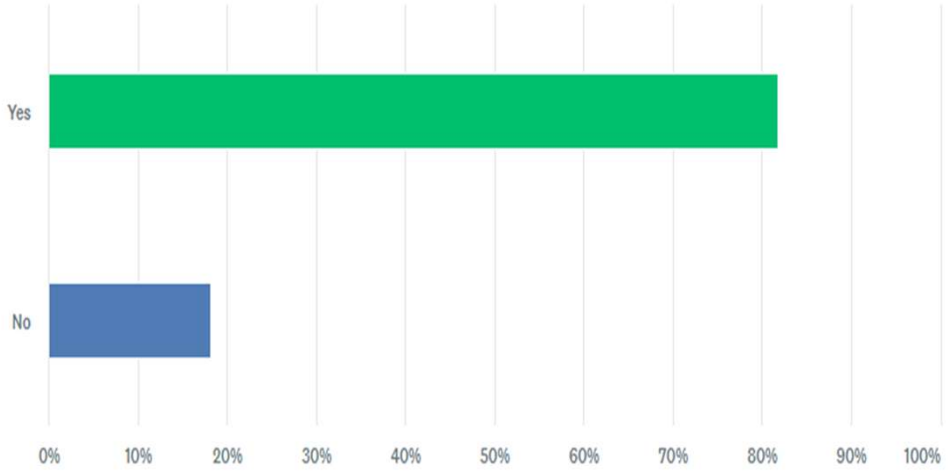
Ginnifer Barber
Ginnifer@FeedingFlorida.org

DIDO Baseline Data & Response

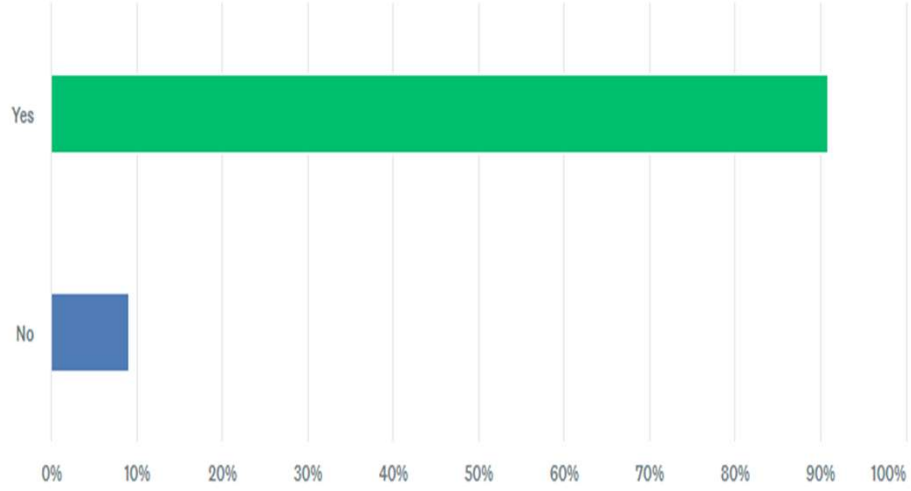

Median DIDO Time for Ischemic stroke
BH1 (Broward)
BH2 (Broward)
DH1 (Duval)
HH1 (Hillsborough)
HH2 (Hillsborough)
HH3 (Hillsborough)
OH1 (Okaloosa)
PBH1 (Palm Beach)
PBH2 (Palm Beach)
PBH3 (Palm Beach)
SJH1 (St. Johns)
WH1 (Walton)
118
104
122
82
0
20
40
60
80
100
120
Time in minutes


Median DIDO Time for Hemorrhage stroke
BH1 (Broward)
BH2 (Broward)
DH1 (Duval)
HH1 (Hillsborough)
HH2 (Hillsborough)
HH3 (Hillsborough)
OH1 (Okaloosa)
PBH1 (Palm Beach)
PBH2 (Palm Beach)
PBH3 (Palm Beach)
SJH1 (St. Johns)
WH1 (Walton)
243
108
282
125
0
50
100
150
200
250
300
Time in minutes

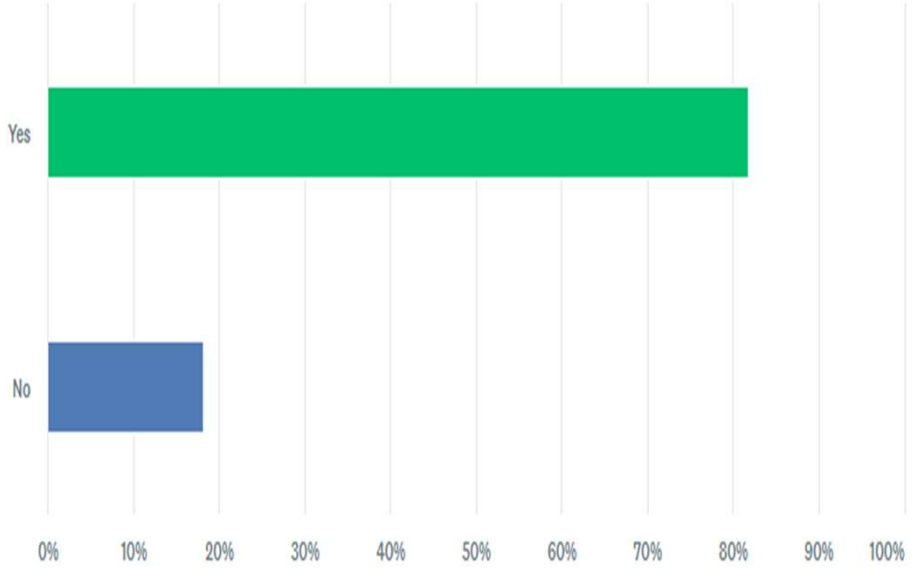
Q3: Is the DIDO data reported to GWTG? If not, could you please inform us which other system you use, such as Qualtrics or a third-party system?



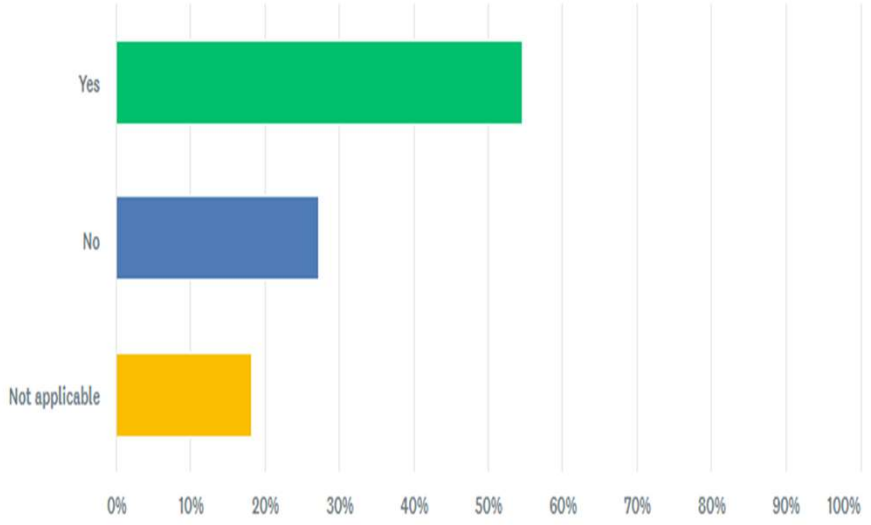
Q4: Do you abstract data for stroke patients discharged from the ER?



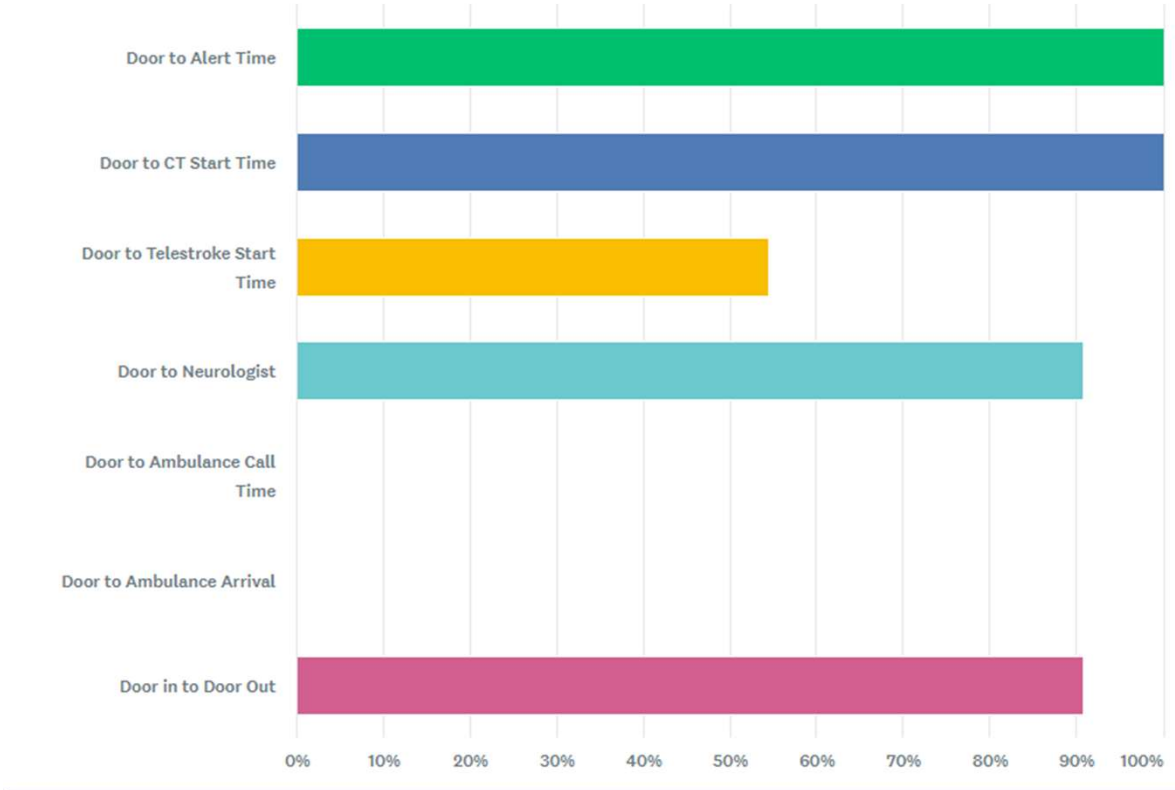
Q5: Do you use a real time log for stroke alerts, such as excel or other database?



Q6: If you answered yes to question 5, can you use this data to track DIDO in real time?



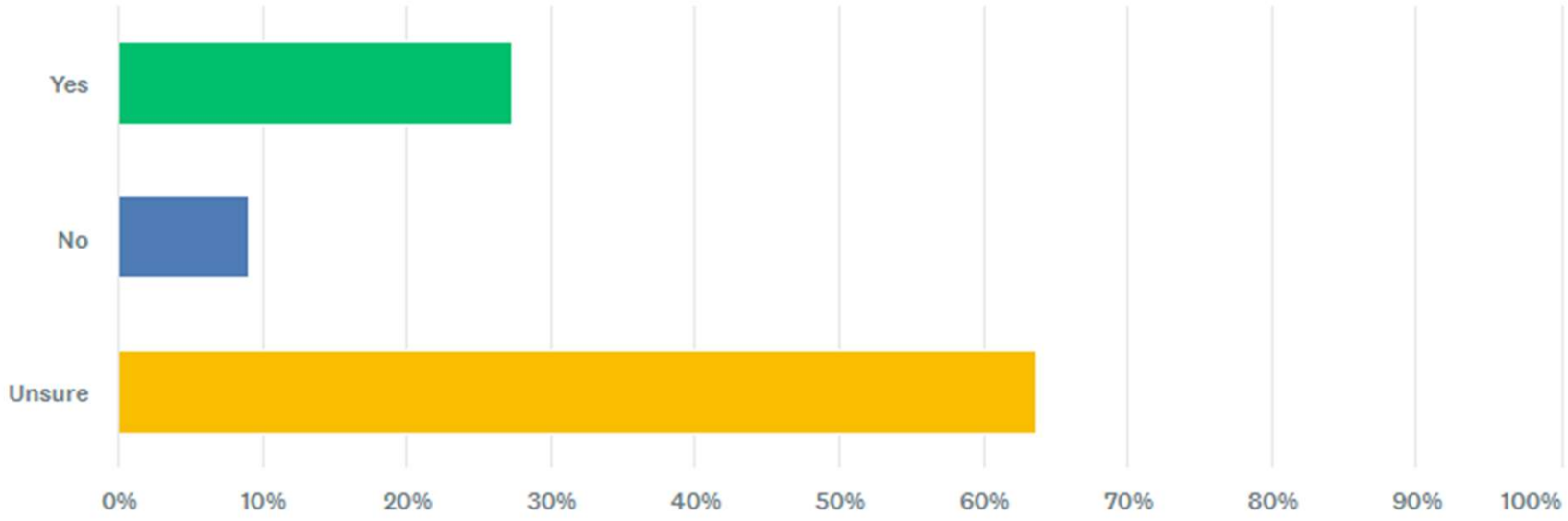
Q7: Are you currently collecting any of the sub intervals listed below for door in door out time? Please select all that apply:



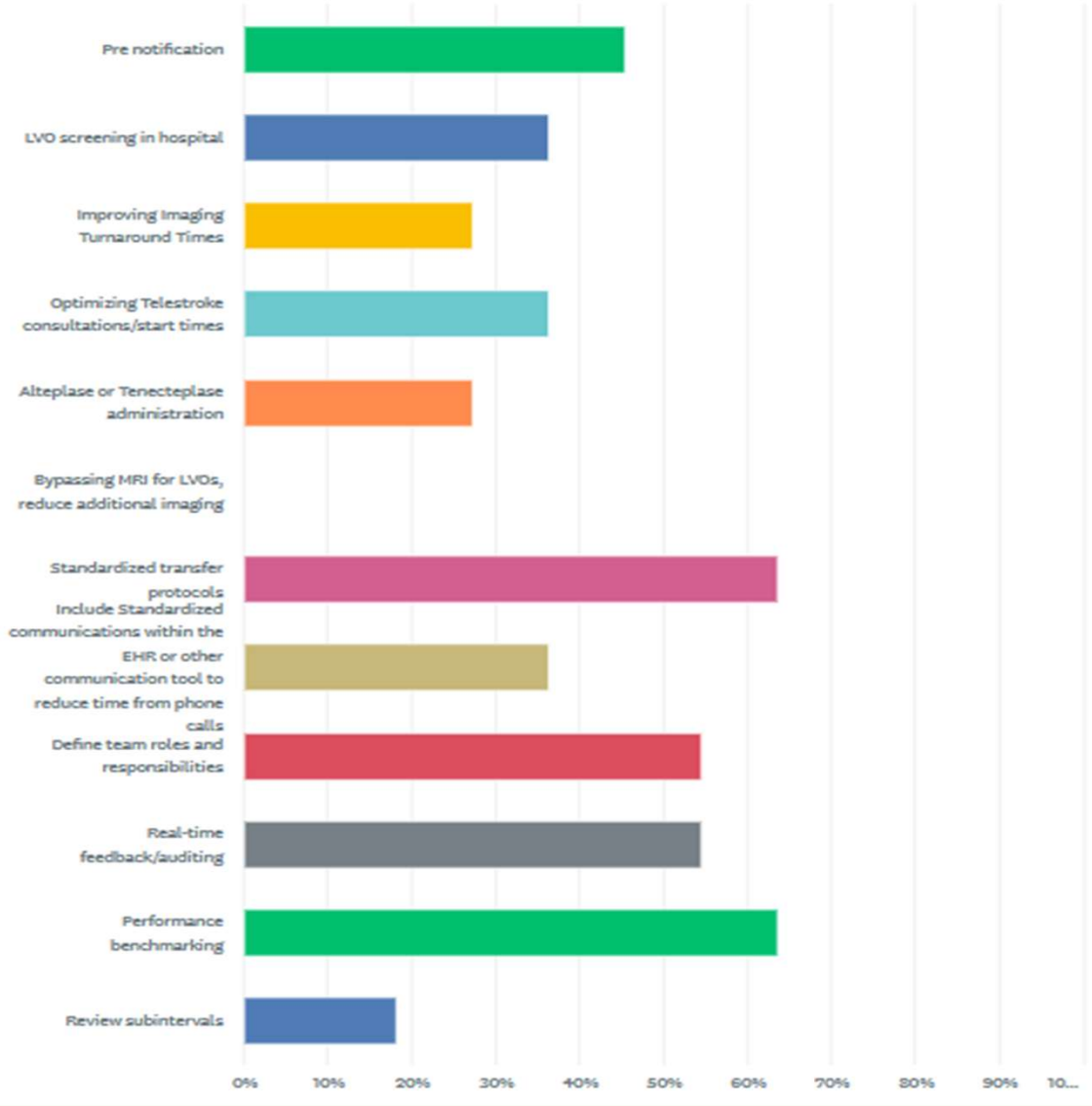
Q8: What ambulance transfer system do you use? Is there a process for transfer feedback?

Responses
1) Hillsborough County Fire Rescue, 2) Tampa Fire Rescue Yes - communication regarding transferred patients, hospital has monthly meetings with our EMS group
We use ground and air transport. We recently hired an EMS Liaison who is working on a feedback system.
Variety of services
MCT or 911. There is a process for transfer feedback.
AMR and other agencies. 911 if it will be longer than 15 minutes for them to arrive. We have an internal review process for PI but not one with the transfer agencies.
MCT
HCFR, Americare, Transcare, AMR
N/A
We have an in house Patient Care Logistics Center that coordinates all transfers using a variety of EMS agencies for transport. Feedback is provided on some thrombectomy cases.
4 different services
Okaloosa County EMS and Air Methods

Q9: Does the ambulance transfer system you use have an MOU with accepting facilities?



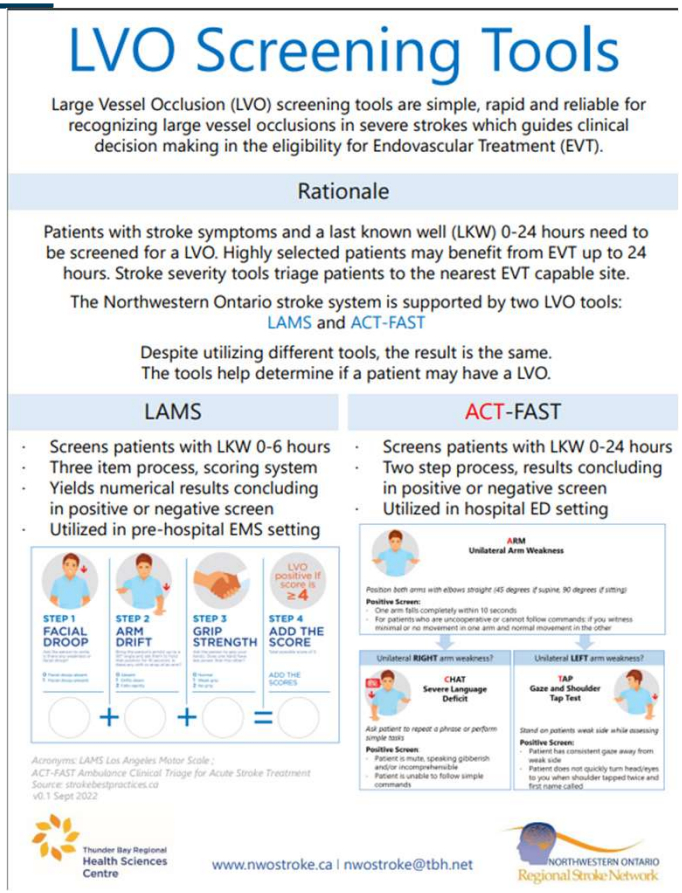
Q10: Which area of best practice would you like to focus on for the start of the PDSAs? Select all that apply



DIDO: Best Practices

Early Patient Identification

Best Practice	Implementation Example
Pre notification	EMS Prenotification results in −20.1 minutes median DIDO reduction.
LVO screening	LVO Screening tools and interagency transfer prenotification e.g. Be on the lookout/BOLO activation. Options for screening tools are the BE FAST score > 2, FAST ED score > 4; VAN; RACE.

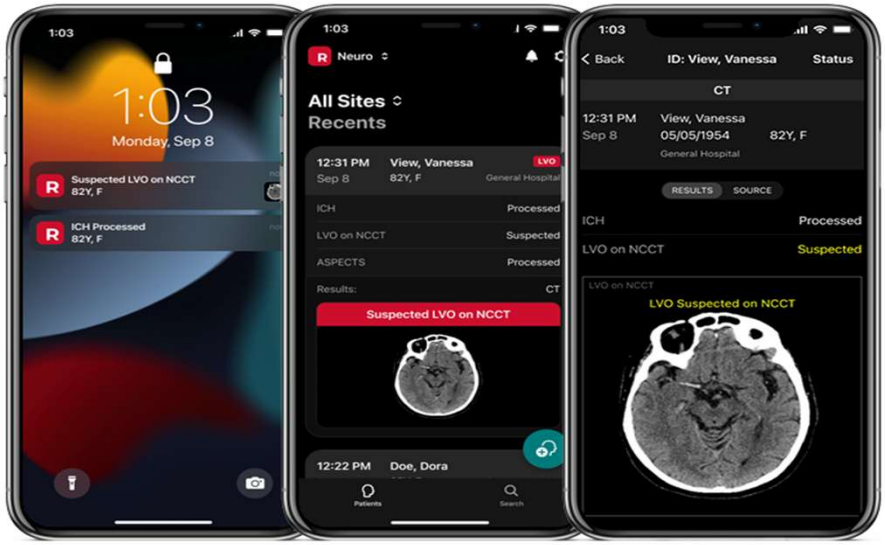


Improving In-Hospital Efficiencies

Best Practice	Implementation Example
Improving Imaging Turnaround times	Direct to CT protocols, using a Pit stop and avoids rooming the patient. Bundle CT and CTA together for patients with positive LVO screening.
Optimizing Telestroke consultations/start times	Accelerates eligibility assessments
Alteplase or Tenecteplase administration	Keeping Pyxis stocked with all commonly used medications including alteplase or TNK in the CT room. Or carry a stroke alert toolbox with each alert.
Bypassing MRI for LVOs, reduce additional imaging	Avoids imaging delays (4.8% DIDO increase)[3] Reduce additional investigations
Standardized transfer protocols	Reduces decision-making delays on which patients will be transferred. Including a Memorandum of understanding with the accepting facility. Standardize transfer process procedures. Includes a method for transferring or communicating images to reduce the need to repeat at the accepting facilities

Improving Communications

Best Practice	Implementation Example
Include Standardized communications within the EHR or other communication tool to reduce time from phone calls.	AI with communication tools allow for reliable communication, reducing the need for phone calls and activating the entire team at once. E.g. Viz Ai and RAPID ai. Tiger Connect. Should use a HIPPA secure platform.
Define team roles and responsibilities	Very helpful for communication Assigning tasks allows the team to work more efficiently.



Quality Data Monitoring & Feedback

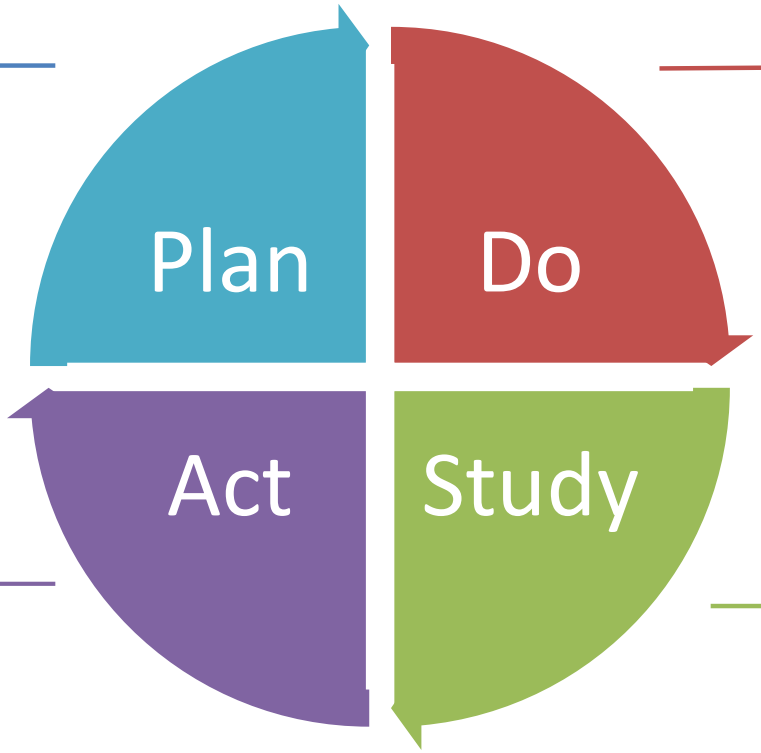
Best Practice	Implementation Example
Real-time feedback/auditing	Identifies institutional bottlenecks, consider having a multidisciplinary team including the transfer center and ambulance company as part of the monthly audit and feedback process.
Performance benchmarking	Use state registry data for quarterly DIDO audits
Review subintervals	Utilize the GTWG database, it will allow for subinterval analysis to allow for specific, target interventions by population e.g. Acute ischemic stroke vs ICH, or door to CT start time, vs door to tele-stroke start time, vs door to ambulance request, vs door to ambulance arrival.

QI Strategies

Applying the Plan-Do-Study-Act (PDSA) Model

Plan-Do-Study-Act (PDSA) Cycle

Plan: Identify the process that you need to improve. Document it, Collect data, and develop a plan for improvement.



Do: Implement the plan and observe. Collect data for evaluation.

Act: If the evaluation shows improved results ,then you should keep the plan in place (and implement it more widely, if appropriate). If the results aren't satisfactory, revise the plan and repeat the cycle.

Study: Evaluate the data collected during the "Do" phase against the original data you collected from the process to assess how well the plan improved the process.

Plan-Do-Study-Act (PDSA) Cycle

Plan:

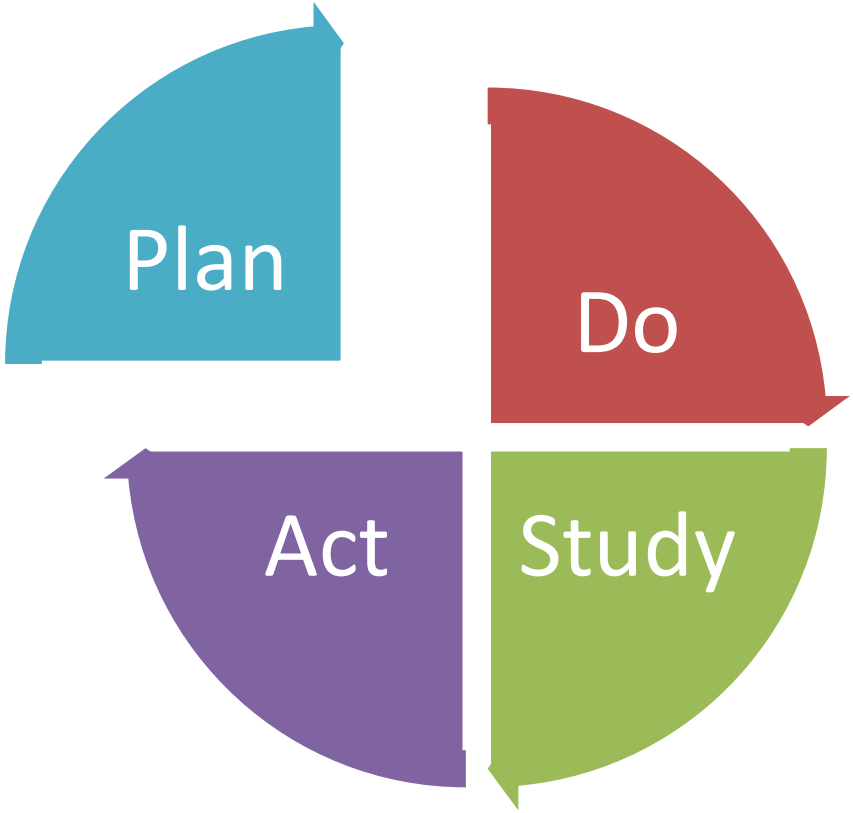
Question: What exactly are we going to measure to evaluate the test of change?

Answer: DIDO baseline data from the Regional Dashboard

Which Best Practice(s) can be implemented to test for improvement in the DIDO measurement?

Question: How do we know that we have been successful?

Answer: Define what success looks like to your stroke center. Is it any improvement in timing? Is it less than or equal to 120 minutes?



FDOH PDSA Reporting Tool

PDSA WORKSHEET FOR TESTING CHANGE

Stoke Center Name: _____ **Prepared By:**_____ **Date:**____

AIM: Overall goal you wish to achieve; make sure it is time-specific, measurable, and defines the specific population of patients that will be affected.

- Describe your first (or next) test of change
- Person responsible:
- When to be done:
- Where to be done:

PLAN:

- List the tasks needed to set up this test of change.
- Predict what will happen with the test is carried out.
- Measures to determine if prediction succeeds.

DO:
Describe what actually happened when you ran the test.

STUDY:
Describe the measured results and how they compared to the predictions.

ACT:
Describe what modification to the plan will be made for the next cycle from what you learned.

Plan-Do-Study-Act

Worksheet (Date:____)

Plan – What exactly are we going to do? (Add rows to table below as needed.)

Describe test of change	Person responsible	When to be done	Where to be done	Other notes

Next Steps & Upcoming Meetings

Next Steps

- Begin to fill out the PDSA Reporting Tool
  - Know your DIDO Baseline (PLAN)
  - Decide on a selected Best Practice(s) for DIDO (PLAN)
  - *Implement an action plan for improvement* (DO)
- Schedule individual technical assistance meetings with HealthARCH/FSR
  - HealthARCH Contact: Jessica Schappacher, Jessica.Schappacher@ucf.edu

Upcoming CLC Virtual Meetings

- Proposed Date: Monday, February 23, 2026, at 2 p.m. (EST)
- Proposed Date: Monday, May 18, 2026, at 2 p.m. (EST)

Q/A
Discussion