Learning Collaborative Virtual Meeting
May 18, 2026

Agenda

1. Welcome
2. Project Overview
   - CLC Objectives & Timeline
3. Florida Community Health Worker Coalition
   - *Lisa Hamilton, PhD, MPH, MSW, LCSW-QS, CPH, CCHW*
4. FSR Updates
5. Data Abstraction: GWTG New DIDO Tab Activation
6. UCF HealthARCH & FSR: Applying the PDSA Cycle
7. CLC Stroke Centers: PDSA Peer Learning Discussion
8. Next Steps & Upcoming Meetings
9. Q/A Discussion

Welcome

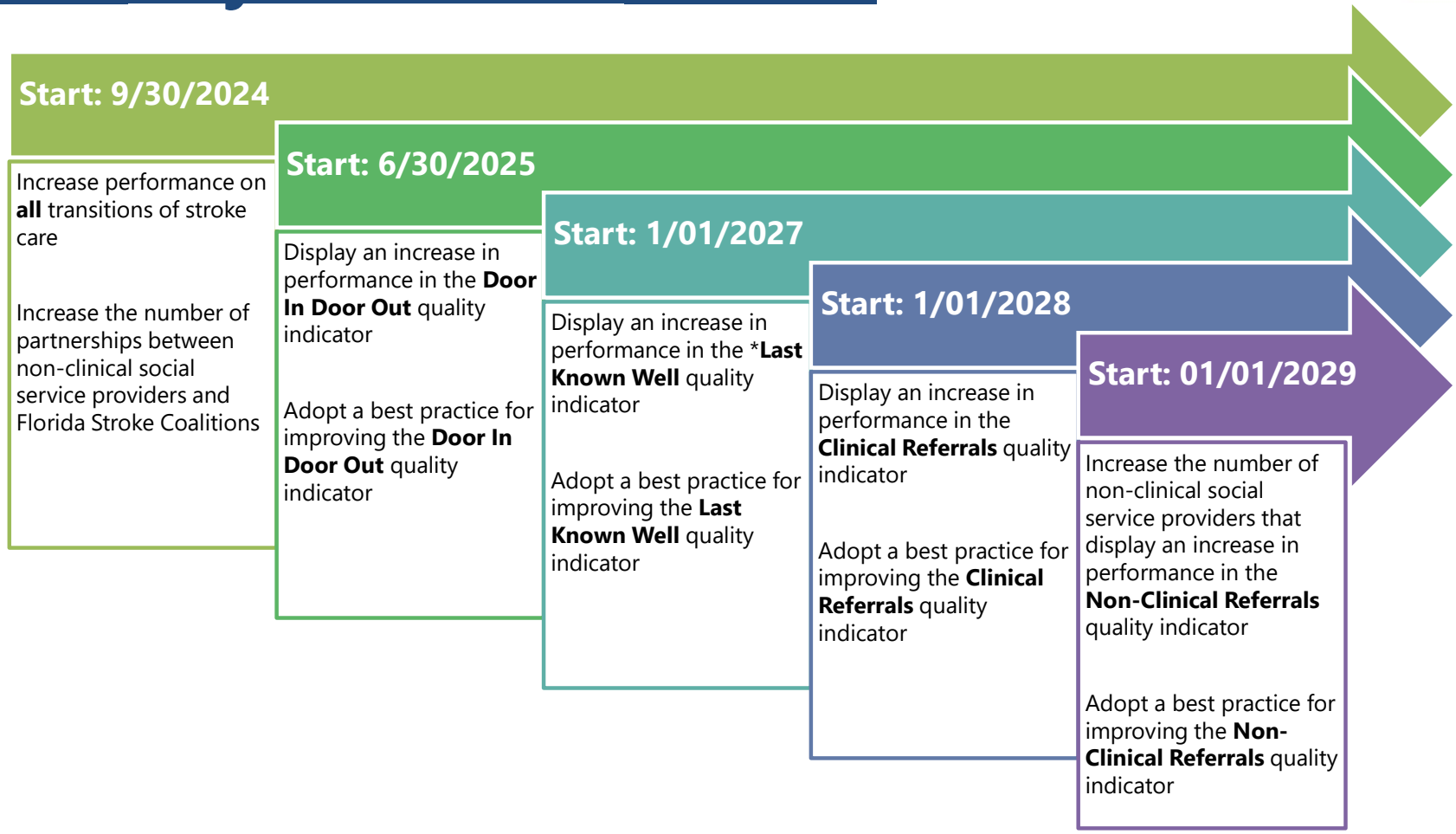
Community Partners

- 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

CLC Objectives and Timeline

CLC Objectives & Timeline



CLC Accomplishments

Goal:

- Disseminate and apply defined best practices and/or initiatives and utilize a formal PDSA model to **evaluate effectiveness**.
  - ✓ Started to apply the PDSA model for quality improvement
  - ✓ Documented PDSA cycle work within the **PDSA Reporting Tool** (ongoing)
  - ✓ Completed individual Technical Assistance (TA) meetings to discuss PDSA cycle activities (ongoing)

- Presented efforts at respective local stroke coalition quarterly meetings

Casebook:
An Overview

Lisa Hamilton, PhD, MPH, MSW, LCSW-QS, CPH, CCHW

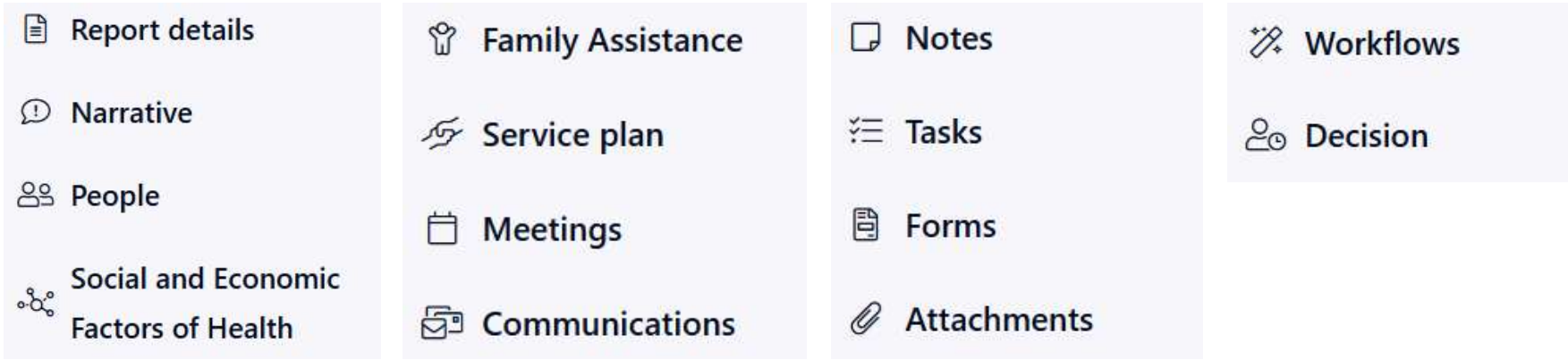
May 18, 2026

What is Casebook?

- Integrated Human Services platform
- Streamlined referral process
- 3 parts:
  - Intake Process
  - Case Management
  - Provider Management

Intake Process

- Virtual Front Desk
- Initial contact documentation
- Support for referral and report taking

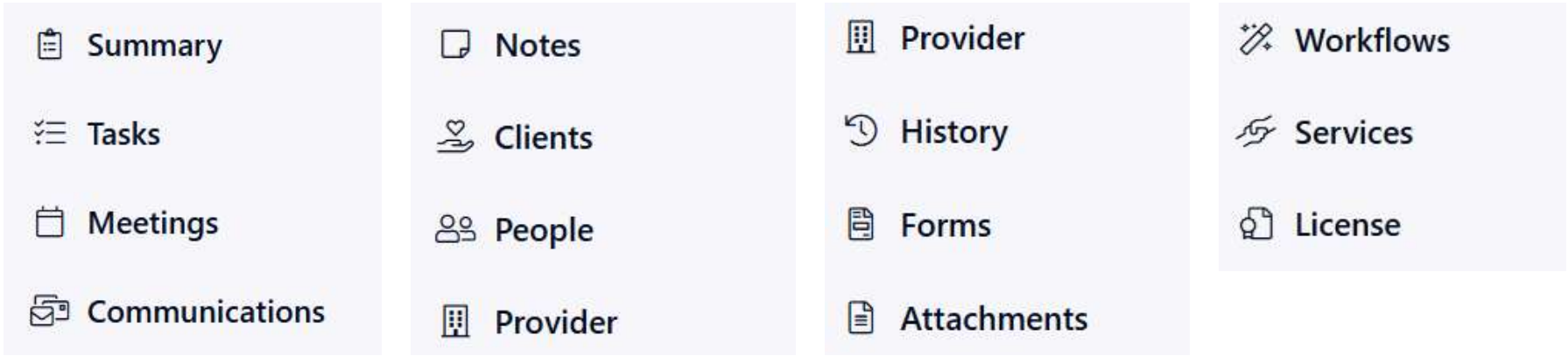


People Profiles

- During Intake, profile created for patient
- Connect to all cases – multiple referrals
- Includes demographic and health-related information

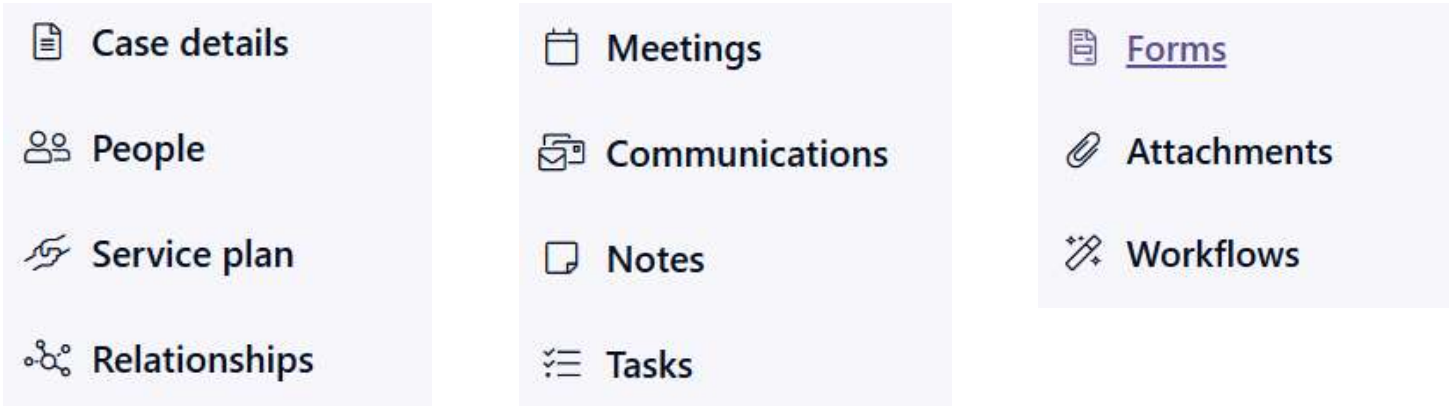
Provider Management

- Provider profiles
  - Provider type, services provided, clients
- Connection throughout Casebook



Case Management

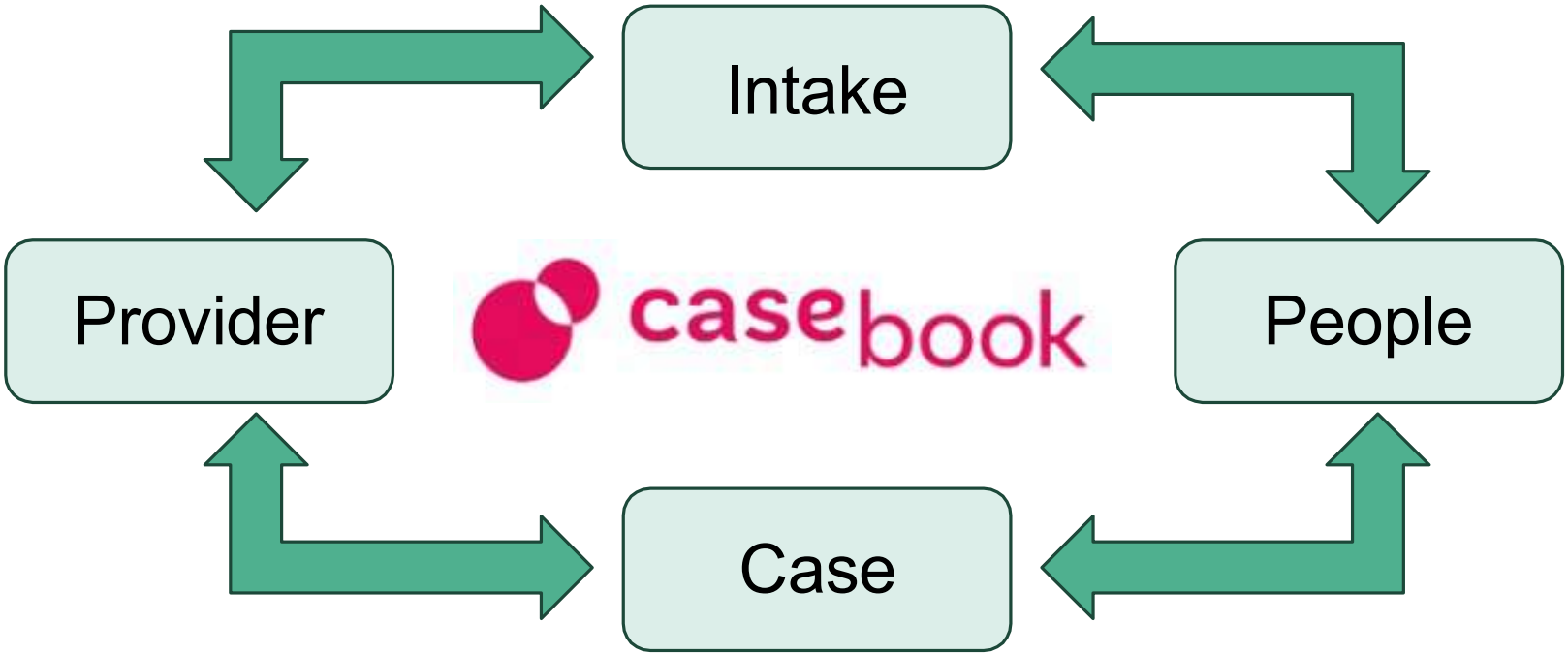
- Manage case referral activities in one place
  - Meetings, notes, services
- Connected to patient profile



Streamlined Reporting

- Integrated system
- Customizable reports for tracking patient interaction
  - Intake tracking
  - Case management
  - Patient services
  - People
  - Provider services

Referral for social service



Integrated system helping CHWs connect with patients

Questions?

Lisa@flchwcoalition.org

Florida CHW Coalition
www.flchwcoalition.org

FSR Updates

National Stroke Awareness Month

NATIONAL STROKE AWARENESS MONTH

Tuesday, May 5th | 12:00 pm
Florida Stroke Registry Overview
Jose G. Romano, MD
Florida Stroke Registry

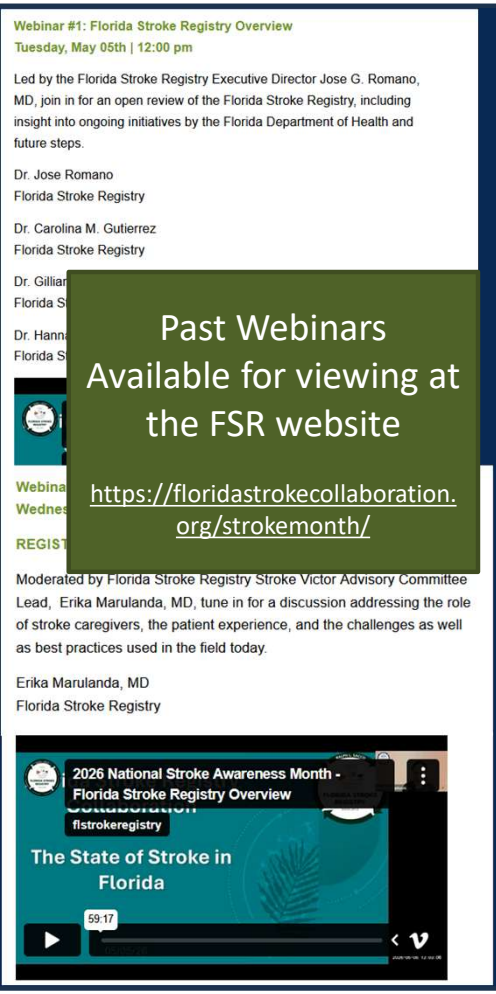
Wednesday, May 13th | 12:00 pm
Coping with Stroke: Patient and Caregiver Insights
Erika Marulanda, MD
Florida Stroke Registry

Wednesday, May 20th | 12:00 pm
Rural Health and Stroke
Tara Hylton, MPH
Florida Department of Health

Wednesday, May 27th | 12:00 pm
Quality Improvement Updates
Gillian Gordon Perue, MD
Florida Stroke Registry

Visit floridastrokecollaboration.org/strokemonth/ to view webinar details and register

The Florida Stroke Registry is supported under the Florida Department of Health Contract #COHED and the Centers for Disease Control Prevention Cooperative Agreement #6 NU58DP007888.



Past Webinars Available for viewing at the FSR website

https://floridastrokecollaboration.org/strokemonth/

CHW Course

June 25th – August 20th

Nine Module course

- Modules cover stroke topics ranging from epidemiology, 911 activation, pediatric stroke, etc.

FLORIDA STROKE REGISTRY
14TH ANNUAL STAKEHOLDER MEETING

AUGUST 20 - 21, 2026 | ORLANDO, FL

HILTON ORLANDO LAKE BUENA VISTA

RALPH L. SACCO

FLORIDA STROKE REGISTRY

Since 2012

2026 FLORIDA STROKE REGISTRY 14TH ANNUAL STAKEHOLDER MEETING

SCHEDULE OVERVIEW

DAY 1
THURSDAY, AUGUST 20

8:00AM-12:00 PM
TRAINING

Gordon Center ASLS In-Person Skills Session

Health Emergency Life Protection (HELP) Training

FSR Community Health Worker Stroke Education Course
(by invitation only)

FSR Toolkit-For Stroke Coordinators
Guest Speaker: Ann Alexandrov

OPEN COMMITTEE MEETING
FSR Stroke Victor & Caregiver Advisory Committee

LUNCH

1:00PM-4:00PM
STROKE COALITIONS & NETWORK SESSION

Local Stroke Coalition In-Person Meetings

Coalition of Coalitions 3rd Annual Meeting

Networking Session:
Pediatric Stroke Readiness

4:00PM - 6:30PM
FSR Opening Reception and Awards Ceremony
Networking Poster Session

DAY 2
FRIDAY, AUGUST 21

8:00AM-12:00 PM
Session 1:
State of Stroke in Florida
FSR Overview '25-'26

Florida Department of Health

Florida Agency for Health Care Administration

Keynote Address
Kori Zachrison, MD, MSC

Session 2:
FSR Evidence-Based Results

LUNCH

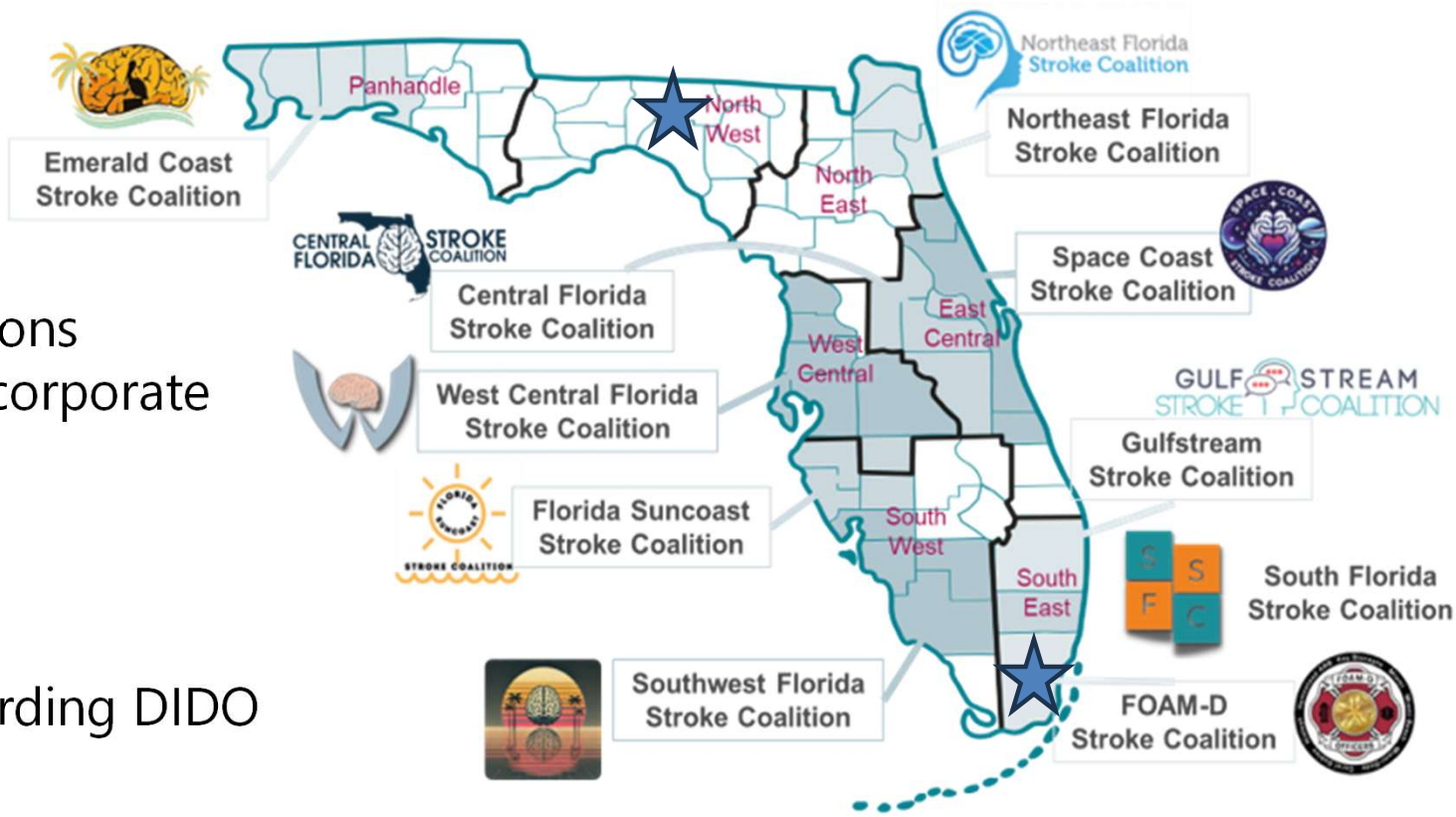
1:00PM-2:00PM
Session 3: EMS and Hospital Processes Pro and Cons
1: Head of Bed
2: EVT & Medium Vessel Occlusion (MeVO)

2:00PM-3:30PM
Session 4:
Open Coverdell Meeting
Coverdell Learning Collaborative

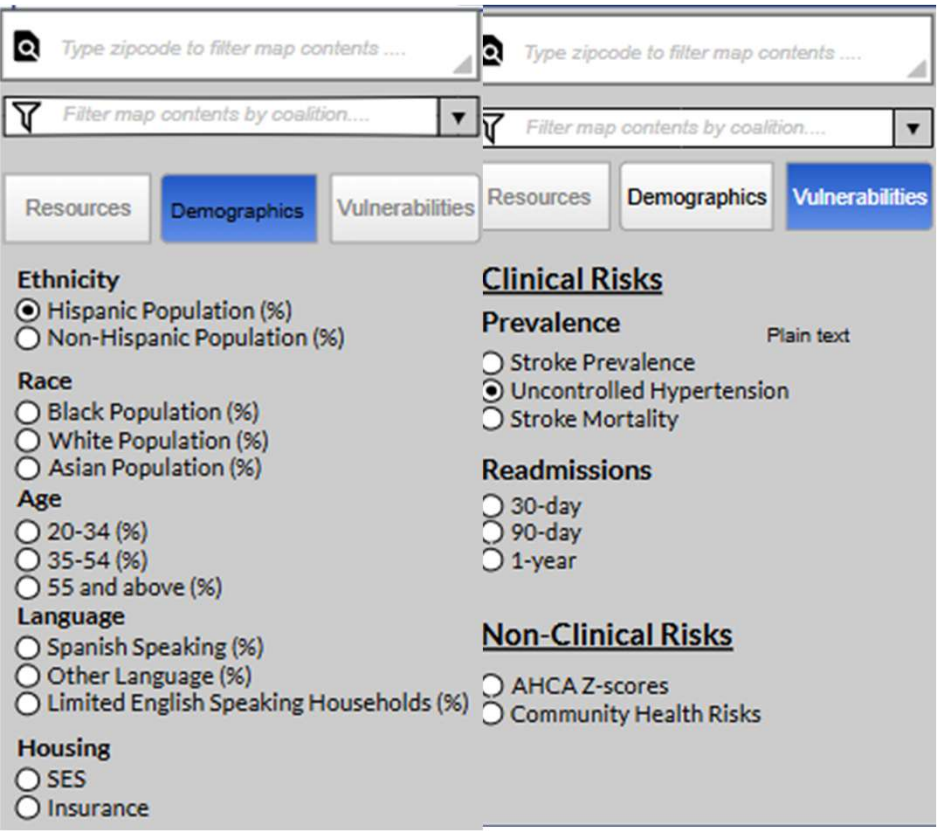
Ongoing FSR Initiatives

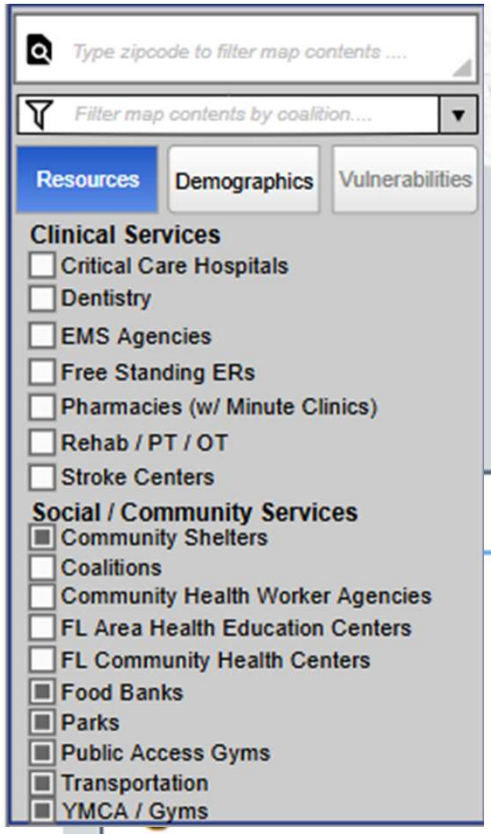
New Rural Stroke Coalitions
- New coalitions will incorporate findings from the CLC

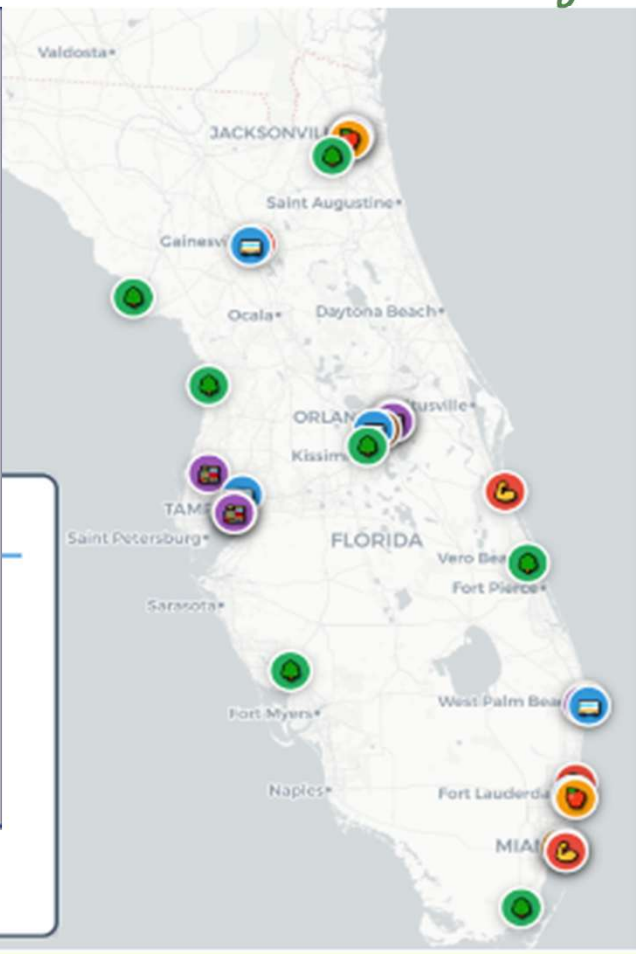
AHA improvements
- Data abstraction regarding DIDO measures



Coverdell Catalogue







GWTG: New DIDO Tab Activation

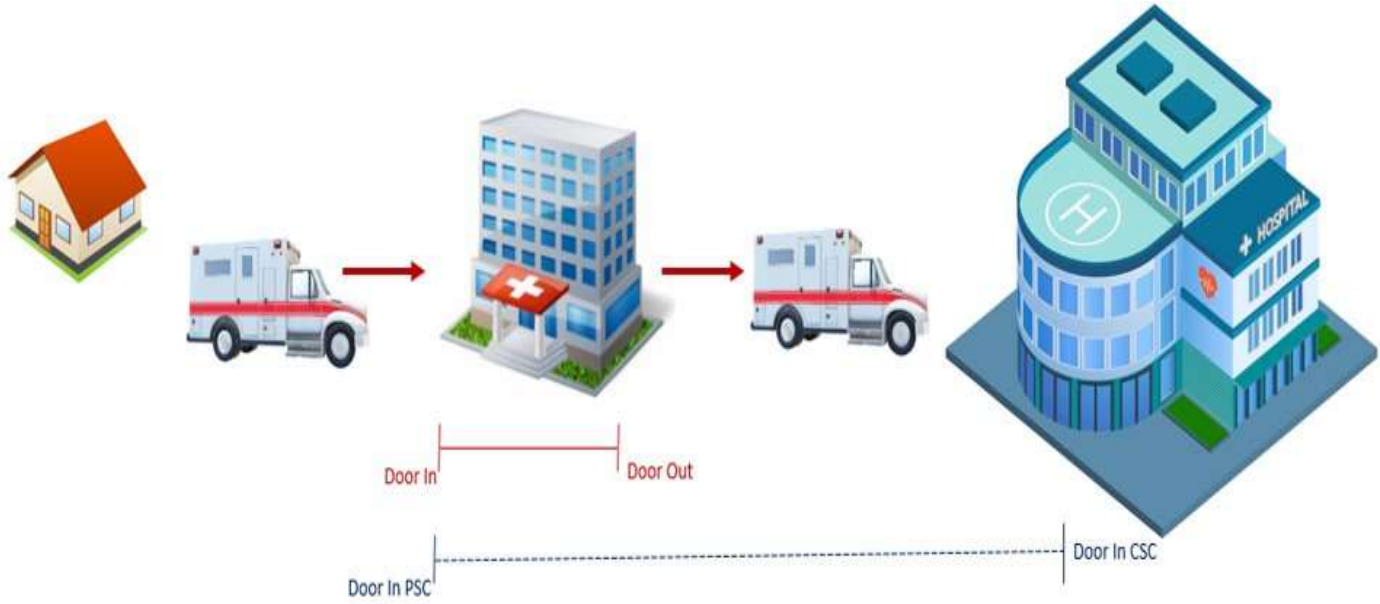
DIDO Overview

What is DIDO?

- The interval from when a stroke patient arrives at a hospital without endovascular capabilities (Door-In) to when they leave for a higher-level center.

In the dataset:

- Have an independent observation but marked as not admitted
- The reason for not admitted will be "Transferred from your ED to another acute care hospital)"
- The DIDO time will be *DischargeTime-ArrivalTime*



DIDO Overview

Inclusion Criteria

- Adults
- Not be admitted
- Reason for non-admission should be transfer to other facilities
- Transferred to:

Exclusion Criteria

- Stroke after arrival
- Transferred from other facility
- Unknown arrival time
- Unknown discharge time
- Intervention or clinical trial
- If a specific reason of delayed transfer applies

GWTG-S Report Options

Achievement Measures

Quality Measures

Target Stroke Measures

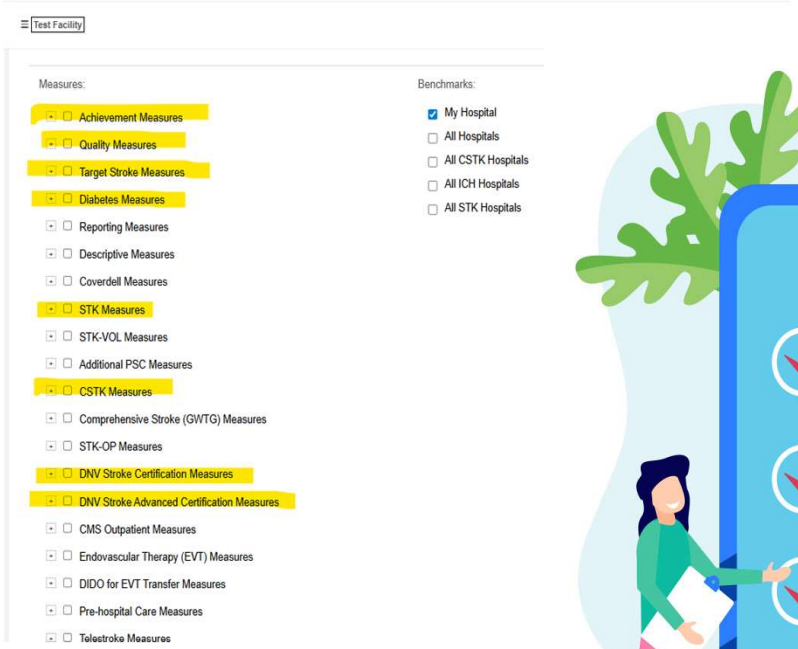
Diabetes Measures

STK Measures

CSTK Measures

DNV Stroke Certification Measures

DNV Stroke Advanced Certification Measures



DIDO Issues & Working Solutions

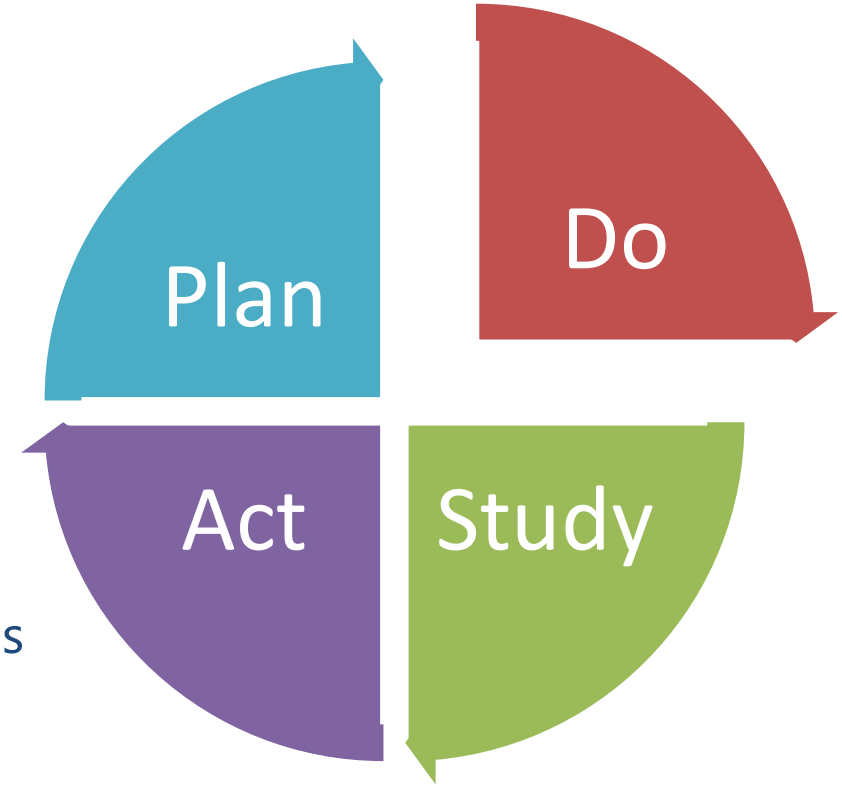
Layers: Differences in TJC vs GWTG layers causing differences in FSR data
Discharge Location: Patients having the incorrect discharge location leading to omissions in the data
Pulling Reports: Need to be inclusive of New DIDO metrics outlined by GWTG-S

- AHASTR367: Door-In-Door-Out Within 90 Minutes (Transfer for EVT Evaluation)
- AHASTR368: Door-In-Door-Out Within 120 Minutes (Transfer for EVT Evaluation)
- AHASTR378: Distribution of Door-In-Door-Out Times Prior to Transfer for EVT Evaluation

PDSA Cycle Application

How to Successfully Launch Your DO Phase

- Keep it small and manageable
- Use real-time observation
- Standardize tools
- Debrief immediately after cases
- Capture both quantitative & qualitative data
  - Quantitative: DIDO time; Time to CT
  - Qualitative: Staff feedback; Workflow friction
- Note any barriers, delays, or unexpected issues
- Expect Imperfection
  - The DO phase is **about learning – not perfection**



FDOH PDSA Reporting Tool

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 – What exactly are we going to measure to evaluate the test of change? (Add rows to table below as needed.)

Measure	Baseline (if known)	Prediction	Outcome/Result (to be populated after the 'Do' phase)
DIDO Measure	(include reporting period)		

Do – Carry out the test of change and collect data. (Add rows to table below as needed.)

Was the change implemented as expected? Note any deviations from Plan.	What happened? Surprises? Challenges?
TBD	

Example

Plan – What exactly are we going to measure to evaluate the test of change? (Add rows to table below as needed.)

Measure	Baseline (if known)	Prediction	Outcome/Result (to be populated after the 'Do' phase)
DIDO Measure	(include reporting period) Mean (Jan-Nov 2025) = 125 minutes	Target: 90 minutes	Result (from Dec 2025 to present): 85 minutes

Do – Carry out the test of change and collect data. (Add rows to table below as needed.)

Was the change implemented as expected? Note any deviations from Plan.	What happened? Surprises? Challenges?
The change was implemented as expected and there were no deviations from the plan.	DIDO times, as well as the time of arrival to initiation of a Stroke Alert, the ED physician seeing the patient and for imaging to be completed, all improved as a result of Stroke Alerts now being a nurse-driven protocol and for a health care provider to be the first to have eyes on a patient presenting to our ED. The initial challenge was education however once the staff was aware of the process, improvements were quickly noted..

How to Document the DO Phase (DIDO-Focused)

- Capture Time Stamps with Precision (not just final DIDO)
  - Instead of only documenting total DIDO, break it into components
- Pair "What Happened" with "Why it Happened"
  - For every delay, document: Event and Reason
- Document Role Performance & Handoffs
  - Track not just process – but who did what and when
- Capture Communication Breakdowns
- Record Workarounds and "Heroic Fixes"
- Document Fidelity to the Intervention

CLC Stroke Centers

PDSA Peer Learning Discussion

Bethesda Hospital

- **PDSA Change(s) Underway:**
  - **East Campus:** Implement a first-look nurse at the registration desk (even prior) for walk-ins
    - Implementation Status: Implemented 12/08/2025
  - **West Campus:** Implement a "WINK" (What I Need to Know) factsheet for nurses to use for stroke alerts
    - Implementation Status: Implemented 10/21/2025

- **What the data is showing so far (if anything):**
  - **East Campus:** DIDO shows improvement from baseline since implementation of first-look nurse in Dec. 2025
  - **West Campus:** DIDO shows improvement from baseline since implementation of "WINK" factsheet in Oct. 2025

- **Early Learnings:**
  - **East Campus:** Nurse-driven stroke alerts improved all times; education was initial barrier
  - **West Campus:** Improved key stroke metrics; WINK protocol drift identified – focus on sustained adherence (despite turnover and new staff)

- **Resources Needed/Question for Peers?**

Gail Flanz, BSC PT
*Stroke Coordinator

North Okaloosa Medical Center

- **PDSA Change(s) Underway:**
  - Create a Stroke Transfer Protocol
    - Implementation Status: in progress

- **What the data is showing so far (if anything):**
  - Seeing some improvement

- **Early Learnings:**
  - **What's working?**
    - Strong EMS partnership with consistent ~30-min arrival times on average

  - **Unexpected barriers or workarounds?**
    - Challenges on night shifts due to using a teleradiology and delays for CTA reads

- **Current Progress & Next Steps:**
  - Align with ED on EHR documentation (CSC transfer request & EMS activation timing)
  - Sharing DIDO times in leadership huddle
  - Incorporate ED DIDO times & delays into shift/leadership reports

Laura Messer, RN
Stroke & Chest Pain Center
Certification Coordinator

Ascension Sacred Heart Emerald Coast

- **PDSA Change(s) Underway:**
  - Implement a standardized "Stroke Stop" workflow
    - Implementation Status: in progress (implemented on January 5, 2026)

- **What the data is showing so far (if anything):**
  - 10 stroke transfer cases (to date) have been reviewed following implementation
    - Preliminary data shows a reduction in averaged DIDO time compared to baseline
  - Additional data collection needed to assess sustainability of this trend

- **Early Learnings:**
  - Inconsistent use of the "Stroke Stop" workflow as an initial barrier to full implementation
    - During this phase: dual workflow in use (traditional standard process + "Stroke Stop")

  - Constraints/Obstacles:
    - Limited sample size due to low volume
    - Weather impacts on air transport availability
    - Resistance to change; variability in provider practice patterns

- **Resources Needed/Question for Peers?**

Lauren Anderson, MSN, RN
Stroke Program Coordinator

Memorial Hospital Miramar

- **PDSA Change(s) Underway:**
  - Implement a Stroke Transfer Checklist to initiate automatic transfers and eliminate non-value-added phone calls
    - Implementation Status: Dry run for stroke transfer checklist scheduled for 5/20/26

- **Data being collected and DIDO trends (better/same/worse):**
  - Arrival to decision and decision to departure data being collected
  - DIDO trend is improving
    - Current DIDO is at 179 mins with a total of 10 transfers

- **Early Learnings:**
  - Improving CTA Brain TAT for hemorrhagic stroke is complex and requires system-level approval for proposed changes; team to explore alternative solutions
  - In the interim, CTA Brain is being automatically ordered for all stroke alerts

- **Current Progress & Next Steps:**
    - Monthly meetings established to review action plan and determine steps forward
    - DIDO action plan shared with stroke council members
    - Purchased third CT scanner

Maria Guillen, BSN, RN, SCRN
Stroke Program Coordinator

HCA FL JFK North Hospital

HCA Florida
JFK North Hospital

- **PDSA Change(s) Underway:**
  - Implement a standardized ED DIDO Checklist and Workflow
    - Implementation Status: Checklist/Workflow Finalized – Go-Live Date is 5/18/26

- **Components of Checklist:**
  - Use of Viz.ai
  - Early Transfer Huddle
  - Parallel Processes
  - Real-time DIDO awareness throughout ED course

- **Data Prediction (Go-live is set for 5/18/26):**
  - Low transfer volume may require extended study period
  - Positive trend expected; goal achievement uncertain

- **Anticipated Challenges:**
  - Viz.ai integration into the workflow of all ED providers (resistance to change)
    - Primary outliers are overnight providers
  - Thinking beyond thrombolytics (we are a PSC)
  - Staffing levels (can impact the parallel processes in place)
  - Low volume of stroke-related transfer cases

William Burbaum, RN, AS EMS Management, CPAHA
Sepsis / Stroke Program Coordinator

Baptist Medical Center Jacksonville South

- **PDSA Change(s) Underway:**
  - Implemented a "Ready-to-Go" (RTG) time be built into nursing stroke documentation (EHR)
    - Implementation Status: in progress (RTG time field went live in late February)

- **What the data is showing so far (if anything):**
  - DIDO median time showed improvement from baseline since RTG initiated in Q1 2026

- **Early Learnings:**
  - RTG time field utilized once in February and once in March – presented again at ED staff meeting at the end of April to try and increase field usage
  - Pockets of time not always accounted for; needs further analysis

  - **Unexpected barriers or workarounds**
    - Inconsistent documentation limits visibility into delays; EMS run sheets often unavailable

- **Resources Needed/Question for Peers?**

Kristin Davies, APRN, SCRN
Stroke Coordinator / Vascular Neurology Nurse Practitioner

St. Joseph's Hospital - South

- **PDSA Change(s) Underway:**
  - Continuing to do early activation with positive BEFAST, and pre-arrival
    - Implementation Status: in progress

- **What the data is showing so far (if anything):**
  - DIDO times longer in March, not due to process

- **Early Learnings:**
  - Delays due to transportation, weather stopping helicopter, or availability of truck
  - BayCare working to have own transport services

- **Resources Needed/Question for Peers?**

- Note: Completed community education in senior area, over 130 participants education on BEFAST, and early activation

Vanessa Murphy, MSN, RN, CCRN
Nurse Manager – Emergency Services, ED EDOU

UF Health Jacksonville-North Campus

- **PDSA Change(s) Underway:**
  - Implement "All in the hall" pit stop process at the charge desk after CAB assessed
    - Implementation Status: in progress
- **What the data is showing so far (if anything)?**
- **Early Learnings:**
  - **What's working?**
  - **Unexpected barriers or workarounds?**
- **Resources Needed/Question for Peers?**

Note: Received their Primary Stroke Center Certification;
EMS pre-notification turned on – should see an increase in volume

Lindsey Perrotta, DNP, RN, SCRN
Stroke Program Manager

HCA FL South Tampa Hospital

HCA Florida
South Tampa Hospital

- **PDSA Change(s) Underway:**
  - Implementation Status: in progress / completed / not yet started
- **What the data is showing so far (if anything)?**
- **Early Learnings:**
  - **What's working?**
  - **Unexpected barriers or workarounds?**
- **Resources Needed/Question for Peers?**

Elizabeth Flynn, BSN, RN
Stroke Coordinator

Cross-Site Peer Learning Discussion

- Common Barriers
- Changes Worth Borrowing
- What Sites are Planning to Test Next
- Support Needed
  - Technical Assistance
  - Data/reporting support
  - Clinical guidance/best practices
  - Peer examples

Next Steps & Upcoming Meetings

Next Steps

- Continue to document in the PDSA Reporting Tool
  - Complete the "Do" Phase
  - *Remember to collect your data in real time and document what you are seeing*
    - Begin to study the results
- HealthARCH Technical Assistance (with clinical support from UM FSR, as needed)
  - HealthARCH Contact: Jessica Schappacher, Jessica.Schappacher@ucf.edu
- Continue to present efforts at respective local stroke coalition quarterly meetings
- CLC Meeting Materials: UM FSR Website

Looking Ahead

- FSR 14th Annual Stakeholder Meeting in Orlando, FL – August 20-21st
- Last Known Well Quality Indicator

Last Known Well (LKW)

Timely Stroke Care Starts Before the Hospital

Definition – Last Known Well (LKW):
The **last time the patient was observed at their neurologic baseline**, before stroke symptoms began
(Not the time they were found, arrived, or last spoke to EMS)

Why Accurate LKW Documentation Is Critical
Determines **eligibility for time-dependent therapies** (IV thrombolysis, mechanical thrombectomy)
Drives **prehospital stroke triage** and destination decisions
Impacts **quality metrics, registry data, and outcomes**
Reduces **delays, uncertainty, and missed treatment opportunities**

Key Point:
A few minutes of missing or unclear LKW documentation can cost hours—or eliminate treatment options entirely.

Last Known Well (LKW)

The Problem & Opportunity for Improvement Current Gaps in EMS–Hospital Communication

Low rates of LKW documentation in prehospital records
LKW often recorded as:
- Time last *seen* by EMS
- Time patient was *found*
- "Unknown" despite available witnesses

Missing or incorrect contact phone number for family or witnesses
- Delays neurologic clarification
- Slows decision-making in the ED
- Forces repeated calls and handoffs

Why This Matters
ED teams lose critical early decision time
Stroke activation may be delayed or downgraded
Patients may become ineligible for reperfusion therapies

Ideal EMS → Hospital Information Flow
Identify true LKW (who saw the patient, when, doing what)
Confirm and document best call-back number

Communicate LKW clearly:
Radio report
Written EMS documentation
Verbal handoff
Hospital team verifies immediately on arrival

Q/A
Discussion