

## Minnesota Stroke Committee Meeting Minutes January 31, 2006

*In attendance:*

Donna Lindsay, Kathleen Miller, Darcy Olson, Beth Rabeneck, Tess Sierzant, Sharon Torodor, Albert Tsai, Gary Wingrove

*Absent:*

Donna Brauer, Carol Brown, Sandy Hanson, John Oswald, Lyn Steffen

AGENDA TOPIC	KEY DISCUSSION POINTS	DECISIONS	ACTION ITEMS
Welcome and Updates	<ol style="list-style-type: none"> <li>1. Al provided several updates.               <ol style="list-style-type: none"> <li>a. Great Lakes funding should remain at \$20,000 for FY2007. Hopefully more funds will be available for stroke activities/interventions.</li> <li>b. Currently available funding: \$7,500.</li> <li>c. Arrowhead Region EMS conference (1/20) had 90 attendees.</li> <li>d. Acute stroke care treatment survey is underway.</li> <li>e. Stratis Health update: scopes of work do not include stroke right now.</li> <li>f. Office of Rural Health and Primary Care update: Medicare Rural Hospital Flexibility Program may be an opportunity for funding activities/trainings.</li> <li>g. Critical Access Hospital – CMS performance measures. Contacted Ira Moscovice 1/12 but have not yet heard back from him.</li> <li>h. Please see attached document that describes these announcements in detail.</li> </ol> </li> <li>2. Darcy mentioned that North Memorial is holding a stroke mini-series for nurses in March.</li> <li>3. Kathleen provided an update from the Great Lakes Regional Stroke Network – that planning for the December meeting will include training for professionals.</li> </ol>	None	<ol style="list-style-type: none"> <li>1. Need to determine use of \$7,500 immediately.</li> <li>2. Gary contact Ira for follow-up to CMS stroke measures issue.</li> <li>3. Possibly get Pam Hayes from ORHPC to come describe their program.</li> <li>4. If anyone would like to provide input into the planning of the December Great Lakes meeting, please contact Kathleen.</li> </ol>

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Discussion about Projects	<ol style="list-style-type: none"> <li>1. Al briefly presented the Continuum of Care model.</li> <li>2. We discussed the current draft of the “grid.” Feedback from members yielded three areas of interest that emerged: training, EMS, and rural hospitals. Other than that, opinions were varied among six respondents.</li> <li>3. There general agreement that most members would               <ol style="list-style-type: none"> <li>a) support any of the proposed initiatives, b) understand that choosing any given project for this year does not invalidate other projects not chosen, and c) rather spend our time developing and thinking through chosen projects than continue to deliberate over the completeness of the grid or the choice of specific projects.</li> </ol> </li> <li>4. One of the proposed projects was to conduct a survey of acute stroke care in order to inform our decisions on initiatives to pursue. Al provided an update on the survey (approximately 50% response so far). Reminder cards went out yesterday, another survey will be sent to the remaining non-respondents, and then phone calls (to conduct the survey verbally) will be made. Tess suggested that members of the committee be asked to help with the phone calling. (By Al’s estimation, if we have 40 hospitals to contact, if five committee members volunteered to help, that would limit our calls to six or seven each – a big help to Al)</li> <li>5. The survey results will hopefully provide us with current information about some of the training needs, barriers, and capacity of emergency departments/hospitals.</li> </ol>	<p>“Quick Wins”:</p> <ol style="list-style-type: none"> <li>1. <b>Arrowhead EMS conference:</b> stroke training course</li> <li>2. <b>Stroke Symposium</b> in St. Cloud, March;</li> <li>3. <b>North Memorial EMS Conference:</b> “Long Hot Summer, March 2006.</li> <li>4. The <b>stroke survey</b> is also a work of the MSC (led by MDH).</li> </ol>	<ol style="list-style-type: none"> <li>1. Finish the stroke survey; Al will be asking for help in following up with non-responding hospitals.</li> </ol>

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Project Discussion	<p>6. People raised their concern about training EMS providers about stroke, without having Emergency Departments trained and ready for stroke patients.</p> <p>7. The issue of joining together with EMS to provide public awareness messages was raised. There was some general agreement that we should proceed in a stepwise fashion, so that first we work on improving capacity and care in emergency departments and EMS for stroke patients.</p> <p>8. Point of discussion: should we include training police and fire on stroke in this effort? There was general agreement that those target audiences should be considered separately.</p> <p>9. Donna raised the issue of what this committee could do regarding providing and sending a consistent message for training health care professionals on stroke.</p> <p>10. As a sidebar, Donna noted that it would be nice to be able to train EMS providers on a single stroke scale. That is, have a statewide mandated use of one stroke scale. Gary mentioned that the way to do that would be to bring it to the state EMS medical directors for them to adopt a consensus resolution to use a specific stroke scale. Individual medical directors have the final decision to make policy in their EMS agencies, but if it is adopted by the EMSRB medical directors board, most if not all will adopt it for themselves. Beth would raise this as an issue endorsed by the MSC if this is what we want (and she could stay on their agenda at a future meeting).</p> <p>11. Training of EMS was chosen as the main “project” for this current calendar year.</p> <p>12. An advance project of conducting an EMS assessment was determined to be necessary. Ironically, Al prepared a sample action plan for the group, and the “mock” project was in fact an EMS assessment. Gary suggested that we work from this document to start.</p>	<p><u>2006 Projects (primary):</u></p> <ul style="list-style-type: none"> <li>a. EMS assessment</li> <li>b. Training of EMS.</li> </ul> <p><u>2006 Projects (secondary):</u></p> <ul style="list-style-type: none"> <li>a. Establishment of a statewide stroke protocol – use of a single stroke scale</li> </ul> <p><u>Planning stage projects:</u></p> <ul style="list-style-type: none"> <li>a. development of a stroke network;</li> <li>b. public awareness campaign of stroke signs;</li> <li>c. training for emergency departments</li> </ul> <p><u>Future Projects:</u></p> <ul style="list-style-type: none"> <li>a. Training for police</li> <li>b. Training for Fire Departments</li> </ul>	<ul style="list-style-type: none"> <li>2. Complete action plan worksheet</li> <li>3. Convene EMS Subcommittee</li> </ul>

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Project Development	<p>Other opportunities for training were discussed:</p> <p><b>Online Training:</b> the North Carolina Rapid Response to Stroke (North Carolina RRS) Project could be used as a possible source of training for EMS providers in Minnesota.</p> <p>- Perhaps we could put this on the AHA continuing education website? It apparently will be available through August 2006.</p> <p>- Or just refer EMS providers to use it? (The first question that popped into my mind was how would we know or gather information on how many people actually use it (from Minnesota)? Perhaps this is a project that we can spend funds on a software development company to house and maintain this site for us? Or perhaps add onto EMSRB website? Or AHA website?)</p>		<p>4. AI will email link to NC RRS to group.</p> <p>5. Someone will investigate what will happen after August 2006 for NC RRS; whether the technology can be transferred or bought to be tailored and housed in Minnesota.</p>
Wrap-up	<p>The next meeting is scheduled for April 25, but this may have to be rescheduled due to several members being unable to attend.</p>	None	<p>6. AI will coordinate possible rescheduling of the next meeting.</p> <p>7. Other subcommittee meetings may be convened; stay tuned.</p>

*Next Meeting: April 25, 2006, 3 pm – 5 pm at Snelling Office Park, St. Paul, Minnesota. – NOTE this will likely be rescheduled. Stay Tuned.*