

**Minnesota Stroke Partnership Meeting Minutes -May 2, 2006
Snelling Office Park, Big Fork Room, 3:00 pm – 5:00 pm**

In attendance: Donna Brauer, Donna Lindsay, Kathleen Miller, Darcy Olson, Beth Rabeneck, Jen Riemenschneider (AHA, guest), Tess Sierzant, Albert Tsai, Stan Shanedling, Lyn Steffen

Regrets: Carol Brown, Sandy Hanson, John Oswald, Gary Wingrove

AGENDA TOPIC	KEY DISCUSSION POINTS	DECISIONS	ACTION ITEMS
Welcome and Updates	<ol style="list-style-type: none"> 1. Darcy: May 11 stroke event (50 people) 2. Kathleen: Strike Out Stroke Day (May 15); Walk in the Park with the Saints (May 20); Strides for Stroke (June 3) 3. Beth: Twins May 13 game – commemorative Kirby Puckett baseball card to be distributed; stroke screeners at the game; stroke survivor throwing out first pitch. At the Juneteenth event will have a “Strut to End Stroke” fashion show which will combine stroke prevention & risk factor messages during the program; and we will be recruiting Ambassadors (individuals who are recognized and respected in the African American community) who will be willing to speak to community members about stroke and the Power to End Stroke movement. 4. Tess: Focus on HealthEast employees’ stroke awareness 5. Donna L: Abbott Northwestern will also focus on stroke awareness for AN employees. 6. Al: <ol style="list-style-type: none"> a. Great Lakes funding: \$19,000 for FY2007. b. Hospital stroke survey: final N = 121/133 = 91% response. c. EMS stroke training committee: survey draft is nearly complete; expect to conduct survey by June 1. d. North Carolina Rapid Response to Stroke: Waiting to hear back from Jane Brice about the future of this project. See notes. e. Critical Access Hospital CMS measures: Al met with Ira Moscovice; opportunity for collaboration may exist in the future. Stay tuned and keep eyes out for possible projects to propose to Dr. Moscovice. 	None	None

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Discussion: Spending \$7,000	<ol style="list-style-type: none"> 1. Stan provided comments about needing a broader strategy for public education. 2. Options for media outlets were presented: <ol style="list-style-type: none"> a. Jen Riemenschneider (ASA) presented two options (of estimates) to the group, one a focus on African American audience and two, a general population route b. Kathleen provided a handout with estimates from Minnesota News Network (MNN). 3. Angela played a TV PSA as an option for content. Other radio spots are available to consider modifying. 4. Discussion: leveraging the opportunity with Kirby's death was important, but group agreed that people saw him not as an African American ball player, but as a person; the vast majority of patients being seen in the hospitals are white; a population-wide approach (via MNN) for this project would be a good start – not to the exclusion of future focus on subpopulations, of course. 5. Branding of message: Stan suggested his opinion that branding the message as from the “Minnesota Stroke Committee and the Minnesota Department of Health” brings some credibility to the message. There was general agreement around the room on this point. 	<ol style="list-style-type: none"> 1. <u>Conducting Public service announcements</u> (PSA) is how we want to spend this money. 2. <u>Radio PSA</u> will be the method of choice. 3. <u>General population</u> will be the target. 4. <u>Minnesota Stroke Association</u> will take the lead for execution of this project, with Minnesota News Network as the media outlet. 5. Messages will be branded “<u>Minnesota Stroke Committee and the Minnesota Department of Health</u>”.* 	<ol style="list-style-type: none"> 1. MDH to draw up paperwork to get funds to MSA to execute this project and spend these funds. 2. MSA will work with AHA and GLRSN to draft message(s); options will be posed to group for consensus decision (via email or conference call).

* See decision made at the end of the meeting on group name change.

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Updates from Great Lakes	<ol style="list-style-type: none"> 1. GLRSN “marketing” kit being drafted. 2. GLRSN fact sheet and talking points available. 3. County-level analysis being conducted. 4. Regional stroke plan will be developed. 5. December meeting: data exchange (1/2 day) prior to NSA Stroke Team Meeting; Public Health Summit (“Health Disparities) – Chicago, IL December 6-8, 2006 at the Renaissance Hotel. 6. Part-time replacements for Cassidy Smith will hopefully start in June. 	None	Stay tuned for more updates.

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Discussion: Hospital Survey	<ol style="list-style-type: none"> 1. Question 8: correct “hospital” to “helicopter” 2. Question: transport “to” or “from” hospital? AI thought it was likely “from” the hospital. 3. Rural hospitals have lab, CT, but also needs for education and stroke readiness training; Small % involved in telemedicine 4. Education in the ER is needed! 5. Question 6: wording needed improvement - “Access” to “neurologists” subject to interpretation 6. Questions 13-15 – a lot of hospitals and/or respondents didn’t know if they met BAC requirements 	None	<ol style="list-style-type: none"> 1. AI will be continuing with some analysis 2. Draft recommendations will be requested via email, offline (separate from the face-to-face meetings)

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Discussion: Emergency Department Training	<ol style="list-style-type: none"> 1. The notion of addressing emergency department staff needs for being ready to accept, treat and/or transfer stroke patients with maximum efficiency and effectiveness was discussed. Everyone agreed this was a good idea. 2. Other note: Kathleen told the group about a complaint that was filed to the Plymouth police about a woman who was having a stroke, but the police on scene did not recognize any of her symptoms (even as they read a stroke signs refrigerator magnet). Group agreed: another important groups to educate are first responders/police! 	<ol style="list-style-type: none"> 1. Subgroup for Emergency Department Training will be formed, and a project to address ED staff capacity will be started. 	<ol style="list-style-type: none"> 1. Tess and Darcy will co-lead this group, and will recruit members and start an action planning process soon.
Group Name change	<ol style="list-style-type: none"> 1. The proposition to change the group name from “Minnesota Stroke Committee” to “Minnesota Stroke Partnership” was posed to the group. People agreed that it had a positive feel to it; anyone can gather people together and call it a “committee;” it sounds distinctive especially in an election year when there are a lot of political-related committees. 	<ol style="list-style-type: none"> 1. Change group name to Minnesota Stroke Partnership 	<ol style="list-style-type: none"> 1. AI will run this by the others in the group who were absent 2. Logo and all future communications will refer to the group with the new name.

Meeting Highlights:

1. Minnesota Stroke Association will take the lead in coordinating the development of and execution of the radio PSAs brought to you by “The Minnesota Stroke Partnership and the Minnesota Department of Health”.
2. There were several updates from the GLRSN. Please contact Angela Bray Hedworth for more information.
3. Hospital survey analysis is in progress. Our next step is to draft a report with recommendations.
4. Emergency department training project subgroup will be formed and they will develop an action plan.
5. We decided to change our name to the “Minnesota Stroke Partnership.”

Next Meeting: July 18, 2006, 3 pm – 5 pm at Snelling Office Park, St. Paul, Minnesota.