

Minnesota Stroke Partnership Meeting Minutes – July 18, 2006

Snelling Office Park, Big Fork Room, 3:00 pm – 5:00 pm

In attendance: Donna Lindsay, Kathleen Miller, Darcy Olson, Beth Rabeneck, Heather Gavras (AHA, guest), Tess Sierzant, Albert Tsai, Lyn Steffen, Gary Wingrove

Regrets: Donna Brauer, Carol Brown, Sandy Hanson, John Oswald

AGENDA TOPIC	KEY DISCUSSION POINTS	DECISIONS	ACTION ITEMS
Welcome and Announcements	<ol style="list-style-type: none"> Welcome to Heather Gavras, Regional Vice President for State Health Alliances and Cultural Health Initiatives. Great Lakes Regional Stroke Network funds for FY2007 - \$19,000 Future CDC funding for stroke networks is not looking promising. Beth handed out “Kirby Cards” which were distributed at Minnesota Twins games in May. 	None	None
Minnesota Stroke Partnership Leadership	A chair and chair-elect for this next year need to be selected. The chair will serve a one-year term and help coordinate the group as well as be the point of communication for the group and MDH staff. The chair-elect serves in a back-up role and becomes the chair next year.	None	Nominations are requested now. AI will confirm with nominees and coordinate voting. The new chair and chair-elect will be announced to the group before our next meeting in the fall.
Project Updates	<ol style="list-style-type: none"> Radio PSA Project. The messages were recorded in late June and are being broadcast on the weekend on Minnesota News Network stations for 16 weeks. 		
	<ol style="list-style-type: none"> EMS Stroke Survey. As of July 18, 65% of ambulance services have responded. Next steps will be to compile the data, analyze, and reconvene the task group to discuss results. Results will be presented at the EMS Medical Directors Conference in September. Feedback will be obtained there and plans to train and educate EMS will be developed thereafter. 		<ol style="list-style-type: none"> MDH to complete data collection. Convene work group for results discussion and next steps. Plan for presentations in the fall.
	<ol style="list-style-type: none"> Emergency Department Stroke Task Group. Tess and Darcy are leading this group. The goals of this project are a) to provide resources to emergency departments so all are stroke-ready and b) to develop a statewide stroke care system which is coordinated with the EMS system. Tess, Darcy, and AI developed an information sheet for potential members. (Please see sheet for details) <p>AI met with Genentech (Sherri Orcutt, Kevin Webber, and Nancy Berg) to discuss their involvement. They are interested in providing resources and bringing speakers in for training. (More on Genentech below.)</p>		<ol style="list-style-type: none"> MSP members please send any input on the information sheet to AI by end of week. Tess, Darcy and AI will meet with Genentech in mid-August to discuss who across the state can be asked to participate. Examine hospital stroke survey results related to emergency care. Plan to schedule first face-to-face meeting for November.

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Expansion of group, including Genentech specifically	<p>1. The group agreed that Genentech should be involved with both the large group and the ED task group. They are interested in providing speakers for trainings/seminars and other resources. No other pharmaceutical company has a competing product, so that limits any conflicts of interest.</p> <p>However, suggestion was made to discuss this with MDH lawyers and create a Memorandum of Understanding with MDH for Genentech's participation in the group. A follow-up suggestion was to have an MOU for all members to sign also.</p>	<p>1. An MOU with Genentech should be drafted and signed.</p> <p>2. A different MOU should be signed by members of the MSP.</p>	<p>1. AI will talk with MDH lawyers about developing an MOU with Genentech.</p> <p>2. AI will solicit input from group on contents of MOU.</p> <p>3. AI will work on drafting an MOU for other non-pharmaceutical/biotech partners on MSP.</p>
	<p>2. A variety of other stroke stakeholders should be invited to the group (Steering Committee) or at least as "ad hoc" members. These individuals fall into a few categories that we wanted to cover:</p> <p>Full Statewide (Geographic) Representation</p> <ul style="list-style-type: none"> • St. Cloud Hospital – Melissa Winans, RN • St. Luke's - ? • St. Mary's Duluth – Gail Wallace, RN • Mayo Clinic – Robert Brown, MD (designee) <p>Key Professional Associations:</p> <ul style="list-style-type: none"> • American Academy of Neurology - ? • American Association of Neuroscience Nurses - ? • American Academy of Family Physicians - ? • Minnesota Medical Association - ? • Minnesota Hospital Association - ? • American College of Emergency Physicians • American Association of Neurological Surgeons • American Society of Interventional and Therapeutic Neuroradiology <p>Missing links in the continuum of care:</p> <ul style="list-style-type: none"> • Rehabilitation/Occupational Therapy – Diane Chappuis (United Hospital); Allen Brown, MD (Mayo) <p>Others:</p> <ul style="list-style-type: none"> • Office of Rural Health and Primary Care, Minnesota Department of Health – Pam Hayes • Institute for Clinical Systems Improvement - ? • MinStroke – Charlie Ormiston 	<p>Invite other organizations to participate on core group (steering committee) or on ad hoc committees and task forces</p>	<p>1. Compile contacts for new members</p> <p>2. Put together a information packet</p> <p>3. Send invitation packet</p>

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	3. The group should act as a steering committee, with task groups formed around specific projects. The steering committee should meet for project updates and general discussion about specific issues and larger decisions. Possibility for face-to-face meetings to be thematically organized, so that members may choose to attend or not depending on interest in topic.	Steering Committee to be no larger than 20 people.	
	4. Representatives from hospitals who are Primary Stroke Centers or in process of being certified should be informed of the group and invited to participate – likely the most appropriate place for their participation would be on the Emergency Department Stroke Task Group. At the very least, they should be informed of MSP’s existence and our proceedings.	None	Send invitation and information package to Fairview Southdale, St. Cloud Hospital, United, and HCMC. Identify any others from stroke survey.
Other Miscellaneous Items	<p>Donna commented that future policy development should focus on requiring reimbursement for cognitive rehabilitation services.</p> <p>Other meeting handouts were reviewed, including the work plan of projects for 2006-2007.</p> <p>Lyn mentioned that she is in the middle of analyzing Minnesota Stroke Survey data on stroke survival trends in the seven county metro area.</p> <p>Lyn will find out about a literature review by a PhD student on tPA that may be useful for providing to emergency department staff (to help make the argument for using tPA)</p> <p>Case-law examples may be effective also for making the argument for using tPA.</p>	None	<p>Lyn to provide AI with any available information on a tPA lit review.</p> <p>AI will put together a schedule for September 2006, January 2007, March 2007, and July 2007 meetings.</p>

Meeting Highlights:

1. Nominations for 2006-2007 chair and chair-elect are being accepted now. (Please contact AI if interested)
2. EMS Stroke Survey will probably finish up at around 70% response rate. Data analysis is next step.
3. ED Work Group is in process of recruiting members representing the entire state. Genentech has expressed interest in the work of the Partnership and is being considered for membership.
4. MSP will try to expand to mature into a group that represents the work across the entire state, the entire spectrum of the continuum of stroke care, and the breadth of stroke stakeholders and professionals in the state.
5. The Partnership will redefine its infrastructure such that there is a Steering Committee overseeing all work; task groups to carry out topic-specific projects; and individuals involved in stroke prevention, treatment, and rehabilitation wanting to be connected to and informed of the work of the Minnesota Stroke Partnership – and able to contribute knowledge and expertise on an as-needed basis.
6. Memorandums of Understanding will be developed for all steering committee members (and their organizations).

Next Meeting: Details To Be Determined Shortly.