

Minnesota Stroke Partnership Steering Committee Meeting Minutes – September 18, 2007

Snelling Office Park, Minnesota Room, 3:00 pm – 5:00 pm

In attendance: Diane Chappuis, Ed Crisostomo, Donna Lindsay, Kathleen Miller, Darcy Olson, Sueling Schardin, Tess Sierzant, Al Tsai

Regrets: Donna Brauer, Sandy Hanson, Melissa Larson, Alejandro Rabinstein, Marnee Shepard, Lyn Steffen, Kevin Weber, Pam White, Melissa Winans, Gary Wingrove

AGENDA TOPIC	KEY DISCUSSION POINTS	DECISIONS	ACTION ITEMS
Welcome and Announcements	<p>Improving Stroke Care workshop, 11/13/07 Embassy Suites, Airport Co-sponsored by AHA, MDH, MHA</p> <p>Coverdell update: <i>Overall</i> - still aiming for January 2008 start date for data collection</p> <p><i>Personnel</i> - QI Specialist position still open; Abstractor/Trainer offer in process</p> <p><i>Database</i> – in development</p> <p><i>Enrollment</i> – in process; hospitals, Al needs the information requested. A final customized draft of the agreement will be mailed to you once he gets the name of the authorized representative + contact info, and hospital tax IDs.</p> <p><i>Advisory Committee</i> – “process” still in development</p> <p>Mary Jo Mehelich, RN – new nurse specialist at HDSP Unit, will be taking over coordination of this committee. Al will be continuing on as an ad hoc advisor and staffer through the end of this year.</p> <p>AHA: Lipid management webinar series beginning October 23; Power to End Stroke media advocacy training, October 18</p> <p>MSA: Midwest Regional Aphasia Conference, September 23-25 – Hilton (Bloomington).</p>	None	None
Project Updates: EMS Stroke Task Force	<ul style="list-style-type: none"> • Training session to be held at Bandana Square on 9/22/07 for MnSCU EMS instructors. Craig Rees from North Memorial will be the instructor. 	None	None
Project Updates: ED Stroke Task Force	<ul style="list-style-type: none"> • Development of state consensus protocol for acute stroke care in ED currently in progress 	None	

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Alexandria Conference	<p>Kathleen recounted the experience working with the staff in Alexandria putting on the conference last April. Discussion points –</p> <ul style="list-style-type: none"> • What are the key objectives and key audiences they want to reach? • Perhaps we could take a version of the Improving Stroke Care workshop (Nov) up there • MSP could help with public relations, getting the word out, putting logo on brochures and materials • MSP could incorporate this effort as part of our work plan 	MSP will support this conference, pending decisions on content and audience	Kathleen to bring ideas and thoughts back to planning committee.
Stroke system planning	<p>A stroke system means that each hospital declares itself either to a) be bypassed, b) accept stroke patients but will ship out somewhere, or c) be ready to accept and care for stroke patients for their entire stay. Once these are established, the next step would be to create linkages between hospitals. Finally, EMS would bypass hospitals accordingly and appropriately. Ideally, in addition to the above – a) appropriate management for patients arriving outside “the window” is addressed, wherever they go, and b) a system involves helping hospitals (particularly small rural hospitals) develop and implement stroke awareness plans in their communities.</p> <p>With the work of the ED task force, people agreed that it was necessary to bring tools and information, and a consensus protocol (the end product of this group) for all hospitals, so at least all EDs have an opportunity to know what they are ready for and what they are not.</p> <p>Telemedicine looks to be something for the future. There are a lot of issues that still need to be sorted out – liability, reimbursement, credentialing, confidentiality, other issues. It seems that telemedicine may only work if a hospital enters a contractual or quasi-contractual relationship with another, and there appears to be a general desire for independence (and not to be tied down).</p>	None	See Below

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Stroke system planning, continued	<p>An “airport hub” system model may work best – geographically as well as possibly health system based.</p> <p>You need a sustained presence in order to maintain relationships with and education of hospital staff.</p> <p>Question was raised about models in other states. New York has a top-down, strong arm hub and spoke approach – which would not work in Minnesota, but perhaps some version of it might. Florida’s approach does not appear to be working well, at least from the hospitals’ standpoint.</p> <p>Mapping out the roles, responsibilities, and capacities of all hospitals in the state – based on the upcoming AHA survey - is a good start, so not only do we do a gap analysis, but we can use this as the basis of offering all options to hospitals wishing to enter into relationships (this possibly could serve as the basic network/infrastructure of a system).</p> <p>A tension exists for staff from mentor hospitals doing outreach and education for other hospitals – on the one hand, we do it in the interest of raising the quality of care regardless of hospital; on the other hand, part of educating is talking about what your own hospital offers, so there is a subtle but real marketing aspect to consider.</p> <p>AI asked what advice the group can give for what MDH can do to move the planning forward for this “system”. Suggestions included</p> <ul style="list-style-type: none"> a) Making sure that greater MN hospitals, and hospitals from Duluth, St. Cloud, and Rochester, stay involved in this process b) Get input directly from smaller hospitals on what their unique concerns are, understanding what goes into the decisions they make about stroke care and entering into formal or informal relationships with other hospitals or health systems c) Put money into a statewide, comprehensive, coordinated messaging campaign to raise awareness of stroke warning signs and the need to recognize that stroke is an emergency and can be treated in most cases. 	None	<p>Possible actions:</p> <ol style="list-style-type: none"> 1. Do some information gathering about what concerns small hospitals have with stroke. 2. Research what other state systems of care look like and write it up in a (very) brief summary report, to learn from other states. 3. AHA will be working with MDH to implement a statewide capacity inventory (similar to the survey completed in 2006).

Next Meeting: January 15, 2008