

**Minnesota Stroke Partnership Steering Committee Meeting Minutes – January 15, 2008**

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

*In attendance:* Diane Chappuis, Elizabeth Gardner, Michelle Gardner (phone), Heather Garvas, Mary Hedges (guest), Angela Hedworth, Tim Held (guest), Donna Lindsay, Mary Jo Mehelich, Kathleen Miller, Darcy Olson, James Peacock, Sueling Schardin, Stan Shandeling, Marnee Shepard, Tess Sierzant, Al Tsai, Kevin Weber, Melissa Winans (phone)

*Regrets:* Donna Brauer, Ed Crisostomo, Sandy Hanson, Melissa Larson, Alejandro Rabinstein, Lyn Steffen, Pam White

AGENDA TOPIC	KEY DISCUSSION POINTS	DECISIONS	ACTION ITEMS
Welcome and Announcements	<b>Jim Peacock</b> – new epidemiologist at HDSP Unit, will be taking over coordination of this committee. Al will be continuing on as an ad hoc advisor.	None	None
Project Updates: EMS Stroke Task Force	<ul style="list-style-type: none"> <li>• Training session held at Bandana Square on 22 Sep 2007 for MnSCU EMS instructors. Craig Rees, formerly of North Memorial was the instructor.</li> <li>• Program received high evaluation scores, and interest was established in offering the program again, perhaps as a powerpoint, or using technology to provide regional training sessions</li> <li>• Consider offering the program at upcoming EMS events</li> <li>• Early cost estimates for a training DVD were obtained from Century College, may need additional funding to produce</li> <li>• Work with AHA to promote products available from the ASA</li> </ul>	None	None
Project Updates: ED Stroke Task Force	<ul style="list-style-type: none"> <li>• Development of state consensus protocol for acute stroke care in ED currently in progress</li> <li>• Draft will be circulated to a larger group soon</li> </ul>	None	Complete draft
Project Updates: Coverdell Stroke Registry	<ul style="list-style-type: none"> <li>• As of today, 8 hospitals are enrolled, with at least 6 expected to enroll shortly</li> <li>• Training session for participating hospitals planned for the first week in February</li> <li>• Website is now live: <a href="http://www.mnstrokeregistry.org">www.mnstrokeregistry.org</a></li> <li>• Advisory Committee's charge will be 1) External Monitoring, 2) Advisory role, 3) Strategic Planning (QI, sustainability), with first meeting on 7 Feb 2008</li> </ul>	None	None

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Minnesota EMS System Overview	<p>Mary Hedges, the Executive Director of the Minnesota EMS Regulatory Board provided a detailed overview of the Minnesota EMS System</p> <p>Key points:</p> <ul style="list-style-type: none"> <li>• EMS services are restricted to Primary Service Areas</li> <li>• MN EMSRB has no regulatory authority over dispatchers</li> <li>• Differences in Paid/Volunteer effort between Urban &amp; Rural areas</li> <li>• MNStar database shows 5408 reported stroke transports (based on EMS impression, preliminary data for 2007)</li> </ul> <p>Tim Held, Coordinator of the Minnesota State Trauma System, provided an overview of his experience setting up the system</p> <p>Key points:</p> <ul style="list-style-type: none"> <li>• Voluntary system that applies to major trauma only</li> <li>• Four-level designation, modeled on the American College of Surgeons</li> <li>• Three-year certification</li> <li>• Many challenges related to ratings designations, stress 'resources' with hospitals not 'quality'</li> <li>• Major issues include bypassing hospitals, involving all stakeholders, training, cost, and balancing ideals with reality</li> </ul>	None	None
General discussion	<p>Overarching theme of the meeting was an emphasis on education at all levels. Recognition of symptoms is widely-regarded as a major hurdle to overcome in effective stroke treatment.</p> <p>Data presented by Mary Hedges indicated 5500 EMS runs for stroke in 2007, and the most recent HDSP Burden Report indicated 11000 stroke hospitalizations in 2006. Even though the EMS data is based on 'provider impression' and the hospitalization data is based on ICD discharge codes, the numbers do point to a significant number of stroke cases not using EMS services to get to the hospital.</p>	None	See Below

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<p>General discussion (cont...)</p>	<p>Donna Lindsay noted that she has seen some hesitation on the part of EMS providers to call a stroke a stroke, even if the symptoms give a clear stroke impression. Simply using the word "Stroke" could increase mobilization of care once in an Emergency Room.</p> <p>Given this, the group felt it critical that the educational component moving forward with MSP would have to address multiple fronts: 1) Individuals, 2) Providers, 3) EMS/Dispatch</p> <p>Regarding Individuals:  Jim Peacock wondered what percentage of diagnosed stroke patients called an ambulance vs. coming in by private transportation. No one knew for sure, but Marnee Shepard spoke with Al Tsai the following day indicating about half of Stroke patients arriving at Fairview Southdale did so by car.</p> <p>The group asked about the success of the FAST campaign in Massachusetts. Stan Shandeling mentioned that there was a presentation by the Massachusetts Group at the December 2007 meeting of the National Stroke Association. He recalled good penetration and success, but that the price tag was high (~\$750,000).</p> <p>Many agreed that FAST is a great message, but currently different hospitals and clinics use different messages and materials to get the message out about stroke. Kathleen Miller felt this group could recommend that hospitals and clinics unite around a common message for stroke signs &amp; symptoms. Donna Lindsay felt that an awareness message could be crafted by this group, with MDH acting as a neutral body to encourage its use across health care systems. FAST is one possibility. Elizabeth Gardner felt this message should be incorporated into the EMS training module.</p> <p>Any education component could be implemented in a restricted geography initially, pooling resources of stakeholders and allowing easier assessment of each component. Kevin Weber stressed that small hospitals where few strokes are seen would respond well to a referral system (i.e. telemedicine) where they have access to resources at larger stroke centers via telephone. A system like this exists in Wisconsin, via the Univ of Wisconsin-Madison.</p>	<p>None</p>	<p>Find more information on success of the FAST campaign in Massachusetts</p> <p>Work toward deciding on a common message for hospitals and clinics to use about the signs &amp; symptoms of stroke.</p> <p>Collect information from Massachusetts on the success of the FAST campaign in that state.</p> <p>Jim Peacock will soon be administering an inventory of Stroke rehabilitation services in Minnesota in conjunction with the Great Lakes Regional Stroke Network States.</p>

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General discussion (cont...)	A final comment from the group was the possibility of organizing a statewide Stroke summit to bring more stakeholders into the discussion and provide more. This could feasibly be done late in 2008 or 2009.	None	

*Next meeting: March 18, 2008*