

**Minnesota Stroke Partnership Steering Committee Meeting Minutes – March 18, 2008**

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

*In attendance:* Elizabeth Gardner, Angela Hedworth (phone), Donna Lindsay, Mary Jo Mehelich, Kathleen Miller, James Peacock, Corey Sargent, Sueling Schardin, Stan Shanedling, Kari Olson (for Marnee Shepard), Tess Sierzant, Al Tsai, Kevin Weber

*Regrets:* Donna Brauer, Diana Chappuis, Ed Crisostomo, Sandy Hanson, Melissa Larson, Darcy Olson, Alejandro Rabinstein, Lyn Steffen, Pam White, Melissa Winans.

AGENDA TOPIC	KEY DISCUSSION POINTS	DECISIONS	ACTION ITEMS
Welcome and Announcements	Corey Sargent – new member of the Minnesota Stroke Partnership, NETT Coordinator at the University of Minnesota	None	None
Great Lakes Regional Stroke Partnership	<p>Angela Hedworth provided an update on upcoming conference calls sponsored through the Great Lakes Regional Stroke Partnership</p> <ol style="list-style-type: none"> <li>1) Telemedicine &amp; Stroke (Mar 20, 1 pm)</li> <li>2) Drip &amp; Ship (Apr 10, 1 pm)</li> <li>3) Data Exchange/Best Practices (AHA Get With the Guidelines (May 20)</li> <li>4) Post-Stroke &amp; Depression (Jun 26)</li> </ol> <p>Information on all of these calls is available at the GLRSN website ( glrsn.uic.edu )</p>	None	None
AHA Update	<p>Sueling Schardin informed the group about new Community Action Grants for projects with a community-wide reach. These will be available to non-profits who target the following areas:</p> <ul style="list-style-type: none"> <li>Women’s Health</li> <li>Cultural Health</li> <li>Physical Activity</li> <li>Stroke</li> <li>Childhood Obesity</li> <li>Grassroots Advocacy</li> </ul> <p>Sueling also informed the group of a forthcoming national map of acute stroke capabilities. It will not be publicly released, but it will be shared with the group.</p>	None	None
MDH Update	<p>Jim Peacock provided a brief update on activities at MDH. The renewal of the capacity-building grant from CDC was submitted the previous week. This will be the 2<sup>nd</sup> of 5 years of funding. Additionally, MDH submitted a proposal to CDC for optional funding, focused on the effectiveness of a care management system for cardiac patients to improve risk factor profiles and prevent recurrent events. If funded, this project may inform stroke strategies as well.</p>	None	None

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MDH Update (cont...)	Jim has also contacted the American Academy of Neurology who agreed to provide 1) a count of neurologists and stroke neurologists by county for the Great Lakes Region + North Dakota, and 2) develop a position statement on a perceived shortage of Neurologists. They anticipate being ready to share this information by the end of April.	None	Provide data on Neurology services & Stroke Neurology services to GLRSN once received.
Project Updates: EMS Stroke Task Force	<p>Elizabeth Gardner reported that efforts are being made to more widely distribute a Training Module created by Craig Rees, formerly of North Memorial. Intent is to get other EMS Trainers to start disseminating the module in other EMS regions.</p> <p>Key points:</p> <ul style="list-style-type: none"> <li>• The module is currently in a Powerpoint format, geared toward EMS providers and Medical Directors but other strategies include the production of a DVD with Craig Rees teaching the course.</li> <li>• To more widely distribute the current work, current efforts are focused on getting time at EMS conferences, including the upcoming EMS Educators Conference in North Mankato, but it appears this has been canceled. Corey Sargent confirmed that this meeting has faced declining popularity.</li> <li>• The next opportunities are for time at the 1) EMS Medical Directors Meeting in Alexandria during September 2008 and 2) in the Northwest EMS Region in October, through contact with Tom Vanderwal.</li> </ul>	None	None
Project Updates: ED Stroke Task Force	<ul style="list-style-type: none"> <li>• Tess Sierzant reported that 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>• Al Tsai reported that as of today, 11 hospitals are enrolled, with 2 in process, and 4 being actively recruited.</li> <li>• Anticipates recruiting 30 more hospitals during fiscal year 2009.</li> <li>• Brad Krier is working on individually training hospitals and coordinating calls on the technical systems, the automated reports and queries.</li> <li>• A training conference for participating hospitals is planned for June, and Al will be soliciting input from members of this committee for topics, format, etc...</li> <li>• The continuation for the CDC grant will be submitted next week.</li> </ul>	None	None

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<p>General Discussion on a Signs &amp; Symptoms of Stroke Messaging</p>	<p>Sueling Schardin reported to the group that the AHA would be releasing a new signs &amp; symptoms campaign in place of SUDDENS the following week. She couldn't provide any information, but agreed to forward the news release to all members of the Minnesota Stroke Partnership on March 26<sup>th</sup>.</p> <p>Stan Shanedling reported that this group could inform the charge of the primary prevention subgroup within the larger Statewide Heart Disease &amp; Stroke Prevention Committee. Any message should be tailored for a long-term impact. He stressed addressing the question of which message is best.</p> <p>Kathleen Miller stressed that different health systems are using different messages, and that it may be better for this committee to suggest a common "Minnesota Message" for Stroke. This message can be taken to the primary prevention subgroup within the larger HDSP committee.</p> <p>Al Tsai posed three questions:</p> <ul style="list-style-type: none"> <li>• What is the message?</li> <li>• What mechanisms can be used to spread the message?</li> <li>• How do we institutionalize this message?</li> </ul> <p>Donna Lindsay asked about the institutionalized norm. In such a case, it might be best to provide a "short &amp; dirty" message in person, with more detailed information available for more intensive education.</p> <p>Sueling Schardin suggesting using guidelines from the Brain Attack Coalition.</p>	<p>None</p>	<p>Sueling Schardin to forward Stroke Signs &amp; Symptoms campaign to committee members</p>
<p>Discussion on what's known about stroke and education messages</p>	<p>Stan Shanedling asked three broad questions:</p> <ul style="list-style-type: none"> <li>• What do we know about stroke education? What don't we know?</li> <li>• What systems can reinforce our education message?</li> <li>• What enables our success?</li> </ul> <p>Jim Peacock distributed a handout showing reasons for not seeking immediate treatment in focus groups from North Carolina. A similar study in Minnesota would point to likely targets for education initiatives.</p> <p>Kari Olson echoed comments from many, stressing the simplicity of the F.A.S.T. message, and the ease with which it could be implemented. The next important steps are to figure out how to best deliver this message to the community.</p> <p>Donna Lindsay reported that F.A.S.T. was used at Abbott Northwestern and that a nurse was able to</p>	<p>Use F.A.S.T. as primary message</p>	<p>See Below</p>

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Stroke Education Messages (cont...)	repeat this message during a Joint Commission site visit. Stan Shanedling reported that the F.A.S.T. message was well-received by members of the Presidents' Network, and Kevin Weber reported that F.A.S.T. is being used by Genentech as well.		
Implementing F.A.S.T. message	<p>How best can we get help to bring the message to many? Some suggestions included:</p> <ul style="list-style-type: none"> <li>• Working with communications groups at hospitals</li> <li>• Approaching PR firms about doing pro-bono work</li> <li>• Exploring previous strategies employed by MDH</li> <li>• Partnering with big health care in Minnesota; Blue Cross, HealthPartners, United Health, Medica on new materials</li> <li>• Work with the Council on Health Plans the Department of Human Services</li> </ul> <p>Kevin Weber and Kathleen Miller stressed that some Health Plans may already have media buys planned for Stroke Awareness Month coming in May. They wondered if it would be possible for us to add 20 words.</p> <p>The group agreed that marketing expertise would be helpful to 1) hone the exact message, and 2) help decide what types of materials would work best</p> <p><b>Targets include:</b></p> <ul style="list-style-type: none"> <li>• Local Public Health</li> <li>• Health Plans</li> <li>• Health Systems</li> <li>• Schools</li> <li>• Worksites</li> <li>• Public</li> <li>• AARP/Board on Aging</li> </ul> <p><b>Through these channels:</b></p> <ul style="list-style-type: none"> <li>• Television &amp; Radio</li> <li>• Primary Care Doctors &amp; Neurologists</li> <li>• Offices of Rural Health</li> <li>• Critical Access Hospitals</li> <li>• Emergency Departments</li> </ul>	<p>Explore options for F.A.S.T. messaging</p> <p>Create plan for MN Stroke messaging</p>	<p>Approach MDH communications regarding messaging</p> <p>Develop plan and time frame for activities at the end of summer</p> <p>Put together a conference call in early-mid May to discuss plans moving forward</p>

*Next Meeting: June 17, 2008*