

**Minnesota Stroke Partnership Steering Committee Meeting Minutes – June 16, 2009**  
Snelling Office Park, Minnesota Room, 3:00 pm – 5:00 pm

*In attendance:* Jessica Barth, Donna Brauer, Cathy Burd, Rachel Callanan, Angela Hedworth (phone), Melissa Horn, Melissa Levy, Donna Lindsay, Kathleen Miller, Sheryl Orcutt, James Peacock, Sueling Schardin, Marnee Shepard, Carol Ann Smith, Al Tsai, Erika Vetta.

*Regrets:* Al Barton, Amy Castle, Diane Chappuis, Ed Crisostomo, Rosie Emmons, Melissa Fritz, Elizabeth Gardner, Sandy Hanson, Paula Heinonen, Betty Hydukovich, Mary Jo Mehelich, Alejandro Rabinstein, Corey Sargent, Stan Shanedling, Lyn Steffen, Silvina Tonarelli, Sarah Tonn, Kevin Weber, Alexander Zubkov.

AGENDA TOPIC	KEY DISCUSSION POINTS	DECISIONS	ACTION ITEMS
Welcome and Announcements	Welcome new members – <ol style="list-style-type: none"> <li>1. Carol Ann Smith – Traumatic Brain Injury Center &amp; Stroke Center Coordinator at Hennepin County Medical Center</li> <li>2. Sheryl Orcutt -- Genentech</li> </ol>	None	None
Great Lakes Regional Stroke Partnership	Angela Hedworth reported on current GLRSN activities. Highlights include: <ul style="list-style-type: none"> <li>- Primary Stroke Center (PSC) map for EMS created in Google Maps, shared with EMS providers</li> <li>- CARF-certified Stroke Rehab programs map, also created in Google Maps</li> <li>- Future mapping projects include Critical Access Hospitals, and drive-times to PSCs</li> <li>- Dysphagia workgroup is working on a consensus statement</li> <li>- Working with the REGARDS study at the University of Alabama to describe the stroke risk factor burden in the Great Lakes States</li> <li>- States are working on a telemedicine feasibility study</li> <li>- Rehab inventory has been released</li> <li>- Stroke disparities fact sheets created</li> <li>- Tobacco Cessation packets have been shared with PSCs in IL, IN, and WI</li> <li>- Work continues with Coverdell states in the region</li> <li>- Quality of Care calls are described on the GLRSN website calendar</li> </ul>	None	None
AHA Update	Sueling Schardin shared maps of Stroke Systems of Care resources in Minnesota and surrounding states, including drive-time maps and self-designated stroke readiness.  Rachel Callanan introduced Melissa Horn who will serve as the new Grassroots director for Minnesota, adding to her work in Illinois. She then	None	None

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AHA Update (continued)	provided an update on AHA policy priorities during the last legislative session. All bills supported by AHA were not funded. While not finally passed, there was some success in getting smaller amounts of money (for SAGE Plus and a tobacco tax increase) approved in the House. Rachel worked closely with the American Cancer Society, ClearWay Minnesota, and BCBS on tobacco tax legislation that did not ultimately pass.	None	None
Project Updates: Minnesota Stroke Registry	<p>Al Tsai provided an update on the efforts of the Minnesota Stroke Registry.</p> <ul style="list-style-type: none"> <li>- 18 hospitals currently enrolled, with 4,604 cases entered in 2008, and more than 1500 so far in 2009.</li> <li>- 4 new hospitals to start in July 2009</li> <li>- Jacob Zdon is continuing to work on reabstractions, with reliability reports coming</li> <li>- Data Quality reports are showing very few potential errors; Great work by the hospitals!</li> <li>- QI site visits will continue (Cathy Burd from Regions said the site visit experience was very valuable. Through this activity, Regions made some changes in protocols)</li> <li>- Process evaluations to be conducted soon with the support of Erika Vetta, Epi MPH student and summer intern with MDH</li> <li>- Communique describing MSR activities</li> <li>- More updates to MSR website, including a QI Corner, Data Corner and new reports</li> <li>- Statewide Stroke Conference in Spring 2010</li> <li>- QI Collaborative program</li> <li>- Recognition program</li> </ul>	None	None
Project Updates: ED Task Force	Tess Sierzant reported on progress on the Consensus Statement for Acute Stroke treatment in the ED. She and Jim Peacock met in mid June and agreed to make the statement applicable to hospitals of all capacity levels. The plan is to provide a general statement, emphasizing resources and treatment guidelines (ICSI guidelines for Ischemic Stroke, Hospital-specific Stroke Action Plans; AHA Scientific Advisories, AANN guidelines).	None	Jim and Tess will meet to complete draft document in July & circulate to subcommittee.
Project Updates: EMS Education Task Force	Jim Peacock reported that the subcommittee will meet soon to make some small changes to the presentation, including adding a few slides emphasizing the importance of good data reporting from EMS to MNStar, which then goes to NEMSIS. Silvina Tonarelli at the U is helping with getting the presentation filmed so that DVD and/or media files can be shared with multiple EMS agencies. Carol Ann Smith asked about EMS contact hours for this presentation.	None	<p>Elizabeth Gardner will set up meeting schedule to revise presentation.</p> <p>Jim Peacock and Elizabeth will explore the topic of contact hours.</p>

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MDH Update	<p>Jim Peacock reported to the group that the recent renewal application for MDH's CDC grant included the addition of several supplemental initiatives, as requested by CDC. These monies were not realized and no extra funding came to states. However, the project officer from CDC indicated some projects related to blood pressure &amp; cholesterol control may be considered, so MDH is resubmitting the following proposals:</p> <ol style="list-style-type: none"> <li>1. Metropolitan Health Plan: Home visits to improve antihypertensive compliance and lower BP</li> <li>2. Worksite Policy Change: Know Your Numbers and Healthy Choices</li> </ol> <p>An optional project with HealthPartners was funded by CDC to reduce secondary coronary events in heart attack survivors. This could serve as a model for a future stroke project.</p> <p>Jim Peacock also mentioned an opportunity to work with CAHs on quality improvement. It would use the FLEX grant funding mechanism for Critical Access Hospitals, and would be modeled after an existing project in Wisconsin, coordinated by Michelle Gardner at AHA. Some questions still need to be resolved, but we anticipate supporting an application for these funds in Fall 2009.</p> <p>Jim Peacock asked the group about the need for a Master Calendar of stroke-related activities. Maintaining calendars is difficult work, but may be valuable to members of the partnership and others. Several suggestions were made, including finding out more about the current visitors to the site, and whether this is the MSP website's proper audience.</p>	None	<p>MDH will await word from CDC on the possibility of funding for risk factor initiatives.</p> <p>Jim will consult with the Steering Committee on the audience for a stroke calendar.</p>
Public Awareness	<p>Jessica Barth, a candidate for the MPH degree in Community Health Education at the U of MN, reported to the group on her developing the Stroke Awareness Toolkit for Hospital Health Educators. The toolkit is currently available as word document with the following sections:</p> <ul style="list-style-type: none"> <li>- Public Awareness &amp; Education Resources</li> <li>- Evaluation</li> <li>- Partners</li> <li>- Other Useful Websites</li> <li>- How to Get Started</li> <li>- Free Materials</li> <li>- Reference Guide on Materials media types, cost, etc...</li> </ul>	None	<p>Jessica will work with the Office of Rural Health &amp; Primary Care to recruit CAHs for interviews related to the use of this toolkit.</p>

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Stroke Awareness Toolkit for Hospitals (continued)	<p>Each section has a brief description of the resource. The document is clickable, providing direct links to the sources online.</p> <p>The committee provided positive feedback to Jessica's work, and is ready to begin collecting information on its use from health educators.</p> <p>Jessica will target Health Educators at Critical Access Hospitals through MDH's Office of Rural Health &amp; Primary Care. The goal is to conduct 15-20 structured interviews. If the response rate is higher, she indicated she would develop an online survey to gather more data.</p> <p>Some members of the committee asked if this toolkit would be used by larger hospitals. Jim Peacock wasn't sure, as the target audience was those facilities not already engaged in community stroke education activities, but he felt this could be addressed after more information is gathered from CAH contacts. Jim suggested connecting small hospitals with larger facilities on their education activities.</p>	None	Jessica Barth will work with the Office of Rural Health & Primary Care to recruit CAHs for interviews related to the use of this toolkit.
Stroke Awareness for Providers	<p>Jim Peacock brought to the group a suggestion to provide an educational opportunity for providers at the Minnesota Academy of Family Physicians (MAFP) Spring Refresher in April 2010. An earlier e-mail circulated to a small group of hospitals represented on the MSP committee generated high interest from all, including the suggestion of specific speakers.</p> <p>In parallel, Al Tsai has undertaken the step to create a list of physician and nurse speakers for a hospital participating in the Coverdell program. A suggestion for the MSP is to create a Speaker's Bureau to call upon when MSP wants to engage the professional community. The committee felt this was a good idea.</p> <p>The group brainstormed the following topics to be covered in a presentation to MAFP:</p> <ol style="list-style-type: none"> <li>1. How stroke care has changed</li> <li>2. 1<sup>o</sup> and 2<sup>o</sup> stroke prevention, risk factor management</li> <li>3. TIA management (ABCD2)</li> <li>4. How to do a stroke/TIA workup</li> <li>5. When to refer</li> </ol>	MSP will pursue MAFP presentation in 2010	Jim Peacock will work to draft a presentation abstract and circulate to the steering committee by June 30 <sup>th</sup> for review.

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Stroke Awareness Toolkit for Providers (continued)	<p>The steering committee stressed that the selection of the right title and presenter will be key to effective communication of these messages. Additional consideration should be made to making available stranding orders, protocols and other resources.</p> <p>Some suggested having more than one speaker, with a family practioner providing part of the talk. A neurologist willing to speak on this topic for the MSP may have a good family practice contact to work with. Another suggestion was to have more of a panel discussion format.</p> <p>The breadth of topics covered will depend on the length of time given for presentations. Some members suggested having a booth at the conference to allow for follow-up questions and more one-on-one contact with interested docs.</p> <p>Jim Peacock suggested creating a new subcommittee in the future dedicated to MSP's professional communication practices; i.e. conference presentations, resource development and dissemination, etc... This suggestion will be reviewed at future MSP meetings.</p>	None	Jim Peacock will speak with the MDH contact who has been present as an exhibitor at past MAFP meetings.

*Next Meetings:*  
*September 22, 2009*  
*January 19, 2010*  
*March 16, 2010*  
*June 15, 2010*