

Minnesota Stroke Partnership Steering Committee Meeting Minutes – September 22, 2009

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

In attendance: Jessica Barth, Donna Brauer, Kari Bottemiller (phone), Rachel Callanan, Angela Hedworth (phone), Betty Hydukovich (phone), Val Kriegler (phone), Mary Jo Mehelich, Kathleen Miller, Kari Olson, Sheryl Orcutt, James Peacock, Sueling Schardin, Tess Sierzant, Silvina Tonarelli, Al Tsai.

Regrets: Amy Castle, Diane Chappuis, Ed Crisostomo, Rosie Emmons, Melissa Fritz, Elizabeth Gardner, Paula Heinonen, Sheryl Orcutt, Alejandro Rabinstein, Corey Sargent, Stan Shanedling, Marnee Shepard, Carol Ann Smith, 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"> 1. Kari Bottemiller – Stroke Coordinator at St. Mary's Hospital – Mayo Clinic 2. Val Kriegler – Trauma Services/Stroke Program Manager at Mercy Hospital (Coon Rapids) 	None	None
Great Lakes Regional Stroke Partnership	Angela Hedworth reported on current GLRSN activities. Highlights include: <ul style="list-style-type: none"> - Abstracts at Northeast Cerebrovascular Consortium on 1) dysphagia screening and 2) Quality of Care teleconferences - Working on maps of drive-times to PSCs - Quality of Care Teleconference on October 8th focused on maximizing tPA use (CEUs offered for OT, Nursing, Speech/Language pathology) – more listed on GLRSN website calendar - Working with the REGARDS study at the University of Alabama to describe the stroke risk factor burden in the Great Lakes States - States are working on a discharge planning survey - Dysphagia workgroup is working on an article and a swallow-screen checklist - CDC has eliminated funding for Stroke networks after June 29, 2010 - Tess Sierzant stressed the value of the GLRSN as a resource, and the need to reevaluate those services and who can help to fill the gap - Al Tsai stressed that there are many options to maintain the presence of GLRSN, including applying for an optional grant 	None	None
AHA Update	Sueling Schardin announced the upcoming Power to End Stroke Gospel Tour and VIP reception in Brooklyn Park on October 15 th ; she can provide promotional materials if wanted.	None	None

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AHA Update (continued)	<p>She also announced the release of the US News & World Report ads using data from GWTG-Stroke with awards in Minnesota going to Mayo, Regions, Mercy, United, and St. Joseph's.</p> <p>Sueling also announced that she has resigned her position with AHA to take a new position with the City of Bloomington Public Health to work on projects funded by the State of Minnesota's Statewide Health Improvement Program (SHIP).</p>	None	None
MDH Update	<p>Jim Peacock reported to the group that he and Al were in Atlanta the previous week to attend the annual CDC grantee training. The general sessions were a bit lighter on stroke this year, but the first day of the meeting was devoted to the Coverdell Stroke Registry states only.</p> <p>Jim also mentioned that a plan to seek FLEX funds for a stroke quality improvement project would likely happen. MDH is in the process of identifying a CAH with which to partner.</p> <p>MDH staff have investigated alternate strategies for maintaining a calendar on the MSP website. Examples elsewhere (both inside and outside MDH) were studied, but many seemed to involve more work than was warranted. For the time being, the calendar will continue to be maintained as it has been. All MSP members should help to promote the calendar by submitting events and sharing the calendar resource with their partners.</p>	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"> - 18 hospitals currently enrolled, with 4,604 cases entered in 2008, and more than 2900 so far in 2009 start - 3 new hospitals starting now - Jacob Zdon is working on the 2nd round of re-abstractations - QI consultations and tracers are ongoing - QI Interest Group now online using Google Groups - Future services include Collaborative Learning Sessions and a Recognition program - Coverdell Data Stories coming this fall - Updates to the MSRT in conjunction with upcoming data collection changes - Hospital Capacity Inventory (February 2010) - Statewide Stroke Conference (Spring 2010) - Pilot Project to create a relevant Coverdell-type project for small hospitals. 	None	None

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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 early September and agreed to make the statement applicable to hospitals of all capacity levels. Jim has solicited input from the rural health program at MDH. A new draft has been generated that emphasizes resources and treatment guidelines (ICSI guidelines for Ischemic Stroke, Hospital-specific Stroke Action Plans; AHA Scientific Advisories, AANN guidelines).	None	Jim and Tess will approach contacts at small hospitals for input and critique.
Project Updates: EMS Education Task Force	<p>Jessica Barth reported that the subcommittee was close to finalizing the presentation. A date for filming at Fairview (thanks to Silvina Tonarelli!) was being negotiated for October or November. Craig Rees and Kari Olson will serve as the speakers.</p> <p>The EMSRB has agreed that this presentation can be used for contact hours. MDH will continue to work on a process for assessing retention of learning objectives and disseminating certificates.</p>	None	<p>Jessica Barth will set up a time to film the presentation.</p> <p>Jim Peacock will work to revise the MSP website to share the presentation.</p>
Public Awareness	<p>Jessica Barth reported on the final steps taken with the Stroke Awareness and Education Resource Toolkit, including the results of an evaluation of the product. Health educators based at rural hospitals in Minnesota were recruited through e-mail and direct phone solicitation. A structured interview focused on the following issues:</p> <ul style="list-style-type: none"> - Current stroke education activities - Design of the toolkit - Comprehensiveness of the toolkit - Usability of the toolkit - Barriers to providing stroke education - Needs for additional resources <p>Feedback was quite positive, with no respondents having a negative response. The most frequent barriers mentioned by the respondents were cost, staff time, and the challenge of successfully reaching people with the education messages. Respondents mentioned the need for a speaker's bureau and funding for stroke education efforts.</p>	None	Finalize the toolkit and publish.
Stroke Systems of Care Planning	Al Tsai presented a framework for a Stroke System of Care in Minnesota. The initial work will focus on the Emergency Medical Services and Acute Treatment segments of the Stroke continuum of care. A small planning group consisting of Al, Jim, Drs. David Anderson and Russell Luepker, along with Rachel Callanan has been and will continue to meet to research these topics. More updates expected in upcoming meetings.	None	Continue small group meetings, provide feedback on progress to MSP as warranted.

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<p>Stroke Awareness for Providers</p>	<p>Jim Peacock mentioned an upcoming opportunity for the MSP to target education and awareness efforts toward rural areas of Greater Minnesota. The Minnesota Critical Access Hospital & Rural Health Conference is scheduled for June 2010 and will have a call for proposals in November 2009. This conference annually attracts CEOs, QI directors, Directors of Nursing and others from throughout the state, with several dozen Critical Access Hospitals participating.</p> <p>A successful proposal for an oral presentation should do the following:</p> <ul style="list-style-type: none"> - Address rural significance - Involve a rural partner - Have limited clinical information <p>MDH staff will seek a potential outstate partner to help with this work. Some CAH candidates have already been identified.</p> <p>The proposals are often quite competitive, with fewer than 1/3 of proposals being selected.</p> <p>Another strategy will be to occupy a booth in the conference exhibit hall. The MSP can use this to share resources and network with rural partners.</p> <p>On another topic, Jim Peacock thanked Donna Brauer for her help and guidance on a program for family physicians. Drs. David Anderson and Richard Grimm at the U of MN and HCMC have agreed to a plenary presentation on the state of Stroke care and hypertension management for the 2010 Minnesota Academy of Family Physicians (MAFP) Spring Refresher. The proposal will be submitted soon.</p>	<p>MSP will pursue presence at Rural Health Conference</p>	<p>Jim Peacock will work to identify a hospital or rural partner for Rural Health Conference presentation.</p> <p>Jim Peacock will approach the Rural Health Conference sponsors about a booth at the conference.</p> <p>Jim Peacock will submit a proposal to the MAFP for the Spring 2010 Refresher.</p>

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