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Maine Stroke Alliance Minutes

April 26, 2022

Zoom

9:30 am – 11:30 am

- Attendance

MSA Board Members: Laura Young (NERH), J. Sam Hurley (MEMS), Jane Morris, MD (MMC), Deborah Gregoire (MMC), Angela Wheelden (NL-EMMC), Pete Tilney, DO (CMMC), Brittany Lachance, DO (SMHC/MMC), Jason Scott.

Norm Dinerman (EMMC/LFOM), Kate Zimmerman (MMC/MEMS), Sally Taylor (APEMS), Rick Petrie (NEMH), Brian Chipman (MMC), Allyson Perron-Drag (AHA), Ashley Moody (MEMS), Lora Jobe, MD (Midcoast), Chip Getchell (Delta), Sarah Swan

- Deliverables

| Task | Responsible Party(ies) | Due Date |
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| Approved MSA January Minutes posted to Website | Ashley Moody | Immediately |
| MSA membership nominations and elections | Dr. Zimmerman to send out nomination form followed by ballot | May 6 th (nomination form) May 9 th (ballot) May 20 th (voting closes) |
| STAT Subgroup Meeting | STAT Subgroup | Report for next meeting |
| Subcommittee Membership sign-up | ALL via MSA website, please | ASAP |

| Agenda Item | Discussion |
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| Welcome/Introductions | Introductions were made. |
| Approval of Minutes | January 25, 2022, minutes were reviewed and accepted as written (Motion by Chipman & seconded by Dr. Tilney) |

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| Board Member Introduction | Maine Hospital Administrator – Laura Young (New England Rehab) Maine EMS Director – J. Sam Hurley Neurologist (2) <ul style="list-style-type: none"> • Jane Morris (MMC) • Vacant |
| | Stroke Program Coordinator (2) <ul style="list-style-type: none"> • Deborah Gregoire (MMC) • Angela Wheelden (NL-EMMC) Emergency Medicine Physician – Pete Tilney (CMMC) Critical Care Provider – Brittany Lachance (SMHC/MMC) Member of the Public – Jason Scott |

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| <p>Membership & Chair Elections</p> | <p>Please refer to the MSA Bylaws for membership position descriptions.</p> <p>Discussion on terms. Specifically, length and how to offset the cycle. Discussed 3-year term initially or could the Chair (Dr. Morris) complete a 1-year term and re-elect after that (this would not require a bylaw change).</p> <p><i>Motion by Dr. Morris to have Chair complete 1 year while all other members will serve a two-year term (Hurley seconded the motion) - Unanimously. Motion passed.</i></p> <p>Membership Composition</p> <ol style="list-style-type: none"> 1.) Current Director of Maine EMS – term does not expire 2.) Medical Director of Maine EMS – term does not expire 3.) Hospital Administrators (3) - one from each as recommended by the Maine Hospital Association <ul style="list-style-type: none"> • Small hospital (0-55 beds) • Medium hospital (56-110 beds) • Large hospital (111 beds or greater) 4.) Maine Hospital Association Representative (1) - term does not expire 5.) Emergency Medicine Physician (2) - A physician actively participating in an Emergency Department in Maine, one representative from either a Comprehensive or Primary Stroke Center and one representative from an Acute Stroke Ready hospital or Critical Access Hospital. 6. Neurologists (5) - actively involved with stroke care 7.) Emergency Nurse (1) - actively practices in an emergency department in the state of Maine 8.) Hospitalist (1) - Involved in the care of stroke patients in the state of Maine 9.) Critical Care Provider (1) - Of care provider working in a critical care unit that admits stroke patients 10. Critical Access Hospital Representative (1) - Health care provider who directly cares for or manages the care of stroke patients |
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| | <p>11.) Stroke rehabilitation specialist (1) - member of a rehabilitation team responsible for the post hospitalization care of stroke patients in the state of Maine.</p> <p>12.) Representative of Air Ambulance Services (1) - Representative from a Maine based air ambulance service</p> <p>13.) Prehospital care clinician (2) - Actively practicing licensed EMS clinician in Maine affiliated with a Maine EMS licensed service, with preference that one of these clinicians be working in a rural community.</p> <p>14.) Stroke care system user (1) - A member of the public, preferred to be a stroke survivor or a family member of a stroke survivor</p> <p>15.) Stroke coordinators (5) - These positions will be filled by an existing Stroke Coordinator from each of the Comprehensive Stroke Centers and Primary Stroke Centers in Maine. These terms do not expire. This number may increase if the number of Joint Commission certified Stroke Centers. Increase in the State of Maine.</p> <p>16.) Public Health Representative or Educator (1)</p> <p>17.) Chronic care representative (1)</p> <p>Consider adding APP to the membership which would results in a bylaw change.</p> |
| <p>MSA Structure/Organization (Dr. Morris)</p> | <p>Need to increase membership in subcommittee. Followed by electing leaders.</p> <p>Goal to have sub-quarterly subcommittee meetings that ideally occur prior to the quarterly meeting.</p> <p>Look at biannual board meeting (focus our priorities and ensure progress toward fulfillment of the vision of the MSA), quarterly MSA meetings (Board + Members + open to the medical community), and quarterly subcommittee meetings (brainstorming ideas).</p> <p><i>Motion by Dr. Morris to have the board meet bi-annually (Chipman seconded the motion). Unanimous. Motion Passed.</i></p> |
| <p>Vision presented by Dr. Morris</p> | <p>Goals as Chair:</p> <ol style="list-style-type: none"> 1. Set standards for acute stroke care across the state <ol style="list-style-type: none"> a. Support community hospitals – enhance local stroke care b. STAT (Stroke Treatment Assessment Team) visits – onsite review of stroke care at hospitals - Brian Chipman reviewed his STAT visits with telehealth. c. Would like to see what other CAH have in place and what they are doing? AHA could partner with the MSA. Brian can cover the tele stroke sites. Sam would like to see something transcribed into a digital form. He would have them do a self-assessment and then us assess and look at the gap. Brittany knows that there is potential for research here. Angela will bring this to her leadership. Angela will set up time with Brian to review the tool. We can share this with the group. We can send it to the group. <p>STAT subgroup: Kate/Ashley/Jane/Brian/Angela/Ashley Eagan to find a time to meet and discuss further.</p> |

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| | <p>d. Will need to work on the map with resources at each hospital, too (looking to assign this to a subgroup as well)</p> <p>2. Advocate for a regional system</p> <p>a. What is your stroke plan?</p> <p>3. Grow the membership of the MSA</p> <p>a. Jane will send out subgroup info.</p> <p>b. Brian – asks which is the best way to sign up on the website. The best direction would be the subcommittees – and once we have leaders, will move them forward. Sam- join the website, pick subcommittee, come to meetings – where can interact and then as subcommittees get going, then will get more involved.</p> <p>4. Badges – look at this. Fix Brittany’s</p> |
| New Business | <ul style="list-style-type: none"> • Lora Jobe will reach back out to her neurologist. • May 25th – first hospital medicine symposium, focused on stroke care. 8a-11a. Trying to get hospitalists, nurses, therapists, the public to participate. Will be remote. |
| Old Business | <ul style="list-style-type: none"> • Posterior Circulation Stroke Blog with EMS CEH (Moody) - posted • Sponsors/BP cuffs (Perron-Drag) • TACTAT (Trauma Advisory Committee Technical Assistance Team) form templates - sent |
| Next Meeting | <p>Next meeting date is 9:30am-11:30 am on July 26, 2022 via Zoom.</p> <p>Please contact Kate Zimmerman at zimmek1@gmail.com or Ashley Moody at ashley.n.moody@maine.gov with any questions regarding the group meetings.</p> |

Minutes submitted May 31, 2022 by ANM

Approved on July 26, 2022