Maine Stroke Alliance Meeting

Monday, February 5, 2018

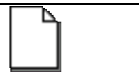
MINUTES

Present: Tina Love (MCDPH), Matt Sholl (MEMS), Pete Tilney (CMMC/LFOM), Diane Campbell (MCDPH/MCHC), Jane Morris (MMC), Dottie Carroll (MGMC), Paul Vinsel (CMMC), Merica Tripp (RH&PCP), Alan Leo (MEMS)

On Phone: Kate Zimmerman (MEMS), Becky Smith (AHA), Norm Dinerman (EMMC), Angela Wheelden (EMMC), Eileen Hawkins (PenBay), Tho Ngo (MaineHealth), Zainab Magdon-Ismail (AHA), Kalyn Horst (AHA), Nicki Van Loan (Bridgton), Angela Dubuc (CMMC)

Agenda Item	Discussion	Follow-up/Recommendations
Welcome/Introductions		
Review/Follow-up from Minutes	The minutes were accepted as written. All the hospitals that had not completed the Stroke Survey were contacted. Thank you to all those who assisted in this process.	
Update from NECC	Matt updated the group on the November 2017 meeting of the Northeast Cerebrovascular Consortium (NECC). For the last 6-7 years the NE states have been working on EMS guidelines. But why are we creating different protocols for each state when there should just be one protocol for all to use. Discussion included: Is the therapy unique to an area – cardiac arrest, stroke, sepsis, seizure? What are the capabilities of our hospitals? Can we collaborate, apply EMS guidelines, apply meaningful science? Achieving a balance between stroke care & geography in rural settings. How to overcome barriers? Good to have online resources – Jane shared transfer data sheet with NH. Goal is to have a routing protocol and consistent stroke rating, commonality of protocols. AHA has convened the group for EMS Medical Directors from ME, NH, VT, CT, MA – meetings are once a month and are open if others would like to join. Also AHA has convened a Stroke Coordinators Workgroup meeting for NH, VT, ME. Christina from Concord leads the meeting, meet quarterly by phone and have had 2 meetings with lots of sharing.	
Update on Name/Mission Statement	Twenty-two people responded to SurveyMonkey identifying a name and mission statement for the group. "Maine Stroke Alliance" received the most votes for a	

	name and everyone was agreeable to use that name. Several possible mission statements were also voted on. The most popular one was discussed and the group had a few changes before approving. The changes came about because MMC does take patients from New Hampshire. The revised mission statement is, "To create an integrated, multidisciplinary, regional system of stroke care that addresses the prevention, acute and subacute treatment, recovery and secondary prevention of cerebrovascular disease with an ultimate goal of ensuring that all patients in the State of Maine have access to comprehensive, high-quality, and cost effective care at all levels of stroke acuity regardless of location."	
Update on Stroke Funding	Nicole Breton from the Maine Office of Rural Health & Primary Care Programs has been able to provide a small amount of funding to MCD Public Health to keep this group going until August 31, 2018. Part of the funds will be used to engage the rural critical access hospitals.	
Updated 2017 Hospital Statewide Stroke Survey Results	We now have information from all hospitals. (See attached.) So, now what do we do with it? We can start with a few key changes. Three particular questions had results that somewhat surprised the group - Question #3 – 91% of the respondents indicated they did NOT have standing guidelines with EMS to bypass their ED for transporting stoke patients to a stroke care center; Question #4 – 32% of the respondents indicated they did NOT have a diversion plan in place if the CT Scan was down; and Question #9 – 50% of respondents indicated they did NOT have a stroke response team. It was felt we might be able to do something to lower these numbers. We could provide sample protocols, flow diagrams, and information on how to become stroke ready. Also brought up was Question #5 - 76% of hospitals in Maine do not have a designated stroke coordinator. This happens a lot, they also have other jobs. It doesn't matter what your title is, any role in stroke or stroke care – just try to get engagement at every hospital. One example might be MaineHealth when it comes to their smaller hospitals – one person might be working at several of their hospitals on stemi, stroke work, or education so none of these hospitals would have a dedicated full-time stroke coordinator but yet they do have someone who is the leader for stroke care. Question #50 asked if hospitals were interested in certification and 31% said they were not interested at all and 31% needed more information. We now have a contact at every hospital who filled out the survey, but – is it the right person to implement change? This is something to look into. For now we will use the survey as data and survey again in a few years to see if there are any changes.	 MaineStrokeSurvey-2017-18.pdf Review the survey results and for the next meeting bring 1-2 items we should look at, then we can prioritize.
Website Update	A draft of a website for the group was presented. This was created by MCD Public	You can view the website here

	Health's IT Department and is just a development site; we are looking for feedback. We can add various menu items and lots of resources. There is a list of current members with emails (the email addresses don't need to be listed if members don't want them). Tina mentioned that she had viewed the Maine Committee on Trauma's website and noticed that their membership had designations, like rep from large hospital, rep from small hospital, stroke coordinator, neurologist, etc. We could have designations similar to these plus add a rep from AHA, MeCDC, Public Health, etc. The group thought that it might be good to have one contact per site per institution. The question arose if the site would need a login or if it would be available to anyone. Some felt that having it open would be better as more people could access the information. It was mentioned that some states actually have their sites maintained under the NECC website (AHA). That would be another possibility to look into. If housed at MCDPH, we currently have no barriers to size or content. Would be good to have links to AHA, and NECC to start.	- http://dev.mcd.org/msc/ Please think about what different sections you would like to see on the website or different graphics and send them along to Diane or Tina.
Impact of EMS bypass protocol/Barriers to rapid transfers	• (See attached slide presentation from Jane Morris on Routing Patients with Suspected LVO.) Jane's presentation was very informative and sparked a lot of discussion. She gave examples of what Maine Medical Center (MMC) is using in regards to LVO recognition scales as well as a Simplified tPA Eligibility Criteria for EMS. A discussion took place around mapping acute stroke care for patients presenting to a non-EVC hospital with need for transfer to EVC for possible intra-arterial therapies for stroke. A map of the current system was presented as well as a possible future system. Jane presented the model that MaineHealth uses along with transport times and suggested that EMMC also create a map. A proposed stroke triage algorithm for Maine EMS was presented and discussed. Timing is an important factor when dealing with LVO. Every hospital has a heli pad for LifeFlight but not always feasible to use it as LifeFlight needs 12-14 minutes to get in the air. Was suggested that this group could come up with a protocol that all hospitals could use. Discussed things to consider such as how would this effect the EMS provider at scene, complicated algorithm at first, Don't want to overwhelm first responders, might have to repeat trainings. Discussed how workflow similar to other workflows, first responders are already thinking about this and starting to train on RACE score.	 Routing_for_suspected_LVO.Jan.2018.pd Matt, Kate, Pete, and Norm planning to meet to discuss transfer protocols and bring it back to the group at next meeting
Utah Tool Kit Discussion	Due to time constraints, the group did not have adequate time to discuss this.	Please review before next

	This is just one example how one state (Utah) did what we want to do – come up with stroke-ready state certification. The two states are similar with Utah having 41 hospitals while Maine has 34.	meeting, will discuss further at that time.
Next Meeting	Next meeting will be April 24th, 2018, from 9:30 to 11:30 am at Maine EMS.	