


Stroke Steering Group Meeting

Tuesday, October 24, 2017

MINUTES

Present: Tina Love (MCDPH), Rick Petrie (APEMS), Kate Zimmerman (MEMS), Matt Sholl (MEMS), Don Sheets (MEMS), Shaun St. Germain (MEMS), Pete Tilney (CMMC/LFOM), Diane Campbell (MCDPH/MCHC), Jane Morris (MMC), Deborah Gregoire (MMC), Corey Flavert (MMC), Dottie Carroll (MGMC), Angela Wheelden (EMMC), Gillian Gordon-Perue (EMMC), Sharon Harte (NERHP), Alishia Austin (CMMC), Norm Dinerman (EMMC)

On Phone: Becky Smith (AHA), Tracy Pelletier, Eileen Hawkins (PenBay), Kelly Collins (EMMC)

Agenda Item	Discussion	Follow-up/Recommendations
Welcome/Introductions		
Change in Members	Tina wanted the group to be aware that Rita Zanichkowsky has left her position at AHA. Her regional counterparts are located in Massachusetts. AHA will be hiring one more person but they will be located in Connecticut. Holly Richards who was with the Cardiovascular Program at the MeCDC has also left her position and is now working with Maternal Health. Not sure if MeCDC will be filling her position or not as they are looking into working across a platform (i.e. chronic disease) instead of just one area of focus (i.e. cardio).	
Review/Follow-up from Minutes	Tina and others did follow up with the hospitals who had not responded yet. Nicole did send Tina a list of QI Managers at the hospitals. An official name for the group has not been determined yet and there was no update on website creation through the State of Maine.	
2017 Hospital Statewide Stroke Survey Results	Tina reported that 27 hospitals responded to the survey, seven hospitals did not respond, and 2 hospitals started the survey but had not completed it. Tina has reached out to these two hospitals. Tina provided a synopsis of the survey and went through the responses to most of the questions. See attached report. The group found the information quite interesting and decided to take some time to digest the information and at the next meeting create some action steps/identify areas to tackle. Matt found this to be a good foundational document and should help us find out the barriers. It was asked if information from the hospitals that hadn't filled out the survey could be included in the results	 SummaryWithAllResponses-OCT2017.pdf If you have any particular questions, please let Tina know and she can pull the data and send to all. Pete will contact the medical directors at St. Mary's, York,

	<p>if we were able to get them to complete the survey. Tina responded “yes.” She also found that problems filling out the survey stemmed from people not having all the information to fill it out or they had to find the right person to ask.</p>	<p>Stevens and Franklin. Kate will contact Cary and Northern Maine and Angela will contact Sebasticook.</p>
<p>Utah Stroke Systems</p>	<p>Matt shared several documents from the Utah State Stroke System from 2010. Utah is similar to Maine’s geography and has lots of rural areas. Their Medical Directors met over a period of time and created a stroke-ready state certification process and a toolkit. Joint Commission certification is just too expensive for many of the hospitals. The group needs to review this and find what could work for Maine; what are the barriers. This certification is voluntary and is done in a non-threatening way. We might be able to duplicate what happened with the Trauma system of care. In rural areas, 50% of patients don’t arrive at the hospital by ambulance. We need to strengthen the system and facilities as bypassing the smaller facilities is not always going to work. The criteria used was the same as the Joint Commission and AHA’s standards but without the financial note attached. We need to come up with some anchor on a standard, a way to verify that the hospital can actually do what it says it can and does do. Let’s have the larger hospitals mentor the smaller hospitals. Need to make sure every hospital is working at their best and is able to step up and provide that first part of stroke care before the patient is sent to a transferring hospital. We will need to knock on a lot of doors and ask how we can help. If we look at creating a State certification, it would be done through DHHS and the Department of Public Safety, not the Legislature. In reference to who would do the work for the Stroke Committee, it was mentioned that no state departments can take on any new work right now as there is a zero chance that the Governor would support it. If the group gets some funding, might be able to contract with someone to do the work without actually having a staff position, but we definitely need a coordinator. Tina has basically been fulfilling this position. Need to have minimal government intervention. As was mentioned earlier, we might be able to use the Maine Committee on Trauma as a template. Rick is currently the Trauma Manager and took a few minutes to describe what he does in this funded position. One benefit of having a manager is it provides a central place for resources, as people change positions at the hospital on a regular basis. We need some type of structure and to all be on the same page.</p>	<p>It was suggested to make connections at the NECC conference and see what information is out there to share.</p>
<p>Next Steps</p>	<p>#1 – Review Data #2 – Review Utah Toolkit – creation of certification</p>	

	<p>#3 – Finalize Name</p> <p>#4 – Those that volunteered will touch base with hospitals that did not complete the survey and see if we can get 100% participation.</p> <p>#5 – A revised report will be created including the newly acquired data.</p> <p>#6 - Group members will send Tina their suggestions for a name for the committee and also draft mission statements. Tina will combine these and send out via SurveyMonkey for a vote.</p>	
Possible Funding	Nicole Breton, who works with the Department of Rural Health and the Critical Access Hospitals is looking at some funding for this group. Might also look to other funders, such as Alford Foundation, Lunder Foundation, Sugarloaf, Hannaford, etc.	
Home	It has been suggested several times that the group might be housed at Maine EMS. Becky wanted to stress to the group that it is not a good idea for the group to be state owned as they can't advocate for funding and foundations will not give to state agencies – you need to be a 501 c 3. Currently the committee is being housed with the Maine Cardiovascular Health Council who is a 501 c 3 and is not related to any of the hospital systems, making it a neutral site. Might want to consider keeping it there.	
Next Meeting(s)	The Trauma Advisory Committee meets the 4 th Tuesday of every quarter in the afternoon (July/October/January/April). Since some of the participants are on both committees, it was suggested that the Stroke Group meet in the morning before the TAC. Next meeting will be January 23 rd , 2018, from 9:30 to 11:30 am.	