

Item	Discussion	Decision/Responsible Party
<b>Meeting Minutes</b> <b>Wednesday, August 14, 2019</b> <b>11:00 p.m. – 3:00 p.m.</b> <b>Normal Fire Department</b> <b>Normal, IL</b>		
<b>Call to Order</b>	Called to Order at 11: 10 am Quarum-9 out of 16 present On the Conference Call: Chris Troxell, Ruth Rench, N. Hoffman, Mike Piggott, S. Moshea, KMC2194, T. Ogbista, B. Terry, Deb Rossman, K, Asif	Dr. Chris Richards
<b>Minutes Approval Vote</b>	May 8 <sup>th</sup> Minutes reviewed None opposed-Minutes Approved	Dr. Chris Richards
<b>IDPH Update</b> (standing item)	<ul style="list-style-type: none"> <li>• 161 total designations: 80 ASRH, 65 PSC, 16 CSC</li> <li>• Stroke Fund \$168, 872.72 Non-protected but do not foresee any reallocation of these funds.</li> <li>• Stroke Registry Update: Michelle asked what we want to track. Do we want to track procedures-many hospitals do? Will we ever track pre-hospital information for the registry? Renee asked are these items as an options, and not mandatory? Dr. Richards asks if this firewall information or informational? Michelle noted the demographics include city, county, area, zip code, can narrow down by city or zip code. Team has concerns this would not be de-identified and should only be able to pull by EMS Region but not city or county or zip code. Concerns are that this could be identified by hospital information if not limited by scope of the Region. Discussion was centered on what to collect and yet maintain transparency.</li> </ul> <p>Dr. Jordan asked what a state Registry brings to the table that most hospitals do not already have? GWTG has a Region benchmark group so already able to narrow data down. Should benchmark at the state level and Region level. Peggy also said we need to capture data for EMS too-we should not capture for just hospitals, EMS will look At Data differently. Dr. Richards feels we should be able to enter EMS data. Renee states that since this is a “Systems of Care” initiative, EMS should be included. There are arounds 25Ems data elements available in</p>	Michelle Lorton

GWTG and Region 11 is looking at most EMS data currently.

Dr. Richards points out that minimum of FAST/Cincinnati Stroke Score has to be used to initially assess patient in the field and should we touch on LVO screening. Dr. Jordan states that we need to avoid redundancy if information already entered in Registry-what does another registry garner

Discussion was at minimum have EMS data (yes or no), run sheet number, suspected stroke (yes or no), we do not want to overburden the teams in the state either. Michelle points out that GWTG has not been determined to be the registry host, and the state has to have a vetting process and an RFP. Are there any other registries in Illinois in use other than GWTG? NVQI Registry was discussed. Dr. Richards states we should be able to track if an intervention is performed. Renee notes we can ask the Registry sub-committee what they reviewed. Erin Eddy state that sub-committee work was broader, she will send email to Michelle with notes.

Can we have a field in the Registry on if patient transferred for; acute intervention, patient preference, 120 benchmark for transfer-how do we determine hyper acute vs. 3 days LKW. Discussion from Tiffany around DIDO times, patients with LKW greater than 24 hours should not be counted for DIDO times as they are not critical or acute treatment is not needed. Renee will check GWTG to determine if these patients are excluded and if not why. Renee reports if reason for delay is documented, then patients are not in the denominator.

Dr. Asif asked for clarification of registry. Dr. Richards explained full stroke registry. Michelle shared Georgia State plan for tracking patients from EMS to Hospital to discharge to readmit.

**Action Item Plan:** Sit as a sub-committee after this meeting and discuss Registry and then have home work for next time. Decisions will come back to full committee after discussions

- Michelle also reported on an incident in which 2 scanners went down at a facility-think about what would your hospital

	do? Peggy asks if this should be part of the application process to show a plan.	
<b>EMS Advisory Council</b> (standing item)	<ul style="list-style-type: none"> <li>• Brad reports this was a short meeting. Leslie is still in office until the end of the year</li> <li>• Nemsis compliance-working with departments to get data up to date. State sent stern message to departments about this</li> <li>• Education committee-transition to national registry is ongoing. Meeting scheduled for September 3<sup>rd</sup>, surveys going out-getting prepared with Psychomotor evaluations on-going analysis beginning</li> <li>• New subcommittee-National EMS accidents to look into how to help with injury protections</li> <li>• Test scores are improving and increased standardization due to national registry</li> </ul>	Brad Perry
<b>Subcommittee Updates:</b>	All committees are ad-hoc at this time. Education subcommittee will be convened if needed	Dr. Chris Richards
<ul style="list-style-type: none"> <li>• Education Subcommittee</li> <li>• Membership Review Subcommittee</li> <li>• State Registry Subcommittee</li> </ul> (standing item)	<ul style="list-style-type: none"> <li>• Membership committee will be called upon if needed if the committee has multiple applicants for one position</li> <li>• Education committee will be called upon if needed</li> <li>• Registry committee-planning to meet</li> </ul>	
<b>Membership Update</b> (standing item)	<ul style="list-style-type: none"> <li>• No current legislation-not in session at this time</li> <li>• TSC will be new topic when back in session</li> <li>• Michelle reports the new director of IDPH wants to make sure committee is well diversified, wants geographic diversity</li> <li>• Also remind everyone these are 2 year terms and need to renew applications</li> <li>• Several Open positions: <ul style="list-style-type: none"> <li>▪ Fire Chief from a Region &gt; 200,000 population</li> <li>▪ Private Ambulance Provider</li> <li>▪ Representative from a Municipal EMS Provider</li> <li>▪ Hospital Administrator/Designee from a CSC (Dr. Arun Talkad applied and is in vetting process)</li> <li>▪ Hospital Administrator/Designee from a ASRH</li> </ul> </li> </ul>	Julie Mirstow/Tracy Love/Michelle Lorton

- Physician Providing Stroke Care from a PSC  
(Dr. Shawn Wallery applied and is in vetting process)
- Physician Providing Stroke Care from a ASRH
- Registered Nurse from a CSC
- Registered Nurse from a PSC  
(Joanne Pouliot applied and is in vetting process)
- Region 1 Rep
- Region 7 Rep
- Region 9 Rep  
(Dr. Matt Jordan applied and is in vetting process)

**Regional Committee Update**  
(standing item)

*It is the responsibility of the regional representatives to share information with the state committee and take information back to their region. Each region is asked to report updates at each State meeting.*

All Region Representatives

1. **Region 1:** Tracy reports that Region 1 has approved the GFAST LVO screening tool for the region. Education is going out now to the EMS services along with the new approved transport process
2. **Region 2:** No representative present
3. **Region 3:** Tiffany Whitaker. Not asking for CTA or CTP from outside hospitals-takes too long for transport. Region approved LKW at 24 hours for the Region, BEFAST for their LVO screening tool. DIDO times were discussed, if the LKW is greater than 24 hours; do not count in the DIDO data. Team discussed and emphasized having a back-up plan for transports
4. **Region 4:** Alison Tindall. Meeting next week, Bylaws being reviewed next week. Trying to standardize care in the Region r/t EMS. Selective transferring for LVO suspicion to St. Louis. 5th grade education continues.
5. **Region 5:** Danielle Short. Good turnout at meetings. 3 PSC's in Region, adding BEFAST into the Regional protocol with current transport to St. Louis and now looking at possible transport to Indiana. BEFAST used to find posterior strokes. Need to add copyright to BEFAST-some hospital in Colorado now has a copyright on the term. October stroke day-mock event in the community

6. **Region 6:** Erin Eddy. Met yesterday. Working on EMS/ECRN education, focus on stroke education/pre-hospital but also on interfacility education –the date for this is October 10<sup>th</sup>-LIVE at CARLE also on SKYPE. Issues on how to get information from Prehospital to hospital to transfer. Indiana.gov site has transport sheet which covers all care through patient experience. Genentech has one too.  
  
**Action Item:** Region members can send SMO's and protocols to Tracy and Tracy will work with Julie for drop box to have the protocols available to all
7. **Region 7:** Open Position. Dr. Kaiz provided an update. Dee Behrens is no longer the chair of the Region committee. Dr. Kaiz wonders what this committee can do to help. Dr. Richards offered Region 11 to attend their calls. AHA/ASA will help Dr. Kaiz get the team in Region 7 moving. Dee Behrens is sending AHA contact numbers for the Region.
8. **Region 8:** No representative present
9. **Region 9:** Matthew Jordan. SMO's in LIVE in May with BEFAST education to EMS. Data sharing in the Region which is strength. Group working on best practice to work together in the Region. Went way from the bypass policy as there was a fear that there was a drop in tPA qualifications with time delays
10. **Region 10:** Amy Barnard. No new updates
11. **Region 11:** Sonia Winandy. Currently status quo, monitoring LVO plan. The region has matched 30 patients for data collection-hope to match 500 patients to start to draw conclusions on the study. Hope to look at stroke mimics in the field. Have data on other LVO screens and are looking at this now. Drip and ship policy approved-now trying to educate EMS and working on drip and ship SMO's. Wondering if Can have a EMS tab "turned on" in GWTG-will have to contact IQVIA to do this-Renee reports she can help

**New Business:**

Annual meeting in November-will need to vote on the following:

Dr. Richards and Team

- **Stroke Assessment Tool**

Currently use FAST

Team discussed should we change to BEFAST-now with copyright

Dr. Jordan said that changes from FAST to BEFAST does not improve recognition-he cited a white paper where both did not change the outcomes

**Action Plan:** Draft 2-3 ways this can look, and vote on it in November

- **Certifying Bodies**

No changes to this recommended. Will vote on document in November

- **By-Laws**

Tracy discussed there is a mission statement for the committee. She recommends we add this to the By-laws so that it is incorporated into the group work. Team agreed. This will be added and voted on in November. Also, team discussed that we need to have verbiage about members retiring or changing positions which will not allow them to stay on the committee. Verbiage will be added and voted on in November.

- **Nominations of Officers for 2020**

Dr. Richards has resigned his position, he is moving to Ohio. Our team thanks Dr. Richards for his work on the committee-he will be missed.

Alison will be acting Chair until a new Chair is elected.

Dr. Richards asked that team members email Tracy with nominations for the next officers, to be voted on in November. Will need to elect Chair, Vice Chair, and Secretary.

<b>Public Comment</b>	Peggy Jones would like to ask-how many are educating BEFAST to the community? Most in the room raised their hands. Peggy asked if we should update our state too to BEFAST from FAST?	ALL
<b>Open Meetings Act (standing item)</b>	Any new member after January 1 <sup>st</sup> , 2015 will have 90 days to complete the OMA training.	ALL
<b>Meeting Times</b>	Meeting location for 2019: Normal Fire Department 11a-3p <ul style="list-style-type: none"> <li>• November 13<sup>th</sup></li> </ul>	All
<b>Adjourned</b>	Team adjourned later after 3 pm Motion: Dr. Chris Richards Second: All	
<b>Subcommittee Meeting for Primary +:</b>	<p>Team met briefly to discuss TSC certification. Team discussed that TJC named their certification TSC and DNV named their similar certification Primary Plus.</p> <p>Team discussed need to have TJC and DNV present their programs to the full committee before a recommendation can be made.</p> <p>Dr. Richards notes that the team should not be resistant but vet out each product prior to recommendations to the state</p>	

<b>Name</b>	<b>Position</b>	<b>Attended</b>
Peggy Jones	Acute Stroke Patient Advocate	Yes
Dr. Harish Shownkeen	Physician from a CSC	No
	Physician from a PSC	
	Physician from an ASRH	
	EMS Coordinator	
Dr. Chris Richards	EMS Medical Director	Yes
Tom Willan	EMS Rural Fire Chief	Yes
	Fire Chief from a region > 200,000 population	
	Hospital Administrator from a CSC	
Deborah Smith	Hospital Administrator from a PSC	No
	Hospital Administrator from an ASRH	
	Private Ambulance Provider Representative	
	Region 1 Representative	
Danelle Geraci	Region 2 Representative	No
Tiffany Whitaker	Region 3 Representative	Yes
Alison Tindall	Region 4 Representative	Yes
Danielle Short	Region 5 Representative	Yes
Erin Eddy	Region 6 Representative	Yes
	Region 7 Representative	
Andrea White	Region 8 Representative	No
	Region 9 Representative	
Amy Barnard	Region 10 Representative	No
Sonia Winandy	Region 11 Representative	Yes
	RN from a CSC	
	RN from a PSC	
Tracy Love	RN from an ASRH	Yes
Brad Perry	State EMS Advisory Council Representative	Yes