

Item	Discussion	Decision/Responsible Party
<b>Meeting Minutes</b> <b>Wednesday, November 8, 2017</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 11:05 am	Alison Kennedy
<b>Minutes Approval Vote</b>	August 9, 2017, Minutes reviewed None opposed-Minutes Approved	
<b>IDPH Update</b> (standing item)	<ul style="list-style-type: none"> <li>• 154 designations (77 ASRH 65 PSC 10 CSC)</li> <li>• New this year: 7 PSC, 4 CSC (former PSC)</li> <li>• New this month: Northshore University Health System, Centegra Woodstock is no longer PSC and will pursue ASRH</li> <li>• \$78,591</li> <li>• Tena Horton will be moving to different position --- Tammy will be interim</li> <li>• Need to do IDPH ethnics training</li> <li>• No questions for Jack</li> </ul>	Jack Fleeharty
<b>Regional Committee Update</b> (standing item)	<p><i>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.</i></p> <ol style="list-style-type: none"> <li>1. <b>Region 1:</b> <u>Tracy Love</u>: One PSC in their region is interested in LVO protocol</li> <li>2. <b>Region 2:</b> <u>Danelle Geraci</u>: At standstill with data collection, have meeting in Dec to get everyone together to figure out program and how to move forward.</li> <li>3. <b>Region 3:</b> <u>Tiffany Whittaker</u>: Received approval from IDPH to be Region 3 rep and is working on scheduling next meeting</li> <li>4. <b>Region 4:</b> <u>Alison Kennedy</u>: Working through data collection. They have some competitive facilities and need to figure out how to blind. They formed a small committee to work through this issue.</li> <li>5. <b>Region 5:</b> <u>Danielle Barker Short</u>: They have regular meetings. They've been having discussions about whether LVO is necessary since they don't have CSC.</li> <li>6. <b>Region 6:</b> <u>Erin Eddy</u>: They also do not have CSC, they plan to meet next week. At their EMS meeting, decided no changes to protocol. Review is required annually -- after review and analysis, decoded what is currently in place is best.</li> </ol>	Regional Representatives

7. **Region 7:** Dee Behrens: Still trying to get their first meeting together. They have interested participants, but difficult to get everyone in the room and establish structure.
8. **Region 8:** Andrea White: (phone) - Edward is now a CSC. They have modified NIHSS for EMS and are looking to update SOP.
9. **Region 9:** Deb Brunelle: Added additional items to data they collect. They now have acute stroke ready hospital so updated their bylaws. Talked about community initiatives. Decided to table severity screening tool until after state stroke meeting
10. **Region 10:** Amy Barnard: They met with small group, and are working on generating interest
11. **Region 11:** Sonia Winandy: Region XI has not started pilot program yet to implement 3ISS. Meeting in Dec to discuss data collection and plan for implementation.

**EMS Advisory Council**  
(standing item)

- Will meet Nov 9, 2017
- Lots of interest around mobile integrated health care
- Need to watch data integrity for NEMSIS

**Sub-Committee Updates**

- Stroke registry sub-committee determined characteristics desired in a state stroke registry: Erin Eddy

**Foundational characteristics**

- Strong data protections, maintenance of HIPAA
- Data Quality – Provisions focused on achieving consistency, correlation with latest guidelines that can theoretically be applied to guide quality care and performance improvement
- Data needs to be able to be applied to quality improvement
- Ability to serve as sole stroke data maintenance system at a minimum for institutions with stroke regulatory status through the state of Illinois only (i.e. for ASRHs, this would need to be all that they needed to use)
- Designation of data elements based on evidence-based guidelines by nationally recognized professional organizations
- Some measure of flexibility and expandability in data elements and reporting

**Technical Capabilities**

- Timeframe for expected changes as part of the flexibility
- Ability for hospitals to upload data, and some technical assistance (advisory/help line)
- Open Records/Access for hospitals to enter, see and report on

local hospital data and ability to access relevant state and regional aggregated data

- Benchmarking availability

#### **Data Elements**

- Meets the minimum expectations of the national certifying bodies for ASRH, PSC, and CSC
- Maintenance of abstraction instructions for designated data elements and access to support staff for guidance on meeting those abstraction guidelines and instructions, based on latest evidence-based research and expert consensus, updated regularly
- Training, education, upgrades
- Specificity to ASRH, PSC, or CSC
- Customize based on type of stroke center (i.e. ASRH doesn't need to enter everything that CSC does)
- Ability to designate mode of arrival
- Freedom to determine required elements

#### **Membership Update**

- Reg 3 officially filled ALL
- Open:
  - Physician from ASRH
  - Admin from ASRH
  - Municipal EMS provider
  - Brad Perry received letter -- EMS advisory council

#### **New Business**

- Voting
  - Secretary: Tracy Love
  - Vice – Chair: Alison Kennedy
  - Chair: Chris Richards

- Stroke assessment tool -- all in favor ALL
- Certifying bodies - all in favor

#### **Public Comment**

#### **Proposed stroke legislation amendments (Julie Mirostaw)**

- Plan to have more formal presentation at our next meeting in Feb
- Two bills recently filed, haven't gone anywhere and won't be reviewed until the spring (one in house and one in senate)
- Amendment to EMS act
- Redefines stroke

- Appears that main purpose is to get anticoagulation meds into hospitals
- AHA has had conversations with stakeholders and is trying to determine where others stand
- IDPH perspective (Jack Fleeharty): they post position papers on bills and identified several concerns:
  - Does this really have a place in the EMS act?
  - Proposed language changes “nationally recommended” guidelines to guidelines from specific certifying bodies – this is difficult to regulate and keep updated
  - Expense of anti-reversal medications, many different meds on market
  - Concern that ASRHs won't meet criteria
  - Peggy Jones—If law increases costs and restrictions for hospitals, then ASRHs will drop designation and not see the value
  - IDPH will weigh in on feedback from the state committee
- Next Steps:
- Chris will send state stroke sub-committee links to draft language and background
- Group to review prior to Feb meeting. Plan to put together formal response letter after Feb meeting.

### **The Joint Commission Presentation – Thrombectomy Stroke Capable (TSC)**

- Guest Mark Crafton, Executive Director, State & External Relations
- Will begin Jan 1, 2018
- **History:** PSC started 2003 (over 1120 in US); CSC 2012 (over 135 in US); ASRH – 2015 (over 30 in US)
  - Why Thrombectomy Stroke Capable (TSC)? TJC looked at PSC and estimated that 1/3 are doing mechanical thrombectomy but there is no PSC certification that speaks to that ability
    - Started in LA county due to limited accessibility of CSCs in most of LA. EMS med director and agency got together with TJC and asked what would be a better way to do this without making all PSCs become CSC
- TSC Overview:
  - TSC facilities must meet all requirements for PSC
  - Volume requirements for hospital and for practitioners

	<ul style="list-style-type: none"> <li>- Two-day survey</li> <li>○ Status: <ul style="list-style-type: none"> <li>- Conducted pilots in early Oct</li> <li>- Received many questions about volume requirements for individual practitioners. TJC is working on a response to clarify these requirements</li> </ul> </li> <li>○ Applications open Jan 1</li> <li>○ Right now, IDPH does not have any authority to designate TSC</li> </ul>
<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.
<b>Meeting Times</b>	<p>All in Normal, IL: (all 2nd Wed of the month): Feb 14th, May 9th, Aug 8th, Nov 14<sup>th</sup></p> <p>Starting in 2018, we anticipate moving to the new Normal FD conference center.</p>
<b>Adjourned at 3:00p</b>	<p><b>Stroke Severity Screening Committee met after the meeting</b></p> <p><u>Discussion:</u></p> <ul style="list-style-type: none"> <li>• IL has many regions with different situations -- LVO makes sense in some, but not all situations.</li> <li>• As a statewide mandate, the group doesn't feel comfortable saying that LVO screening is mandatory across the board. Committee decided that State Stroke Sub-Committee should come up with an overall recommendation for local RSAS to help inform decisions made at a regional level when it comes to incorporating a stroke severity screening tool</li> <li>• Provide LVO scales and associated resources for implementation</li> </ul>