

Stroke Task Force meeting

Thursday September 2, 2021

Attending: Christine Greff, Megan Carlblom, Mindy Cook, Jerilyn Alexander, Kerry Krikava, Lance Harris, Karla Spence, Shelle Berg, Holly Nissen, Jamie Nienhuis, Dr. Venkata Dandamundi, Nikki Mack, Alana McClellan, Jody Ward, David Hensler and Linda Zahn.

Approval of minutes: Did not have a quorum

Lots of discussion on lack of attendance and participation.

Stroke coordinator updates:

- Shelle – working on getting ready for their survey. Have asked for extension because of Covid and staffing. Working on tracers to improve the neuro checks and vital signs and dysphasia screen on inpatient unit. Working on having stroke education for patient care and survivor group update. Hoping to restart survivor group again. Talked with other coordinators.
- Holly - Been busy with the surge. Got some site visits in. Hoping to get ASLS classes, trying to do one a month. Let Holly know if others want to do a class.
- Jerilyn –They are very busy at Trinity with COVID. Fairly limited in their office hours and will be on the floor. Waiting for site visit in October - December.
- Lance – received their notice that recertification as Comprehensive stroke center is completed. Their Stroke educator is retiring, looking for replacement. Resume stroke boot camps and going out to facilities and giving education.

Update from Christine

- Completed filming of stroke education videos in Fargo. Thanks to everyone involved and thanks to Holly for setting up the SIM center for this. Hopefully will be able to distribute education statewide. Thanks to Mindy – AHA.
- Stroke/Cardiac virtual conference coming up October 20 -21. Education credits will be available.
- PHAC group has been working on a stroke coordinator orientation manual. It will be in the form of a power point. Will help new coordinators transition into their new role. Will bring final draft to task force when it is ready.
 - Goal for system care plan is performance improvement. Required by Century Code. Must establish data oversight process and implement a plan for achieving quality improvement. Must analyze the data and GWTG stroke and Mindy will help collect and interpret that data.
- Discussion on CT read and transmit back up plan. Have a conversation with acute stroke ready hospitals to get them thinking about it. Discussion held on this. Can share ideas back to the group.

Update from Mindy, AHA - GWTG - forms were attached to email.

- Many recent publications out. New performance measures for stroke rehabilitation. Included the metrics. Mindy went over these.

- EMS services acute stroke routing. Shared and went over this chart. Recommendation that the regional systems can make their own guidance and recommendations based on their rurality and geography.
- EMS Stroke documentation. ND is still doing a good job of pre-notification and documenting Last Know well. Recommended to do the stroke screening and severity score be performed.
- Opportunities to see more documentation on completing screening for suspected stroke.
- ND Prehospital Stroke Triage Algorithm. Lots of discussion on this. Dr. Dandamundi mentioned Implementing FAST ED along with Cincinnati stroke scale or whatever EMS is using. It will be easier to adopt to the changes once this is implemented. Would like to get the EMS involved in this discussion. Reach out to them at their next meeting or send them an email. Good algorithm but just need to get people comfortable with it.
- Almost 900 incidents of stroke
- Stroke severity score is low, but we are a little above the nation.
- Will be having a session at conference on BEFAST and FAST ED.
- Lots of good discussion on door in door out and other issues that come up, like available personnel, transfers, amount of time, etc. Would like to get data and Mindy will pull the CTA numbers and share with group.

IV Thrombolytic Inclusion and Exclusion Criteria - Discussion

- IV thrombolytic Medications - Motion made by Megan to approve changes recommending TNK dose of 0.25 mg/kg. seconded by Holly. Motion passed. Suggestion to review this in the future to see how this has been working.
- Wake -Up stroke Inclusion Criteria – Motion made by Holly to approve as written, seconded by Dr. Sachdeva. Motion passed.
- Header - Shelle made motion to approve changes made and seconded by Holly. Motion passed
- Headline - Jamie Made motion to approve as written, seconded by Holly motion passed.
- Absolute Exclusion Criteria - Dr. Hensler made motion to approve changes made, Jamie seconded. Motion passed.
- Laboratory – Medications – Holly made motion to approve this section as written, seconded by Dr. Hensler. Motion passed.
- Consideration for Exclusion (Relative) Megan Made motion to approve with added changes, seconded by Jamie. Motion passed.
- Considered disabling symptoms should be considered for IV thrombolytic treatment. Motion made by Holly to approve as written, seconded by Dr. Hensler. Motion passed.
- Reference. Motion made by DR. Hensler to approve remainder of the document with change made, seconded by Holly. Motion passed.

Advanced Practice Providers as Stroke Program Medical Director Qualifications

- Reviewed document.
- Maybe consider the collaborative approach and the hours with physician in nearest primary or comprehensive center could be used as CE's. Could not vote on this because there was no quorum at this time.

Site visits- Christine went over them but no quorum to vote on designation.

- **Was suggested that the form could be changed to make it more concise and more helpful for them to help the surveyors process a better report. Lots of discussion on how the designation process works and what can be done to help them out more.**