

## Stroke Task Force Meeting

December 1, 2022

**Welcome/Introductions:** Christine Greff, Megan Carlblom, Sandy Kovar, Nikki Mack, Haley Gilstad, Curt Halmrast, Alana McClellan, Chelsey Kuznia, Brannigan Hamrick., Jody Ward, Mindy Cook, Tony Burke, Dr. Jason Duchscherer, Jana Pietrzak, and Linda Zahn.

Dr. Sachdeva has left his position at Sanford Health and will no longer hold the position of Chair for the Stroke task force. Dr. Henzler left his position at Sanford Bismarck, and Dr. Jason Duchscherer has taken his position on the Stroke Task Force.

The new AHA advocate is Tony Burke, who replaced Liz Albers. Tony gave an introduction. He will be here to support the government relations director role and work with other AHA staff. He will be covering North and South Dakota.

**Approval of Minutes:** Motion made by Curt Halmrast to approve minutes seconded by Nikki Mack. Minutes approved.

### **Brief Update from Stroke Coordinators and Christine**

- Emergency Medical Systems
  - EMSC (Emergency Medical Services for Children) position has been filled by Chettie Greer
  - Working with epidemiologists to analyze data for internal use only
  - Century code technical corrections submitted, and we are waiting to see what would be accepted. Christine will distribute the new version once she gets a new copy.
  - Century code permits the development rules for our system of care has been added to our plan to work on in the future.
- Accomplishments of the Stroke Task Force
  - Stroke education videos, BEFAST and FASTED algorithm
  - 13 site visits so far in 2022, and 3 more to go in December. We will have another ten sites to visit in 2023.
  - Dysphagia screen infographic and webinar
  - Amended our bylaws
  - Revised our North Dakota acute stroke treatment guidelines to include TNK
- Transition to Tenecteplase as an option
  - Develop a plan to make sure mistakes aren't made.
  - Some facilities have both Alteplase and Tenecteplase, and the hope is that they will switch to just one
  - Hailey developed a Tenecteplase transition checklist and a PowerPoint. Megan suggested it should come from the state.
  - Future: Tenecteplase webinar?
  - Facility choice, they don't have to change. Just want to make sure patients are receiving the best care.
  - Updated the guidelines with the option for Tenecteplase in stroke

- PHAC group will be working on the transition checklist. Group agreed in favor of developing Tenecteplase resources to share with critical access hospitals if they choose to use for transitioning.

**Janna- Mission: Lifeline Stroke Post-Acute Care Initiative:** Worked on projects in Montana and is now back in ND. Helmsley Charitable Trust is funding this. Working on post-acute care for ND. In April, they finalized the standards. Program standards are divided into six categories- Program management, personnel education, patient/caregiver education and support, care coordination, medical management, and quality improvement. Looking to recruit 15 post-acute facilities in North Dakota to launch the new Post-Acute Stroke Care Quality Standards. Will track data with Quality and Certification tool. AHA will support facilities submitting data into the registry.

Will have virtual education and will produce toolkits. Also, have a public awareness. Each site that signs up will receive a \$20,000 participation stipend.

**Election of Officers: Nominations for Chair and vice chair.**

- Christine went over their duties
- Chair- Hailey nominated Holly Nissen, and Chelsey nominated Megan Carlblom
- Vice Chair- Holly Nissen nominated herself with no other nominations or objections. She is the Vice Chair by acclamation.
- With no other nominations and no objections to Megan being the Chair. Megan is Chair by acclamation.

**Stroke Task Force Bylaws** - Were sent out to group for review. Discussion on quorum. Agree to having the quorum to be half of the task force. Discussion-have physician sign on and voting from noon to one.

**Approval of bylaws-** Had motion to agree to have the quorum be half of the task force—motion made by Megan and seconded by Holly.

**Motion to approve bylaws with corrections. Motion made by Chelsey and seconded by Hailey. Motion approved.**

**Vote new members – Dr. Deutscher approved. Tony Burke - approved**

**Approval of Minutes- motion to approve Curt Halmrast, seconded by Nikki Mack**

**Updated ND Acute Stroke Treatment Guideline -**

- Christine went over the updates
- Will be distributed once approved by physician attestation
- Look into getting posters printed of updated guidelines
- Motion made by Brannigan to approve updates and seconded by Chelsey. **Motion approved.**

**Blinded Site Visit Review #1**

- Strengths: team was receptive to recommendations, Alteplase basket color-coded, good on door-to-CT and door-to-transport activation

- Recommendations: comprehensive stroke log, formalized EMS communication, use of state stroke guidelines, consistent use of stroke order sets, consistent use of NPO order/dysphagia screen, review of prehospital stroke care, transfer agreement updates, utilized telemedicine services, updated blood pressure management medications to best practice guidelines for stroke

**Motion made** by Holly and seconded by Chelsey to approve one year provisional with 6-month follow-up. **Motion approved.**

#### **Site visit #2**

- Strengths: timely activation of stroke codes with low threshold for activation, encourage use of telemedicine in stroke codes, comprehensive stroke log, stroke alert follow up tool, NIHSS completed per protocol, door to AST arrival, performance improvement program
- Recommendations: remove outdated posters/guidelines, update thrombolytic policy, improve door-to-transfer time, include all departments in stroke care and EMS in performance improvement program
  - Have already updated their program and using BEFAST

**Motion made** by Chelsey and seconded by Nikki for three-year recommendation. **Motion approved.**

#### **Site Visit #3**

- Strengths: comprehensive stroke activation log, hemorrhagic and acute ischemic stroke protocol reviewed annually, NIHSS per protocol, administration of Alteplase, performance improvement program
- Recommendations: continue to provide feedback to EMS on prehospital stroke care, develop and implement inpatient stroke protocol, update code stroke policy, ensure dysphagia screen is an evidence-based practice screening tool

**Motion made** by Haley and seconded by Holly for 3-year designation. **Motion approved.**

**Site #4** – Follow-up site visit, done virtually. Improvements had been made since last visit.

- Strengths: Implemented a formalized EMS feedback form, stroke education program with dysphagia screen education provided, developed an Alteplase and blood pressure management protocol, stroke kit
- Recommendations: comprehensive stroke log, ensure the use of updated stroke treatment guidelines, ensure consistent documentation of NIHSS, consistently perform dysphagia screening and order to keep NPO, Ensure consistent documentation of actual patient weight, consistent use of stroke order sets, update stroke packet to include updated State Stroke Treatment Guidelines, NIHSS in plain English, and blood pressure management protocol, and ensure CT Start and read times documented.

**Motion made** by Chelsey and seconded by Megan for 1-year designation. **Motion approved.**

### **Review of 2022 Stroke Data-Mindy Cook, AHA**

- GWTG stroke demographics- higher portion of strokes in males in ND, most patients ischemic stroke patients, disposition of patients going home has increased
- Reviewed-thrombolytic therapy – arrive by 3.5 hours, treat by 4.5 hours, door-in-door -out time, endovascular therapy-Door to device
- In September, the Rural Acute Stroke Recognition was initiated. The first awards will be in the spring. ND hospitals are performing strong.
- GWTG Stroke Platform Transition. Will not be able to edit existing records or create new records, view only
- Have a lot of training and webinars that are coming up. She shared a list of stroke webinars and also have on demand professional education.
- International stroke conference in Dallas on February 8-10, 2023. Will also be virtual.
- Rural Health care Outcomes Accelerator-free for rural north Dakota hospitals for three year period.

### **Performance improvement ideas for 2023:**

- Time to Intravenous Thrombolytic Therapy < 60 min., Telestroke, and door-in-door-out times.

Megan requested to have Christine as a Parliamentarian for these meetings.

Christine will send out the dates for the 2023 meetings.