

## Stroke Task force Meeting

March 3, 2022

**Attending:** Christine Greff, Haley Gilstad, Jamie Nienhuis, Nikki Mack, Jerilyn Alexander, Tim Blasl, Curt Halmrast, Jessi Nicola, Brannigan Hamrick, Holly Nissen, Dr Sachdeva, Kerry Krikava and Dr. Hensler.

**Approval of Minutes:** Motion made by Curt Halmrast and seconded by Jamie. December minutes approved.

### **Brief update from stroke coordinators:**

**Brannigan-** Just secured DMV recertification for April. They are also going live with TNK on March 15, so she has been very busy getting processes in place. She also made a stroke kit.

**Jerilyn-** Submitted plan so they are now certified as Primary stroke center and planning for next one. Very busy with a lot of strokes. Will need to send a copy of their designation certificate to Christine for the files.

**Haley-** Had DMV annual primary plus survey so waiting on final report. Very busy with stroke patients. Working on switching to TNK. Doing lots of education. Continuing with advanced stroke life support. Hopefully doing some more classes over the summer.

**Holly** – Continuing to be busy. Doing ASLS classes and keeping up on their monthly schedule. 12 – 14 people attended the class in Mahnomon, Minnesota. Offering a SCRN review course hopefully in August.

Working through changes and transition to TNK updates and work- flows. Some site visits coming up. Working on more community events and outreach.

**Jessi** - Reminding the group that SIM ND is available if anyone needs any training.

### **Update from Christine for Dept of Health-**

- Working on stroke education videos. The FAST-ED video is completed. Working on final edits for BEFAST and then work on NIHSS video. These will be posted on state website
- Site visits - slowly completing them. Doing them virtually. Completed five of the 30 site visits. More are scheduled.
- BEFAST badge guides are still available if you need them. Would like to get them out by September. Holly said they will take some and so did Brannigan.

### **BEFAST/FASTED Algorithm** - received from Kathy at Sanford ambulance

- Need to edit it and have it approved before we distribute it.
- Develop a training with PHAC group on dysphagia
- Improve on IV thrombolytic quality metric. Christine went over the results of the survey that went out for discussion.
- Created an agenda for IV thrombolytic
- Dr. Sachdeva - Encourage facilities to use Telestroke
  - He will provide his email if anyone has any issues or questions
  - Lots of discussion held on different issues with stroke patients and the time and process they go through.
- Look into providing more education to the public. Holly talked about events they have with stroke survivors. We could formulate a plan to figure out community education around the state. The group could work on education flyers or handouts to use or even videos. Maybe go to facilities and do a TikTok. May is Stroke month so can work on something to raise awareness.
- Dr. Sachdeva will be willing to help with the group that will work on this.

**Site visit reimbursements-** You will need to submit a W-9 form and then each time you do a site visit you will also need to fill out the EMS system grant site survey reimbursement form. Complete the forms and send to Christine.

Christine received an email from a facility saying they would like to use our IV thrombolytic checklist form and make changes to it if needed. Dr. Sachdeva thought it would be okay, but the facility may have to check with their legal dept.

**Blinded Site Visit Review** - Christine went over these for approval

- First site visit. They had a lot of strengths and some recommendations. **Jamie made motion for a full 3 -year designation and Dr. Sachdeva seconded. Motion approved.**
- Second site visit. Lots of discussion on this site. Had a lot of red flags and may need at least 6 months to work things out. They are willing to make changes just not sure how to go about it and they have had a lot of changes at their site. It is important for us to let them know we are here to help them. **Motion made by Dr. Sachdeva for one year provisional with six month follow up. Jamie seconded. Motion approved.**
- Two site visit follow-ups- submitted plan of action, taking steps toward recommendations of improvement.

**Tenecteplase Discussion** – Dr. Sachdeva – Went over document

TNK is better overall. There would be less mistakes and easier to administer.

Future trials may show this is as a better choice.

The delivery of this is better and faster than Alteplase.

May keep both options but at some point, they may just go to TNK.

Research shows that the biggest impact will be in the bigger hospitals.

Would help hospitals if they have too stock just one drug.

Dr. Hensler mentioned that a lot of facilities in the country have already quit using Alteplase. Lots of experts have decided to stop using alteplase.

Dr. Hensler proposed to advocate that all Hospital facilities in North Dakota switch to TNK.

Should have both on hand while transitioning to TNK.

Will work on formalizing protocol as a group. Give the task force time to meet with facilities to figure out when they would transition over to TNK.

Will have to work through PI process and internal affairs. Will have to have a policy.

PHAC group will develop and send a survey out to facilities on the change to TNK. Will ask how they would feel about the change and how long it would take to make the change. Might help facilities if they include Dr. Sachdeva's data.

Christine will get together with Holly and Brannigan to include their process along with the survey.

**Stroke screening and severity tools** - Given to us by Kathy Lonski. Christine went over it to make changes as needed.

- It is similar to the BEFAST cards.
  - Changes to Glucose level. – if less than 60
  - Remove - Last Known Well time is under 4.5 hours
  - Remove – Glucose is over 80 mg/dl
- Should move to a standard scale so the whole state is on the same page.
- Christine will work on this form and then send it to the task force for review.