



Minnesota Stroke Registry Advisory Committee

Meeting Notes from April 14, 2009, 12:00 – 2:00 pm

In Attendance:

Dr. David Anderson; Ms. Lisa Calhoun; Ms. Tania Daniels; Ms. Michelle Gardner; Ms. Christina Kollman (for Peter Klinkhammer); Ms. Annette Kritzler; Dr. Kamakshi Lakshminarayan; Dr. Russell Luepker (via phone); Ms. Kathleen Miller; Dr. Jim Peacock; Dr. Alejandro Rabinstein; Dr. Albert Tsai

Regrets: Mr. Al Barton; Dr. Mustapha Ezzeddine; Mr. Tim Held; Dr. David Larson; Ms. Joan Somes

Notes

1. Welcome and Announcements:

- a. Ms. Christina Kollman, Brain Injury Association-MN: April 23-24 conference, St. Cloud
- b. Ms. Michelle Gardner, AHA: 1) Virtual users forum for hospitals – May 13, 2009; 2) Recent awards for GWTG hospitals – Mayo, Regions – silver; Mercy – bronze. (note: Ms. Gardner monitors hospitals' performance continuously; several are just one measure away from achieving awards. Generally, two big deadlines that she pays attention to are for the ISC (February) and end of March for US News & World Report issue.)
- c. Dr. Kamakshi Lakshminarayan: ICSI is in process of developing updates, protocols, and other tools. Questions: How can we formalize or operationalize the relationship with MSR? How can we disseminate this information? Help from MHA; posting on AHA GWTG-Toolbox; other ideas welcome. Question: is CDC interested in partnering?

2. Program Update:

- a. **Enrollment**
 - i. 18 hospitals currently enrolled
 - ii. Cuyuna Regional Medical Center most recent participant
 - iii. Sent invite letter/info to 79 hospitals, 3/23/09 (*Correction: invite sent to 66 hospitals*)
 1. Interest from four hospitals (2 want to enroll, 3 asked questions via email)
 2. Tri-County (Wadena): we expect to join soon.
- b. **Data entry system**
 - i. Major Version 1.2 release 3/5/09
 - ii. Minor data entry system update 4/6/09
 - iii. QI corner, QA corner – May 2009
- c. **Data collection**
 - i. Total cases (2008-2009, as of 4/8/09): 4,418
 - ii. Jacob's reabstractions ongoing.
- d. **Quality Improvement**
 - i. Lisa and Mary Jo to visit Lake Region (Fergus Falls) 4/15, St. Cloud 4/29
 - ii. Mini-Grant Program: 11 proposals. \$125,000 to be awarded.

3. Summary Statistics: Dr. Peacock reviewed the data from the hospitals. Please see handout.

Discussion points:

- a. Be cautious about interpretation of upward trends in this report, as aggregated numbers are easily affected by great improvement or faltering of one or two hospitals.
- b. On tPA (STK-4): documentation errors exist, though to what extent is not clear
- c. On tPA – more analysis on tPA needs to be done (beyond the measure algorithm)

4. **Evaluation:** Dr. Tsai presented to the group a set of priority evaluation questions that have been developed by the CDC (via RTI, on contract to assist with state and national evaluation). Input for which domain and/or questions should be addressed now was requested. Discussion:
 - a. General agreement was that issues within the “stroke registry and registry data” domain (e.g., challenges for implementing and participating, why hospitals choose to participate, what other data might be useful) should be asked now - we’re still early enough to use results and be adjust course if necessary.
 - b. Suggestion: these types of questions can be asked informally on site visits as well.
 - c. When more QI work has been accomplished (over the next year), then questions regarding QI initiatives can be asked next year.
 - d. Question: Is there reason to model a system after what the trauma system does? This prompted a discussion about how we can coordinate among hospitals for administering appropriate care:
 - i. tPA is only reaching a small percentage of the ischemic stroke population. How do we improve this?
 - ii. Dr. Anderson submitted two ways this may occur: First, by hospitals and health systems, in their self-interest, creating their own hub/spoke relationships on their own. (This is essentially where we are now, a “laissez-faire” system) Second, by some form of a state-sanctioned system. (A more top-down approach.) However, strict mandates and an state-based regulatory/enforcement system probably won’t work. [We likely need to pursue something in between, where we have coordination and monitoring but perhaps not enforcement or regulation.]

5. **Stroke Conference Planning:** Dr. Tsai requested input from the group on what topic areas should be addressed for an upcoming statewide stroke conference. Discussion points:
 - a. AHA offered topics which have been successful in the past meetings: EMS & Stroke (run data, EMS protocols); Legislative updates; Telestroke; Joint Commission and PSC status updates; Updates on science (guidelines, new interventions)
 - b. Potential topic: What should hospitals do if they do not want to become PSC? How do they connect with larger hospitals? What are the costs and capacities required in order to provide appropriate stroke care?
 - c. Potential topic: Trauma systems and STEMI systems – what can we learn from these models? Possibly invite champions/leaders in this area so we can find out what is relevant and what we can learn from these models
 - d. Potential topic: Understanding the financial aspect of stroke care
 - e. Potential topic: Other state models for stroke systems: What can we learn? Can we replicate other models? What is and isn’t relevant? (E.g., MA, parts of GA, Ohio, others.)
 - f. Note: This should not be a scientific session.
 - g. Note: should have a statewide focus – something unique, not a repeat of what is offered locally
 - h. Discussion: targeting hospital administrators. Discussion revolved around getting agreement about bypassing hospitals, developing agreements/partnerships/networks between hospitals, and/or developing policies regarding where patients should be taken (or not) – this is a discussion that would need to involve administrators to develop consensus and buy-in.

Next Meeting: Tuesday, July 14, 2009, 12:00 pm - 2:00 pm – Snelling Office Park, Minnesota Room.