

Minnesota Stroke Registry Advisory Committee

Meeting Notes

July 14, 2009, 12:00 – 2:00 pm (Teleconference)

**In Attendance:** Ms. Lisa Calhoun; Ms. Tania Daniels; Dr. Mustapha Ezzeddine; Mr. Tim Held; Peter Klinkhammer; Dr. David Larson; Dr. Kamakshi Lakshminarayan; Dr. Russell Luepker; Ms. Mary Jo Mehelich; Ms. Kathleen Miller; Dr. Jim Peacock; Dr. Alejandro Rabinstein; Dr. Albert Tsai; Ms. Erika Vetta

**Regrets:** Dr. David Anderson; Mr. Al Barton; Ms. Michelle Gardner; Ms. Annette Kritzler; Ms. Joan Somes

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Notes

1. **Roll-Call and Welcome**
2. **Program Update:** Please refer to handout for full update.
  - a. Enrollment: 18 hospitals, four pending, goal of 30 by end of year
  - b. Data Collection: ~6,400 cases; interactive Google Group to be established soon; online data dictionary to be launched soon; extended tPA window issue and its impact on data collection/measures was briefly discussed
  - c. Program: evaluation work is nearing completion; core measures and impact on Coverdell still being discussed nationally; stroke in Minnesota – a lot of stroke issues beyond Coverdell being addressed currently
3. **Summary Statistics:** Dr. Peacock reviewed quarterly data. Please see handout.
4. **Quality Improvement:** Ms. Calhoun reviewed ongoing QI work: QI reports in progress; consultations ongoing; a new QI collaborative learning program in development; a recognition program is in development; a QI interest group is being facilitated, to use Google Groups and teleconferences; online resources to be posted soon.
5. **Issue:** Coverdell for small hospitals. Background: very small hospitals who want to join Coverdell do not have enough volume and/or if they ship off patients immediately, would not collect much data from our current data element set. We are proposing to do something to work with these hospitals. The questions on the table were a) what are the issues at hand and b) what should we do to act. Comments:
  - a. Small hospitals often lack a stroke champion.
  - b. Small hospitals lack resources for data collection
  - c. Are we trying to work to get them to treat with tPA? Or coordinate with a receiving hospital? Answer: either. Frame hospitals in terms of categories: a) full service with neuro ICU; b) full service, no neuro ICU; c) drip and ship; d) only ship out immediately; and e) bypassed. What we need to do is move any hospital in category (d) to category (c) or (e). There are different approaches we might take depending on which category a hospital might fall. (e.g., provider education, transfer or bypass policies, etc.)
  - d. We should ask the hospitals what they need and want.
  - e. Consider that rural hospitals see that there is “Minnesota” and “Metro-sota”- we need to be considerate of this; also, we need to consider if whatever we do is going to create more work for these hospitals or not.
  - f. We need to involve higher levels of administration in any work that we do
  - g. Visiting hospitals in person goes a long way
  - h. Outreach is currently going on already by several hospitals. No formal data collection yet
  - i. Data collection for those given tPA is simple; data collection for those not given tPA but kept and cared for is much more complicated
  - j. Hospitals want process improvement help – they want tools to be able to use. Where there are not a lot of patients, data collection may not be a big problem.

- k. Could we make data collection part of the accreditation process? Or reimbursable somehow?
  - Investigators and MDH will continue to develop this project/issue.
- 6. **Issue:** Personal identifiers. Background: we don't collect patient identifiers. Should we continue to try to pursue? If so, how? Comments:
  - a. Potential to be very useful. The threat to privacy is minimal.
  - b. If MDH is trying to work for the common good, this should be done
  - c. Outcome analysis has been done on other datasets already; perhaps a presentation to MDH administration would be helpful
  - d. Consider entering agreements with hospitals directly to get opt-out consent (in the same way research is done).
  - Investigators and MDH will continue to develop this project/issue.
- 7. **Issue:** Long-term planning. Drs. Anderson, Luepker and Tsai meeting with AHA next week to discuss advocacy/legislative strategy. Money is off the table; educating legislators and finding champions is the key work over the next 1-2 years. Pete K. suggested contacting Jeff Nachbar for legislators who are champions for brain injury issues.
- 8. **Stroke Conference Planning:** Ongoing.

**Next Meeting:**

Tuesday, September 29, 2009, 12:00 pm - 2:00 pm – Snelling Office Park, Minnesota Room