Item	Discussion	Decision/Responsible Party
	Meeting Minutes Wednesday, May 8th, 2019 11:00 p.m. – 3:00 p.m. Normal Fire Department Normal, IL	
Call to Order	Called to Order at 11: 10 am Roll Call- On the Conference Call: Janet Rubin, J Wilson, Tracie Popp, Kathy ___ Judy Hanes, Deb Lynch, Matthew Jordan, Shawn Wallery, Andrea White.	Dr. Chris Richards
Minutes Approval Vote	November 14th Minutes reviewed None opposed-Minutes Approved	
IDPH Update (*standing item*)	• 160 total designation 80 ASRH (new Sarah Busch Lincoln) 65 PSC, 15 CSC • Stroke Fund $162, 000. Non-protected but do not foresee any reallocation of these funds. • Stroke Registry Update: Michelle completed consolidated request for stroke registry vendor – it has been approved. 1st draft of Request for Proposal has been reviewed. 2nd draft in approval/review stage. Then will go to procurement review. Process moving forward. Goal: implemented within FY2020. • Hard copy of Joint Commission memo regarding Admin. Code for Primary Plus Stroke Center Designation sent to state. Call for Advisory Committee to make comment for State Rules. Per Dr. Richards committee can review at first glance then we can plan for putting together a small group and then bring it forward for formal comment. Per Michelle we will then need to make part of law for the state to recognize Primary Plus as a state level designation. • Leslie Stein-Spencer remains as acting Division Chief (contract valid through December).	Michelle Lorton
EMS Advisory Council (*standing item*)	• SEMP currently in process of finalizing plan and doing training for the end users. • 2019 brought a lot of new rules. Most related to education standards. – Lead Instructor must have 20 contact hours in education, Changes oversite for Paramedic and EMT	

	education programs and EMS Coordinator must have oversite. • NEMSIS – hired Adrianne Lefevre (contract to work with Dan Lee) by this summer all EMS services will need to be NEMSIS compliant. Adrianne is traveling to individual EMS departments to work through getting everyone on board. • Strategic Plan is still in draft form under review but close to complete.	
Subcommittee Updates: • Education Subcommittee • Membership Review Subcommittee • State Registry Subcommittee (*standing item*)	All committees are ad-hoc at this time. Education subcommittee will be convened if needed Membership committee will be called upon if needed if the committee has multiple applicants for one position	Dr. Chris Richards
Membership Update (*standing item*)	• Change in owner of who is reviewing membership at the state office. If you have submitted your application within the last year, please resend application to Julie along with supporting documents (voter registration card copy if you have available and CV) • Requested to have list of members and applied voting members with meeting minutes. Will formalize a document. • Passed Tobacco 21 last month. Increased age from 18 to 21 for all legal tobacco sales. • If any hospital is interested AHA will be working on an increase of tobacco tax please contact Julie. AHA will be sending communication via Grass Roots network to help support efforts. • 3.5 weeks of session left. • Hemorrhagic Stroke Care proposal is not moving forward at this time.	Julie Mristow
Regional Committee Update (*standing item*)	*It is the responsibility of the regional representatives to share information with the state committee and take information back to*	All Region Representatives

their region. Each region is asked to report updates at each State meeting.

1. **Region 1**: No report
2. **Region 2**: Danelle Geraci. Gaining ground and growing committee. Data collection discussion: how many strokes are arriving and method of arrival, door in to transfer time, screening type and if it was completed, and if LVO was recognized. Still identifying individuals who will be collecting information. Travis will collect for region. Would also like to work on data collection on type of intervention and their discharge disposition, if given tPA, etc. Data submission is voluntary. Struggle for participation is turnover in the member facilities. Rene S. from AHA can help from a GWTG perspective.
3. **Region 3:** Tiffany Whitaker. Significant progress made within region. Approved bylaws and membership. Working through open positions and getting representation from each hospital in region. Adopted BEFAST in the region. Offering EMLS training this Friday for any interested parties. Last year mentioned that any neuro deficits within the last 24 hours will trigger a STAT stroke call (recognize neuro deficits – STAT team presents within 10 min to perform NIHSS and send to imaging if not yet completed). EMS will also notify for symptom onset within 24 hours and treat as a STAT stroke. Have reviewed data for last 1.5 years and only increased by 2 per week (total of 40 per week). Improved recognition of posterior stroke. Encouraging sending facilities to do the same in order to get these stroke to the comprehensive centers. Community event to educate on symptom recognition and importance of calling 911 or going to nearest hospital.
4. **Region 4**: Alison Tindall. Continue to work on 5th grade Education and Data collection for Door in Door out. Pushing out education for BEFAST. Also, collaborating with STEMI for annual meeting in October. Outreach educators are going to each EMS and receiving hospitals as well as a community-based education push. Partnering with YMCA and local

events. Michelle Lorton offered to provide a list of her contacts for hospitals within each region if requested.

5. **Region 5**: No report
6. **Region 6**: Erin Eddy. Participation is fair. Tag on to Region EMS meeting. Recently elected vice-chair. Looking at GWTG benchmark group for region: mode of arrival, Door in door out, door to needle times. Looking through ways to include organizations who do not participate in GWTG. EMS education for stroke in general is a focus for team (specifically interfacility transport) planning an event for education. Discussed as a group standard for calling STAT Stroke. OSF is implementing Stroke Alert 1 (under 4.5 hours since symptom onset/LKW) and Stroke Alert 2 (under 24 hours since symptom onset/LKW). Strokeawareness.com has EMS Education Slide Deck. Can share from region to region for education but must be accepted by all 62 EMS Coordinators.
7. **Region 7**: Open Position. Have not met recently. Heather is planning on helping to get group off the ground.
8. **Region 8:** Andrea White. Status quo. Moving forward with early notification for some facilities (CDH, Good Sam, Edward) has made an impact to get patients to CT more quickly. A lot of discussion around arrival mode and a way to educate the community (flyer about stroke awareness in utility bills for calling EMS). CDH is going to bring data from mobile stroke unit giving tPA as well as reversal agents. Rush Mobile Stroke unit data resubmit to Helen within region. Payment for mobile stroke unit at Rush is 100% grant funded, patients are not billed. The private ambulance service is billing the transport fee to insurance. Community education for calling 911 and how billing works.
9. **Region 9**: Matthew Jordan. Changed stroke scale to BEFAST. Rolled out in March. Continue to look at scene time (10min 30 sec. currently). tPA 40-60 min. Struggle with the less than 45 min. Working with dispatch on helping to identify Stroke to help to expedite care – using modified Cincinnati scale.
10. **Region 10:** Amy Barnard. Have met twice, approved bylaws, good participation from region. Working with resource hospitals to try and recommend and standardize education for the entire region. Currently using Cincinnati scale for

	screening and vetting a recommendation. Added language for bypass policy - suggested calling hospital anyway for time sensitive diagnosis to see if possible for them to accept. Looking at a good way to collate data since not all are on GWTG. 11. **Region 11**: Sonia Winandy. Educated paramedics on LVO screening in late November. Cincinnati, finger-to-nose, and 3 item stroke questionnaires. Volume has been as expected. January-March giving competency screening for paramedics (ID of stroke and LVO, asked to identify level of appropriate facility). Utilizing an online platform to deploy education and validation of testing. Approved for Critical Care Medics to transport tPA that is being administered – going to state level for approval next. Grant project for learning collaborative for door-in-door-out process improvement. QI for LVO screening (3-item) getting data from hospitals for those who identify an abnormal stroke screen and doing a cross-walk to efficacy of this tool with proper identification of LVO.	
New Business:	• Illinois State Stroke Metrics Review and Discussion: May is American Stroke Month. Magnets and bookmarks available she can mail to you. Strokeassocciation.org more tools available. Region 10 is holding a survivor event, region 7 2,000 high school students - heart model for afib, videos from AHA website, poster with risk factors and healthy eating, give-a-ways BEFAST materials. Multiple community events for education for multiple regions and BP screenings. • 84% of ischemic strokes are reported to GWTG, 120 hospitals in IL participate with <200,000 strokes recorded. 10% of AIS received tPA. • 2018 IL met all 7 Performance Measures, 70-80% complaint for EMS pre-notification (Renee asked group to share any best practices that anyone has used to improve this). Brad Perry shared that EMS is changing form for a checkbox on the run sheet. This should help to be able to document. • There is asset of reports you can build for your data (you must request this extra tab but it is no additional charge). • 2018 39% arrival from EMS. Toolkits available at AHA	Renee Sednew

	website • 2018 36% of patients arrive greater than 1 day or unknown symptom onset. Mean time door to tPA 52.4 min 44.5% met goal of 45 min Door to needle. • Target Stroke Phase 3 (2019) Recording Available next week. Primary Goals: tPA administration within 60min for 85% or more of patients. Door to device time in 50% or more of eligible patients within 90min for direct arriving and 60min door to device for transferring patient. Secondary Goals: 45 min in 75% or more of AIS patients and 50% for within 30 min. Webinar on tools 5/28/19 11 am CST. Renee to send info to group. Summary of CERRIAS Project • Reviewed Presentation from ISC 2019. Used "Stroke Promoters" – Laypeople in community to help disseminate information. Used the Pact to Act FAST is a social contract used as a way to help give permission and empower people to help recognize S&S of stroke and act by calling 911. • Intervention helped paramedics to recognize stroke. TJC statement of Primary Plus subcommittee. Please stay for 5 min after the meeting to pan our next steps. If interested in participating in subcommittee please notify Dr. Richards, Tracy, or Alison.	Dr. Richards
Public Comment	Peggy Jones asked for a show of hands for those who are using BEFAST in lieu of FAST. Some are, OSF is using both BEFAST and BEFASTER	ALL
Open Meetings Act (*standing item*)	Any new member after January 1st, 2015 will have 90 days to complete the OMA training.	ALL
Meeting Times	Meeting location for 2019: Normal Fire Department 11a-3p • August 14th • November 13th	All
Adjourned	Team adjourned at 2:35 pm Motion: Dr. Chris Richards Second: All	

Subcommittee Meeting for Primary +:	2:40- 3:14 Thought is that EMS Medical Directors will look toward the state legislation for guidance on creating regional protocols. Subcommittee can recommend: We will need to bring in all accrediting bodies to present if they have a TSC level designation. Scope of what we should do: should TSC become a level of designation by the State? Consideration is that the varying accrediting bodies may have different criteria for this level of designation. How would an EMS Medical Director operationalize? You may have variability on the center being TSC but not necessarily able to manage hemorrhagic stroke. Next steps: Put together list of Pros/Cons of adding this to the legislative rule. Focus recommendation on whether TSC needs to be a level in the act. Get a list of the definitions for each of the accrediting body. Anyone interested in joining conversation please reach out to Dr. Richards, or Alison Tindall. Plan to discuss via email and work toward consensus and will bring to next subcommittee meeting.

Name	Position	Attended
Peggy Jones	Acute Stroke Patient Advocate	Yes
Dr. Harish Shownkeen	Physician from a CSC	No
	Physician from a PSC	
	Physician from an ASRH	
	EMS Coordinator	
Dr. Chris Richards	EMS Medical Director	Yes
Tom Willan	EMS Rural Fire Chief	Yes
	Fire Chief from a region > 200,000 population	
	Hospital Administrator from a CSC	
Deborah Smith	Hospital Administrator from a PSC	No
	Hospital Administrator from an ASRH	
	Private Ambulance Provider Representative	
	Region 1 Representative	
Danelle Geraci	Region 2 Representative	Yes
Tiffany Whitaker	Region 3 Representative	Yes
Alison Tindall	Region 4 Representative	Yes
Danielle Short	Region 5 Representative	No
Erin Eddy	Region 6 Representative	Yes
	Region 7 Representative	
Andrea White	Region 8 Representative	
	Region 9 Representative	
Amy Barnard	Region 10 Representative	Yes
Sonia Winandy	Region 11 Representative	Yes
	RN from a CSC	
	RN from a PSC	
Tracy Love	RN from an ASRH	Proxy: Allison Tindall
Brad Perry	State EMS Advisory Council Representative	Yes