

Item	Discussion	Decision/Responsible Party
Meeting Minutes Wednesday, August 8, 2018 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: 9 people on the call in line	Dr. Chris Richards
Minutes Approval Vote	May 9 th , 2018, Minutes reviewed None opposed-Minutes Approved	
IDPH Update (standing item)	<ul style="list-style-type: none"> • There is a total of 156 designated hospitals in Illinois thus far- ASRH=79 PSC=63 CSC=14 • New designations in 2018 ASRH=0, PSC=8, CSC=4 • The Stroke Fee Fund total as of August 8th, 2018 is \$125,878.65 • Leslie Stein-Spencer is no longer with IDPH. The position is posed as IDPH will need an acting Division Chief 	Michelle Lorton
EMS Advisory Council (standing item)	<ul style="list-style-type: none"> • Brad noted that Leslie did a lot of movement for EMS • IDPH reports difficulty licensing EMS due to software issues currently (GL Suites) • The state is moving toward SEMP systems, IDPH inspections are beginning in Carbondale as the first site survey. The surveys are going well, Region 6, 7, 8,9,10 are having Trauma surveys and Region 3, 6 are having site surveys. These areas are trying to work on Bypass protocols • Paula Attenbery transferred to a new department • Mobile Integrated Healthcare Pilots are right now in the data phase • Strategic plans-subcommittee presented last few years worked on EMS 2050 and EMS 3.0. From the education aspect, the push is toward a National Registry State. Only 3 states are not in the National Registry, and Florida will now be number 47. Many people are very passionate about this topic with lots of feedback, still large groups who do not understand what the National Registry means 	Brad Perry

- There are groups working on curriculum for paramedic programs, due by December 2020. Will need accreditation which is mandated by a National Registry. This is only for paramedic programs, EMT programs not yet.
- One a paramedic is on the National Registry, he/she does not need to maintain this.
- Dr. Richards reports he is making a report for the team, stroke to hospital information
- Movement is to go from a transport service ideal to a care continuum patient centered service-part of EMS 3.0 and fits into the integrated healthcare system
- Michelle warned to NOT have EMS providers drive to Springfield to get their license. GLS system is backed up with issues and they will not get license that day

Subcommittee Updates:

- Education Subcommittee
- Membership Review Subcommittee
- State Registry Subcommittee

(standing item)

****ACTION ITEM: Tracy and Dr. Richards to draft this document (State Registry recommendation) and submit to Michelle at IDPH**

Dr. Chris Richards

Membership Update

(standing item)

- There is a back log on applications
- Dr. Richards noted we need to make membership a priority at this time, since November is the annual meeting in which we vote
- Current Open Positions:
 - Fire Chief from a Region >200,000 population
 - EMS System Coordinator (application submitted)
 - Private Ambulance Service Representative
 - Representative from a Municipal EMS Provider
 - Hospital Administrator/Designee from a CSC (application submitted)
 - Hospital Administrator/Designee from an ASRH (application submitted)
 - Physician providing advanced stroke care from a CSC (application submitted)

Tracy Love/Michelle Lorton/Julie Mirostaw

- Physician Providing stroke care at a PSC
- Physician providing stroke care from ASRH
- Registered Nurse from a CSC (application submitted)
- Registered Nurse from a PSC (resignation pending)
- Region 1 Rep (resignation pending and application pending)
- Region 9 Rep (application submitted)

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

All Region Representatives

1. **Region 1:** Region continues to work on transport patterns in the rural and urban areas of the region. Having extra meetings (meetings are typically quarterly) to determine LVO screening tools and bypass patterns. Plan to work on Bylaws after transport completed
2. **Region 2:** Partnered with INI and Stryker rep to discuss LV strokes and see simulator. Need more people at the region meetings and more information on LV strokes and stroke designations. Going out to Ems providers to explain what the designations mean and who is designated.
3. **Region 3:** No rep available
4. **Region 4:** Allison had her baby early, so she is not available today. The region is working on education with schools and stroke coordinators. 2 new medical directors in the Region. Trying to look at transport and LVO tools, and where to transport patients. Many go to St. Louis, and 2 new directors are being more aggressive about how to do this.

Traci Popp and Tracy Love

Danelle Geraci

Brad Perry

5. **Region 5:** Looking at data as a Region. Looking at door in and door out times, and what will the 24 hour time window look like to transport patients out of this Region
Danielle Short

6. **Region 6:** Discussing hemorrhagic stroke topics. Team meets next week to give guidance on how to manage hemorrhagic stroke. Trying to get PCC (K-Centra) and TXA on formulary for trauma and stroke in other hospitals in the Region and provide education on how to treat hemorrhagic strokes with reversal. Team trying to work with data to get more information for trauma, STEMI and stroke. Also looking at door in and door out information.
Erin Eddy

7. **Region 7:** Has a meeting yesterday and trying to regroup to get all of Region involved in the team. Getting discussion out there about “diversion” and discussed LVO tools, need committee to recommend one tool and education on the tool. The team also talked about the extended window. It was a good meeting with great engagement. The team also needs to look at the SMO’s. AT Christ hospital-they are using the VAN tool as a trial and it is showing good results
Dee Behrens

8. **Region 8:** No rep available

9. **Region 9:** Met last month. LVO tools in use for several years, and the tool is “mediocre” at best. The subcommittee gave input on possible new tool and would like the new LVO tool that is validated and have a transport time of 30 minutes or less to bypass to a CSC-there are 3 in the Region. The two tools being reviewed are VAN and FAST EF-final vote and education in November with roll out December 1st. Dr. Jordan asks what a good time frame for bypass is. There are questions if 30 minutes is proper time-and the real question is how far is too far?
There is 6 sigma lean team in Region 11 looking at where delays in transfer from hospital to hospital are.
Difficulty noted in teaching the scales and transport routes, how to make the tool useable and how to education stroke.
Dr. Matt Jordan

One concern is scene time-do not want them at the scene too long.

OSF Peoria noted they look at symptoms vs a scale. Dr. Jordan fears we as nurses and MD's are jaded because we know neuro exams. He also noted to remember that on 10% of LV strokes at CSC's receive intervention. False positives can fill up CSC's and then other facilities cannot get true LV strokes transferred out because the CSC is full.

Questions the group discussed included:

- How well is the LVO screen completed (quality)
- What are resources available
- What is the transport times inter-facility

Team discussed that if a PSC becomes a TSC per Joint Commission, they will remain a PSC as the state is not recognizing the TSC certification at this time

10. **Region 10:** The recent meeting had more providers attend, and working on by-laws. The team is unsure about diversion, as this region only has PSC's not CSC's. Looking at LVO tools-the team to make recommendations. Team is looking at mode of arrival times too. Community education for nursing homes was identified as a need, and to teach them to use 911 for stroke symptoms

Amy Barnard

11. **Region 11:** Educating Ems is October and roll out of 3 Item Stroke Scale tool for LVO on November 15th. On-line education for EMS modules with narrated power point/Camtasia. There are 8 total CSC's in the Region and surrounding area which support drip and ship protocols and inter-facility transport for EMS. More updates to come.

Dr. Chris Richards

New Business:

Nominations for 2019 Officers (vote in November):

- Nominations for Chair:

Dr. Chris Richards

Dr. Chris Richards

- Nominations for Vice Chair:
Alison Tindall
- Nominations for Secretary:
Tracy Love
If any other nominee's, please send to Tracy Love in email to
add to the ballot

Dates for 2019 Meetings (vote in November):

- February 13th
- May 8th
- August 14th
- November 13th

Stroke Assessment Tool (vote in November):

- Continue to recommend FAST/Cincinnati Exam for EMS and
include verbiage of last known well and LVO screening

By-Laws (vote in November):

- Check to see if any changes to the By-laws are needed,
including the membership committee and residency

Certifying Bodies (vote in November):

- Will remove the AHA from the certifying bodies
recommendations
- Current Certifying Bodies to endorse
DNV
TJC
CIHQ
HFAP

Dr. Jordan wonders if the committee should look at the
organizations for a deeper review next year for accreditation-what
is the cost, what are the requirements, how we should proceed.

Tracy proposed we should have a subcommittee to do a deeper
review-Dr. Richards agreed

The recommendation per Dr. Richards is we will vote on the current certifying bodies in November, with plans to have a sub-committee look into each organization by cost and requirements in 2019

Michelle states that currently the certifying bodies used in the state of Illinois include DNV, TJC, and HFAP. CIHQ is not being used by any Illinois hospitals at this time. Maybe each organization has to register with the state and give information each year about their certifications.

ICARE Updates (vote in November):

Dr. Richards and ALL

Dr. Esfahani was here at the last meeting to review the ICARE updates. This will be a voting item in November.

First-The team will walk through the bill and the changes requested
Second-Update on the bill in Legislature

Julie noted that the current legislative session is over. It might be up in the Fall but probably has to start over again in the spring

The team reviewed the legislation and proposed revision

Michelle states that IDPH legal is looking at the language related to "evidence-based guidelines". She states this should be more defined. She also noted that some of this language should be in rules and regulations, not in the law. It is easier to change rules and regulations rather than the law.

Tracy discussed concerns over section 3.118 (c-5). She feels any information placed on a website (proposed in the legislation) should go through this committee to vet out the information with the stroke experts on this team. Michelle reports that this would need a FRP, process to choose which hospital would maintain this site, etc.

Dr. Jordan asks what does this add to the state?

There was continued robust discussion of the proposed sections to

the bill. Concern was discussed over the “intent” of the bill-is this to maintain a website for information on hemorrhagic stroke.

Dr. Richards discussed if these changes “water down” the law rather than make it more robust.

Action Item: Ballot for the ICARE proposal shall read:

- Recommend/Support the proposed changes to the bill
- Do not recommend/do not support the proposed changes to the bill
- Neutral-no recommendation to the proposed changes to the bill

Public Comment

Peggy Jones from ICAHN noted that Genentech provided a presentation that will take stroke centers to the next level. The numbers are good but we must keep up community education because people have to show up in time to get treatment.

ALL

Dr. Richards thanked Renee and Kathleen from the AHA for providing lunch to the team, and to them and Ann Schutt from Genentech for the Celebration for Peggy on her retirement from ICAHN.

Erin Eddy reports there is a Stroke Conference in August at the CARLE Foundation-she has flyers or can email the information

Northwestern Medicine has a conference on October 13th for Stroke Coordinators

**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 2018:
Normal Fire Department-New Location
11a-3p

- November 14th

All

Adjourned

Team adjourned at 2:40 pm
Motion: Dr. Chris Richards

Second: All

Name	Position	Attended
Peggy Jones	Acute Stroke Patient Advocate	Yes
	Physician from a CSC	
Dr. Kaiz Asif	Physician from a PSC	No
	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	No
Alison Tindall	Region 4 Representative	Proxy: Dr. Richards
Danielle Short	Region 5 Representative	Yes
Erin Eddy	Region 6 Representative	Yes
Dee Behrens	Region 7 Representative	Yes
Andrea White	Region 8 Representative	No
	Region 9 Representative	
Amy Barnard	Region 10 Representative	Yes
Sonia Winandy	Region 11 Representative	Proxy: Dr. Richards
	RN from a CSC	
Kristen Petersen	RN from a PSC	No
Tracy Love	RN from an ASRH	Yes
Brad Perry	State EMS Advisory Council Representative	Yes