

STATE OF COLORADO

John W. Hickenlooper, Governor
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 Executive Director and Chief Medical Officer

Dedicated to protecting and improving the health and environment of the people of Colorado

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Colorado Department
 of Public Health
 and Environment

Stroke Advisory Board Meeting Minutes December 17, 2013

CDPHE Staff: Scott Beckley, Crystal Cortes, Margaret Mohan, Grace Sandeno and Matt Concialdi

Guests in Person: Maura Proser, Erin O'Reilly, Brock Herzberg, Susanna Morris and Gail Finley

Guests Via Telephone:

Roll Call/Call to Order: 1:00 PM

Members	Serving as:	In Person	By Phone	Absent
Kevin Burgess	EMS Provider		X	
Coral Cosway	Rep. National Association			X
Nancy Griffith	Statewide Hospital Association	X		
Christina Johnson	Statewide Chap. Emerg. Physician	X		
William Jones	Physician Vascular Neurology	X		
Michelle Joy	Admin at Rural Hospital			X
Cynthia Kreutz	Rep. Stroke Rehab Facility	X		
Mary Ann Orr	Person/Caregiver Stroke Survivor	X		
Michelle Reese	Representing CDPHE	X		
David Ross	Statewide Assoc. of Physicians		X	
Karin Schumacher	Phys/Occup Therapist	X		
Richard Smith	Rep. National Stroke Assoc.	X		
Michelle Whaley	RN in Stroke Care	X		
Mary White	Admin at Urban Hospital	X		
Chris Wright	Expert Stroke Database		X	
Donald Frei	Physician Interventional Neuroradiology	X		
Unfilled	Primary Care Physician			
Unfilled	Neurosurgeon			
Unfilled	Neurologist Serving Rural Area			

Organizational Issues:

- After review of the minutes, a motion was made by Dr. Frei to approve, seconded by Ms. White. The November 19, 2013 minutes were unanimously approved as presented.

Discussion:

- **Survey:**
 Discussed the survey and certain revisions were decided upon. Staff will remove general hospital from question 1 and eliminate question 19 & 21. There was more detail discussion about the

questions but since the survey needs to go out it was decided that survey would go out with minor edits. Members did feel as though there should be more than one survey and this was tabled for next year. Grace and Gail will send survey to the hospital CEO's and request that they forward to correct person. Staff will send one last time to board and give a 48 hour turnaround time. Kevin Burgess and Scott Beckley to discuss EMS survey for 2014.

- **Potential EMS Survey:**

Kevin Burgess and Scott Beckley to discuss details and content of EMS survey for 2014.

- **Message Board:**

Message board was tabled until 2014. Staff will research to get more information on the open meeting act and if

- **Data:**

It was discussed that a running list of data should be created. It would include what is the data and the source of the data.

- **Breakout Groups:**

Data, Treatment and Prevention, Rural and Urban Coordinated Care and Stroke Designation

- **Group One: Data (Registry and Public Access)**

(Participants included: Mary White, Michelle Reese, Chris Wright, Richard Smith, Don Frei, Maura Prouser, Scott Beckley and Nancy Griffith)

- What sources are available?
 - CMS
 - Required by all acute care facilities
 - Not required by critical access hospitals
 - Data is collected on patients primary discharge diagnosis of stroke (ischemic and hemorrhagic) and TIA
 - Outcome science
 - Database used by The Joint Commission Comprehensive and Primary Stroke Centers using the AHA/ASA Get with the Guidelines criteria
 - CHA
 - Primary discharge diagnosis-coded data
 - EMS
 - Trauma database
 - We will have to apply for access to the data points collected by the agency
 - CIVIC
 - All payers claims database
- What data is collected?
 - Assignment is collect the data abstraction tool from CMS, Outcome Science, CHA, & EMS
 - Develop a spreadsheet of each question to compare what data is currently available
 - This process will help crystallize what data we currently have available
- What data currently not available would be important to decision making?
 - Need information on what is currently available
 - Once data elements available the SAB needs to determine what data points support:
 - Acute stroke patients (examples)
 - Door to tPA times

- Outcomes
 - Education
 - Prevention
 - Post-Stroke
 - Identify what are the leading modifiable risk factors such as diabetes, obesity, smoking, and hypertension
- What are the barriers to the collection of the data?
 - Resources
 - Database
 - FTE
 - Board will need to identify the top 10 data points to be collected
- What should be priority for 2014?
 - Action items
 - Obtain and develop spreadsheet of data points collected by:
 - CMS
 - Outcome Science
 - EMS
 - CHA
 - Narrow recommended required data points to the top 10 providing the most impact on stroke care in the state of Colorado
 - Acute Care focus
 - Prevention focus
- Miscellaneous/Parking lot:
 - For the hospital survey
 - Hospitals who transfer
 - How far or time measurement by air and by ground to the nearest facility to provide higher level of stroke care
 - Does hospital have stroke protocol?
 - CHA reported a total of 99 hospitals in the state of Colorado
 - This includes LTAC, children hospitals, etc.
 - Estimated 62 Acute Care Hospitals
 - Need to get an accurate count of Acute Care Hospitals
- **Group Two: Treatment and Prevention (Evidence-based Practice)**
 (Participants: Cindy Kreutz, Christina Johnson, William Jones, Kevin Burgess, David Ross, Mary Ann Orr, Margaret Mohan)
 - What treatments are currently available and where?
 - Telehealth
 - Universal Privileges vs Simplified privileges
 - NIH Stroke Scale
 - Recommendations to improve stroke treatment
 - Access to expertise
 - What is currently being done to get access to experts in Stroke
 -
 - Recommendations to improve stroke prevention
 - More stroke education to healthcare workers and public
 - Continuing stroke education for practicing healthcare workers

- Better education for EMS
 - Telehealth in the field
 - Primary prevention not a focus for this year's report
 - Miscellaneous
 - Availability of modalities: diagnostic and therapy
 - Guidelines for acute stroke patients and 2008 supplemental version came out
 - Who will monitor data and distill it? Cost? State?
 - Discussed why there is not a protocol for stroke and could one be used universally
 - Some of the improvements for treatment and prevention will come out of the rural/urban coordinated care group
 - Potential survey in 2014 regarding rehabilitation options/availability
 - EMS Survey – potential for 2014.
 - Kevin Burgess and Scott Beckley to work on
 - Ask medical directors about protocols?
 - EMS agency has protocols for stroke?
- **Group 3: Rural and Urban Coordinated Care**
(Participants: Karin Schumacher, Michelle Whaley, Gail Finley, Grace Sandeno)
- What do we know about current coordination?
 - The American Heart Association/American Stroke Association released a policy statement in October 2013 regarding interactions within stroke systems of care and gave specific recommendations for the coordination of care to improve acute stroke care. This policy statement takes into consideration the unique challenges that states with urban, rural and frontier areas face when it comes to acute stroke care. “Solutions must be appropriate for the region and effective at guiding appropriate triage without being burdensome.” (Higashida, et al, 2013). Goals of emergency care include triage and routing considerations, levels and types of hospital care and the use of telemedicine as a method to ensure “24/7 coverage and care of stroke patients in a variety of settings.” (Higashida, et al, 2013).

Higashida, R., Alberts, M.J., Alexander, D.N., Crocco, T.J., Demaerschalk, B.M., Derdeyn, C.P., et. al (2013). Interactions within stroke systems of care: a policy statement from the American Heart Association/American Stroke Association. *Stroke*, 44, p 4961-2984.

 - Within the State of Colorado there are Joint Commission certified stroke centers
 - 3- Comprehensive Stroke Centers
 - 18-Primary Stroke Centers
 - Within the State of Colorado there are approx 29 hospitals with Stroke Telemedicine capabilities
 - There is a broad range of coverage in urban, rural and even frontier areas of the state by CSC, PCS, and telemedicine capable hospitals.
 - There are Regional Emergency Medical and Trauma Advisory Councils (11 RETACs) covering all counties in Colorado. These regional councils may be partners in determining EMS practice and implementing EMS education. Most regions have a regional medical director in addition to the medical director for each EMS agency. There is the potential that RETACs may be interested in incorporating stroke into biennial plans, but this would probably require some funding.
 - Have we identified any ways the current situation could be improved?

- Coverage of rural and frontier areas of Colorado regarding the care of stroke patients could be improved through the use of telemedicine at local hospitals or by the development of transfer protocols between the rural/frontier/non-telemedicine hospital and PSC/CSC's.
- Engage RETAC medical directors and councils within the state of Colorado to have a role in decision-making regarding transport of stroke patients to hospitals based on each region's unique needs and challenges.
- What do we need to know to make decisions?
 - Results of the Survey Assessment of Stroke Care Protocol for Health Facilities is needed to determine additional strengths or needs within rural and frontier areas of Colorado
- What are our 2014 priorities?
 - Improve the coordination of care between hospitals without stroke center designation or stroke telemedicine capabilities through the use of transfer agreements with PSC/CSC's
 - Improve the management of patients with acute stroke by utilizing existing RETAC groups by the establishment of stroke related protocols and policies.

Group 4: Stroke Designation

- Members are not sure whether there should be state led designation at this point. This discussion has been tabled until 2014.
- **Report to the Colorado Legislature:**
The board members discussed the 5 requirements established by the legislature. These requirements are:
 1. Create a state database or registry;
 2. Allow access to aggregated stroke data to interested parties;
 3. Evaluate current available stroke treatments and recommendations to improve stroke prevention and treatment;
 4. Develop a plan to encourage rural and urban hospitals to coordinate referral or receipt of patients requiring stroke care; and
 5. Determine if designation of hospitals in stroke care is appropriate or needed to assure access to the best quality care for Colorado residents with stroke events.

Next Meeting: Tuesday, January 21, 2014, 1:00 pm – 3:00 pm
Colorado Department of Public Health and Environment
Lab Training Room, 8100 Lowry Blvd., Denver, CO 80230