

STATE OF COLORADO

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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 January 21, 2014

CDPHE Staff: Scott Beckley, Crystal Cortes, Margaret Mohan, Grace Sandeno and Eileen Shelby

Guests in Person: Julie Blakie, Maura Proser, Renee Glass, Tim Hermann, Mark Steward, Julia Cowan, Barb Lussenhop,

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 December 17, 2013 minutes, Karin Schumacher motioned to approve the minutes; seconded by William Jones. The minutes were unanimously approved.

Discussion:

- **Survey:**

Grace Sandeno, with Scott Beckley's aid, presented the EMS survey results. The power point presentation is available on the website. Total transport times were displayed. Discussions continued in regard to the discrepancy between facilities with tPA available and the use of tPA. It was brought to the board's attention that all hospitals with CT do have tPA available. Further discussion continued regarding the confidence and willingness of rural physicians to utilize tPA. Further discussion of an additional survey may be visited if the need for additional information arises.

Mark Guebert-Steward and Tim Hermann with CNI (Colorado Neurological Institute) shared information with the board regarding a needs assessment survey from the perspectives of patients, family members and care providers. The survey is ongoing, thus no data are available at the time.

- **Stroke Designation**

Many considerations were discussed regarding the possible need for a designation process for stroke centers. Primary Stroke Centers (PSC) and Comprehensive Stroke Centers (CSC) exist already and are accredited through The Joint Commission. The current accreditations do not require a minimum number of patients treated for acute stroke. The board would like to gather information from other states on how stroke system development has progressed and its effectiveness. Staff is to explore stroke systems in other states. Texas was mentioned to have a strong rural program in the panhandle. Arizona was said to have unique treatment system and state-added acute care requirements in addition to accreditation. Kansas was commended for a user-friendly state website. Members of the board expressed interest in a presentation from Healthcare Facilities Accreditation Program (HFAP) and its stroke certification as an alternative to The Joint Commission.

The culmination of designation considerations is summarized as:

- Review whether the department should require a minimum number of patients treated by certain levels of stroke centers

 - CSC has treatment requirements

 - PSC does not

- Focus on mentorship to improve tPA utilization rather than disciplinary action

- Review other state systems:

 - Acute stroke ready centers and patient treatment requirements

- **Quarterly Priorities**

The priority list for 2014 is extensive. Each work group chose two priorities to address for 2014. The collaborative advisory board is to decide on stroke designation following completion of most of the work group priorities. Priorities were established with goals set at four week increments. There was discussion to move meetings to a bi-monthly basis with four week goals for the work groups. Nancy Griffith made the motion to move meetings to a bi-monthly basis for a six month trial, seconded by Karen Schumacher. The vote was unanimous. The next meeting will be March 18, 2014.

- **Work Groups**

A general consensus marked the decision to reorganize the work groups to allow for more even distribution. In an effort to fill the groups staff is to contact members who have been absent for two or more meetings. Members of the advisory board also agreed to reach out to pediatric neurologists/neurosurgeons and stroke rehabilitation facilities to fill vacant slots on the advisory board. Three work groups were recognized as follows: rural/urban care coordination, data

registry and treatment and prevention. The designation discussions were agreed to be a priority for the whole advisory board.

The advisory board discussed rural/urban care coordination concerns. Further information was requested to see if EMS already directs certain patients to stroke facilities and the implications in protocol for rural areas to improve treatment windows. It was agreed that the Emergency Medical Practice Advisory Council and the Regional Emergency Medical and Trauma Advisory Councils are a good resource for rural planning and community education.

- **Group One: Data Registry**
(Participants: Chris Wright-team lead, Mary White, Michelle Reese, Richard Smith, Don Frei, Maura Prouser, Scott Beckley and Nancy Griffith)
In four weeks, contact staff via email with desired data points and where the data is available or if it is not currently available.
Consideration- Medicare, American Stroke Association/American Heart Association and other databases do not have data on certain populations.
- **Group Two: Treatment and Prevention (Evidence-based Practice)**
(Participants: William Jones-team lead, Christina Johnson, Kevin Burgess, Cynthia Kreutz, Mary Ann Orr, David Ross, Karin Schumacher)
Group is to explore telemedicine capabilities and availability with various providers and treatment implications.
Group is considering a survey to rural areas inquiring about therapeutic resource availability including providers and extenders.
Group needs more information to define sufficient care standards
- **Group 3: Rural and Urban Coordinated Care**
(Participants: Michelle Whaley-team lead, Coral Cosway, Michelle Joy)
Karen Schumacher moved to Treatment and Prevention
Michelle Whaley to reach out to Dr. Ross to join rural/urban care coordination group
Group will attempt to reach out to RETACs (bi-annual plan in 2015) for protocols and rural care considerations/coordination.
Engage with RETAC coordinators in 4 weeks
Continue data analysis

Discussion regarding chair and co-chair positions to be voted on in six months or one-year. Motion made by Michelle Whaley to vote chair and co-chair positions at one year. Nancy Griffith seconded the motion. Vote was unanimously approved.

- **Next Meeting Goals**
Each group is to present information per the priority/goal sheet next meeting. Priorities are to be revised and distributed by staff.

Next Meeting: March 18th 2014, 1:00 pm – 4:00 pm
Colorado Department of Public Health and Environment
Conference Room C1A 4300 Cherry Creek Drive South