

**Legislative – Stroke Task Force  
Meeting Minutes**

**September 1, 2015**

Meeting Location:

Connecticut Department of Public Health  
410 Capitol Avenue, OCHA Hearing Room 3<sup>rd</sup>Floor

**Task Force Committee Members Present:**

Charles Wira, Karen Butterworth, Mehul Dalal, Richard Kamin, Amre Nouh

**Task Force Committee Members Calling In:**

John Quinlavin

**Guests in Attendance:**

Joseph Oros, John Spencer, Kristen Hickey, Dawn Beland

**Guests calling in:**

Allison Perron

**1.0 Call to Order**

Dr. Wira called the meeting to order at 1:10PM.

**1.1 Introduction of Task Force Members**

The task force members introduced themselves and their affiliations.

**1.2 Acknowledgement of Call in Members**

There was acknowledgement of those participating by call in.

**1.3 Introductions of Audience Members**

Audience members in attendance introduced themselves.

**2.0 Review/Approval of previous meeting minutes**

A motion was made to accept the minutes of the July 28, 2015 meeting by Richard Kamin, seconded by Charles Wira and approved unanimously.

**3.0 Public Comment**

Dr. Wira acknowledged and thanked Dawn Beland and Kristen Hickey for attending, commenting they were part of the grass roots efforts and are member of the State of Connecticut Stroke Coordinators network.

**4.0 Old Business**

4.1 There was discussion on a list developed to potentially be posted on the OEMS website with Stroke Task Force committee member's names, appointing authorities, email address and affiliations. Discussion on including email information followed, Richard Kamin noted member's information other than email is public record and can be accessed by an FOI request. Dr. Wira asked a copy be forwarded to all members for comment and approval.

4.2 Future meeting dates were chosen by availability, 11 dates have been set, and Judi will finish up sending the Outlook appointments. Dr. Wira doesn't envision any cancellations but there may be dates added.

Rich Kamin asked if there had been discussion on a financial disclosure statement, after a short discussion Rich offered to develop a statement for the group.

**5.0 Task Area Workgroups**

5.1 Identify the leader of each workgroup

5.2 Roles

5.3 Start workgroup meetings

5.4 Discuss creation of aims/timeline for each workgroup area

-Identify aim(s) of workgroup area

- background historical review (within CT and other states successes)
- outline
- final version
- other

Dr. Wira reviewed the four task areas outlined in Public Act 14-214. “1.) the feasibility of adopting a nationally recognized stroke assessment tool;” a question was asked if this includes prehospital and in hospital. “2) establishment of care protocols for emergency medical services organizations relating to assessment, treatment and transport of persons with stroke;” “3) establishment of a plan to achieve continuous quality improvement in the care provided to persons with stroke and system for stroke response;” and “4) the feasibility and costs of establishing and maintaining a state-wide, hospital stroke designation program administered by the Department of Public Health”.

Dr. Wira envisions having task area workgroups focusing on each section, taking into consideration each member's expertise; hospital, EMS or those having expertise in both. Each workgroup could meet to research background, other states programs and literature and develop outlines for their portion of the end product. Writing could be shared in each group. Dr. Wira referred to the State of Rhode Island Task Force product as an example. Rich Kamin commented on the end product being concise with meaningful objectives. Dr. Wira feels EMS expertise is needed in areas 1 and 2, hospital expertise in areas 3 and 4. Each task force should have a lead coordinator. Dr. Nough volunteered to lead task area number 3 and Dr. Dalal offered to lead task area number 4 but would appreciate a co-convenor from the hospital side.

Conversation returned to task area number 1 in regards to whether it was solely prehospital EMS or included in hospital assessment. Dawn Beland noted the intention during development of the task force was for it to focus on prehospital EMS. There was discussion on the current assessment tools; Dr. Wira asked if the group will move to recommend one or more assessment tools and the ability to gather data. If more than one is used we want to assure the ability to track the data. Rich feels there are merits to both having one assessment tool or more than one, but he would personally like to see one chosen, he noted that Connecticut does not currently have a data system that can compare how one assessment tool compares to another. Part of the group's discussion could be a data system with that capability. Rich commented if the stroke task force feels there is one tool that is better than others that recommendation would appropriately go to the State Medical Advisory Committee for EMS.

Rich Kamin offered to lead task area number 2 and will assist with task area number 1.

Dr. Nough had asked John Quinlavin at the last meeting about the possibility of a survey questioning what is currently in use regionally or in specific sectors, he asked if there was any follow up. Rich answered there is sponsor hospital based individuality and there is some region unification, but not all hospitals are consistently using the same guidelines. The vast majority are using the Cincinnati Assessment tool, also called FAST. Discussion followed on the feasibility of a survey. Dr. Nough commented on establishing a beginning benchmark to measure objectives against. Rich feels there are two objectives, first is for the group coming up with a recommendation for what they feel is the best tool to be used prehospital in order to triage people with suspected stroke and secondly what happens after that recommendation is made. Dr. Nough added a third; to establish a plan for continuous quality improvement.

Dr. Nough distributed to the group the document; “Design and Validation of a Prehospital Scale to Predict Stroke Severity – Cincinnati Prehospital Stroke Severity Scale”, he briefly reviewed the content of the study and data sets analysis conducted. He will forward the document to the group and it will be added to the document repository.

Dr. Wira commented the first action for each EMS task area would be to look at the background information in Connecticut and look into other state's activities and report back at the next meeting. Dawn Beland questioned if that would include inter-hospital transfers, Rich suggested substitute terminology “out of hospital”. Discussion followed on assessment during transfers. Dawn Beland feels whatever the group moves forward with needs to list expectations during inter-hospital transfers.

Dr. Wira would like to add two items to the tasks; task area number 5 would be additional stroke issues of importance not represented in the other tasks for continued efforts by a future steering committee and task area number 6 could be developing a draft of a Bill that serves as an appendix to the report.

Dr. Nough brought to the groups attention SB467 which refers to telemedicine, discussion followed. The document will be added to the document repository.

Dr. Wira suggested combining work group area 1 and 2, consensus was favorable. Task areas 3 and 4 stand alone and will be kept separate. Dr. Wira intends on assisting with each task area.

There was discussion on future meetings and reporting out, a realistic first goal will be to have the group's report out in two weeks. At that time after reviewing findings the group will decide how to move forward. The next meeting on September 10th will be a working meeting for the subgroups, the first hour will be devoted to areas 1 and 2, second hour will be areas 3 and 4. It was noted there is overlap of member's between the groups. Each group should develop a time line and work plan for next week, rough draft should be completed by late October or early November, allowing time for the final report by the January deadline. There was discussion on the process once the group submits their report.

There was discussion on required meeting notices for sub group meetings, John Quinlavin will contact the FOI Commission for advice. Judi reported the meeting schedule and minutes are posted on the OEMS website. John Quinlavin reminded the group that there always has to be physical address for each meeting. Dr. Wira asked the subgroup leaders to notify Judi with their meeting schedules and agendas.

Consensus was that once each subgroup had completed the draft for their task areas, the group would work together to compile the final draft report. Dr. Wira noted he envisions a preamble and summary section at the end with the possible inclusion of task areas 5 and 6 also included if the group agrees.

Dr. Wira asked that that Rhode Island Task Force Report be resent to the group.

Task Area Group leaders and members assigned by Dr. Wira are listed below; please contact him with any changes so he can finalize the list:

Task area 1:	Leader –	Richard Kamin
	Members -	Charles Wira, Amre Nough, Pamela Provisor, Karen Butterworth, Sanjay Mittal, Joseph Schindler, John Quinlavin
Task area 2:	Leader -	Richard Kamin
	Members -	Charles Wira, Amre Nough, Pamela Provisor, Karen Butterworth, Sanjay Mittal, Joseph Schindler, John Quinlavin
Task area 3:	Leader -	Amre Nough
	Members -	Brian Cournoyer, Charles Wira, Richard Kamin, Pamela Provisor, Karen Butterworth, Sanjay Mittal, Joseph Schindler
Task area 4:	Leader -	Mehul Dalal
	Members -	Charles Wira, Amre Nough, Richard Kamin, Pamela Provisor, Karen Butterworth, Sanjay Mittal, Joseph Schindler

Dawn Beland questioned if someone outside the task force could join a work group, Dr. Wira answered he feels they could. There was discussion on the process of having others join, Dr. Dalal will bring the question to Wendy Furniss.

## 6.0 New Business

Dr. Amre questioned if the documents being kept for reference would be cited in the final report as points of reference, consensus was yes.

Dr. Wira revisited task areas 5 and 6, he asked for ideas on a 5<sup>th</sup> section that would speak to a framework for future vision of stroke care in the state. Consensus of the group was favorable.

Dr. Nough questioned if data collected could be used for publication, he noted that has been done in other states. Discussion followed on the value of the data for quality improvement. Dr. Wira reviewed several other states use of this type of data with the intent of improving care.

The value of a state wide registry was also discussed. Dawn Beland spoke about a registry, the eight CMS measures, the addition of data points in the future and a possible steering committee. Dr. Wira noted a registry will require management staff and funding, he questioned how cost would be reconciled and if it would be within the purview of the group to write that language into our report.

Kristen Hickey questioned if the task force is charged with developing a new designation program or utilizing resources that are already nationally available to limit the financial burden put on the state, there are already nationally supported designation programs that could be considered under task area 4, or is this task force tasked with new development. She noted there are also nationally available data collection tools or is the task force charged with developing new tools. Dr. Dalal commented that for the designation program it could go either way, part of the work of the task force is studying, if available, the sufficiency of current designation programs. Discussion followed on designation programs and the costs to the hospitals and/or the states.

The importance of allowing for future change was discussed.

Dr. Wira officially extended an invitation to Dan Beland and Kristen Hickey to join the subgroups. Joseph Oros also has a colleague interested in assisting.

## **7.0 Adjournment**

Meeting adjourned at 2:55PM.

Respectfully Submitted:

Judith A. Reynolds  
DPH/OEMS Regional Coordinator