

Legislative – Stroke Task Force
Meeting Minutes
October 6, 2015 – 11:00AM
Meeting Location:
Connecticut Department of Public Health
410 Capitol Avenue, 2-F

Task Force Committee Members Present:

Brian Cournoyer, Mehul Dalal, Richard Kamin, John Quinlavin, Pam Provisor, Charles Wira

Task Force Committee Members Calling In:

Karen Butterworth, Amre Houh

Guests in Attendance:

Kristen Hickey, Dan Giungi, Christine Rutan

Guest(s) Calling In:

Dawn Beland

1.0 Call to Order

Dr. Wira called the meeting to order at 11:12 am.

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 Call in Members

1.3 Introductions of Audience Members

Audience members in attendance introduced themselves

2.0 Review/Approval of previous meeting minutes

There were two sets of minutes for approval, September 10, 2015 and September 24, 2015. Dr. Wira thanked the group for their review of the minutes and asked for a motion to approve The September 10, 2015 minutes. Dr. Dalal asked for a correction in spelling of his name, after which a motion was made to accept the minutes with the correction by Pam Provisor, seconded by John Quinlavin and approved unanimously. Dr. Wira asked if the group had an opportunity to review the minutes of the September 24, 2015 meeting after which a motion was made to approve them as presented by Dr. Kamin, seconded by John Quinlavin and approved unanimously.

3.0 Public Comment

There was no public comment.

4.0 Old Business

Dr. Wira noted that members had submitted background information to the group and opened conversation on the submissions. Dr. Kamin supplied a link to the Rhode Island DPH website that includes a link to the RI Stroke Task Force page. He noted he has a reliable contact with the Ken Williams, the RI Director of Public Health. He also thinks it would be worthwhile to look at other models. Discussion followed on the content of the Rhode Island web page. Dr. Kamin has sent to Dr. Wira for consideration of circulation to the group, section 2.22 – “Stoke Adult & Pediatric” of the draft “Statewide Patient Care Protocols” unified guidelines for EMS. This was for review and discussion only; the guidelines are still in draft review. He noted there is a blank page to allow for insertion of local stroke process/agreement if one needs to or does exist. Discussion followed on the guideline including whether a specific assessment tool could be included in the guideline.

Dr. Wira has contacted Dr. Goldwag and confirmed his contact information he is awaiting further reply on his future involvement with the task force. The task force membership list has been posted on the CT DPH OEMS website.

Brain Cournoyer was tasked with researching the availability of data through CMS, he is working to obtain how Connecticut compares nationwide with the data team at CHA.

John Quinlavin shared there is a new CT EMS Advisory Board Data Committee Chair who is meeting with Anne Kloter, Epidemiologist at OEMS to review the data process and its challenges. John also reported he has been working with an AHA representative about data input into the stroke registry. Currently they are working with two ambulance services in a pilot to determine if they can merge the data from the ambulance reports into the hospital reports. He has had conversations with an electronic patient care reporting agency, ESO, about their claim to be able to merge data from various points into the hospital patient records. He expressed concern over budget cuts and the effect on programs such as a registry.

Pam Provisor reviewed an email she sent to the group summarizing discussion at a recent Stoke Coordinators meeting. The group supports and encourages a statewide system of stroke care that will provide consistency and accountability. The continued efforts of several of the group's members were recognized. It was recognized that the previous system was not sustainable due to financial constraints. The argument was presented that if there were inadequate funds to maintain the former program, and in light of recent cutbacks, the state would most likely not be in a position to redevelop and support a stroke designation program. The group discussed what roles the state might provide including;

- Support of a working , ongoing committee of individuals committed to stroke care in the state to oversee all aspects of care (similar to the Rhode Island steering committee)
- Development of an electronic repository of standards, guidelines and protocols which will be available to everyone in the state
- Maintaining a list of stroke certified hospitals in the state – particularly available to EMS
- Providing a list of resources to assist hospitals in the certification process
- Being the overseer of the program with the assistance of the committed individuals and electronic support

5.0 Task Area Workgroups

Dr. Wira would like to allot time to Dr. Dalal and Task Area #4 which was cut short due to time constraints at the last meeting.

Dr. Dalal distributed an updated version of the 09/24/15 Workgroup for Task #4 discussion document, he noted the updates are what Pam Provisor had described. The thinking was it would be good to have agreement with the Stroke Coordinators group on the scope of certification. There were several options listed and discussed:

Option 1: DPH maintains an official list of stroke certified hospitals

Option 1+: DPH maintains an official list of stroke certified hospitals and the additional functions the Stroke Coordinator's group had outlined. (Additional functions for 1+ are outlined in the distributed document).

Option 2: DPH administers a state-based designation program (similar to MA)

Discussion on one of the functions listed under 1+ "Be the overseer of the program predominantly with the assistance of committed individuals and electronics support" followed including having a central coordinating agency and overseer that would remove bias and/or conflicts of interest in the process. DPH would be the most unbiased choice. Concerning a steering committee, question was raised as to whom they would make recommendations to and who would be their overseer, the feasibility of having DPH take that role was discussed. Dr. Kamin commented determination of what would be involved has to be made before DPH could be approached regarding their involvement.

Dr. Wira asked if there were any members that would like to have a state-designation program as listed in Option 2. Comment was made about the lack of funding to support this as a DPH administered program and the future sustainability of that type of model. Dr. Nouh commented on DPH possibly serving as a backbone to the program maintaining an authoritative voice to move things forward. Dr. Wira spoke about there being no cost to obtain designation in the past and funding available was unable to sustain it, current cuts have to be considered in recommendations.

Dr. Wira commented in the past state designations in many cases led to hospitals becoming nationally certified. PSC certification cost is currently approximately \$10,000 and CSC certification cost is \$55,000.

Dr. Kamin questioned whether we need one recommendation or could there be several. Dr. Wira answered his initial thought was it would be most beneficial for the group to come up with the most feasible recommendation for the state, so once the task force finishes with its report in January it could lead to the next steps moving forward to create those systems in the state.

Following discussion on the cost, benefits and feasibility of all options Dr. Wira asked if there were any members that felt Option 2 should remain an option, the consensus was to cross it off the list.

Dr. Wira spoke about the cost and FTE's required for initiation of past programs versus the maintenance phase and DPH involvement. Christine Rutan spoke about the New York and Massachusetts programs. There was the initial designation period, but in New York there is no funding for follow up site visits, there is an attestation yearly. If deficiencies are noted the state intervenes, but there are no continuing site visits. The model that is under discussion would be more robust than neighboring states with state designations. She outlined the surrounding states programs, number of designated centers and program support. Kristen Hickey feels there is great value to the onsite recertification process for national certification.

Dr. Wira suggested having our recommendations presented in a tiered/phased process with short and long term objectives, which could be guided by the steering committee. Pam Provisor questioned if DPH could provide any resources, Dr. Dalal said he cannot speak for DPH, an internal discussion would have to be conducted to determine what DPH resources might be available.

Dr. Wira would like a future action item to be looking at other states to estimate costs and FTE's required to run their programs. Christine Rutan has the ability to obtain that information through her resources. Dawn Beland asked if Christine could determine research their data collection, the time involved and the FTE's required, she said she would have that information broken out.

Consensus was to concentrate on the Option 1+, other options can be revisited if needed.

Discussion followed on gathering information and having a share point site possibly maintained by the state. Details on who will maintain and update the information will have to be taken into consideration.

There was discussion on how to encourage hospitals to participate in the certification process.

6.0 New Business

The next meeting will be October 29, 2015.

7.0 Adjournment

The meeting adjourned at 12:26PM.

Respectfully Submitted:

Judith A. Reynolds
OEMS/Region 2 Coordinator