

**Legislative Stroke Task Force
Meeting Agenda
September 24, 2015
12:00 PM
Connecticut Department of Public Health, Hartford
410 Capitol Avenue, 2nd Floor, 2F**

**Dial In Number: 866-421-2934
Passcode: 32437828**

- 1. Call to Order**
 - 1.1 Introductions Task Force Members
 - 1.2 Acknowledgement of Call in Members
 - 1.3 Introductions of Audience Members

- 2. Review/Approval of previous meeting minutes**

- 3. Public Comment**

- 4. Old Business**
 - 4.1 Follow up on action items
 - 4.2 Disclosures of task force members

- 5. Task Area Workgroups**
 - 5.1 Group report-outs
 - 5.2 Items for Discussion
 - 5.3 Timeline

- 6. New Business**

- 7. Adjournment**

**Legislative – Stroke Task Force
Meeting Minutes**

September 24, 2015 12:00PM

Meeting Location:

Conference Room 2F - Connecticut Department of Public Health
410 Capitol Avenue, 2rd Floor

Task Force Committee Members Present:

Pamela Provisor, John Quinlavin, Charles Wira, Amre Nouh, Brian Cournoyer, Mehul Dalal,
Richard Kamin

Task Force Committee Members Calling In:

Karen Butterworth, Joseph Schindler

Guests in Attendance:

Kristen Hickey, Dawn Beland

Guests on Conference:

Dan Giungi

1.0 Call to Order

Dr. Wira called the meeting to order at 12:05PM.

1.1 Introduction of Task Force Members

The task force members introduced themselves and their affiliations.

1.2 Acknowledgement of Call in Members

Karen Butterworth and Joseph Schindler acknowledged they were present on the conference call in.

1.3 Introductions of Call In Audience Members

Dan Giungi acknowledged he was on the conference call in.

2.0 Review/Approval of previous meeting minutes

Dr. Wira acknowledged there was a quorum for the meeting. After discussion, the task force members decided to table the minutes pending a review. Discussion followed on the comments in the minutes under "Reporting System", Dr. Wira ask Dan if he had obtained models to review in terms of data collection and registries. He has queried his QA/QI department and is awaiting a reply, he will forward information when it is received. Brian Cournoyer confirmed he is looking into the process for obtaining data through CMS. The comment "Pam Provisor will distribute information on the data dated 2015" will be removed from the minutes. Dr. Dalal and Rich Kamin have spoken about meeting with the OEMS data manager. John Quinlavin has previously distributed hospital information to the group and is unsure what the minutes are referring to for additional information. Dr. Wira will review his notes for clarification and corrections. The draft minutes will be distributed to the group requesting corrections and/or clarification, for action at the next meeting.

3.0 Public Comment

John Quinlavin questioned if Wendy Furniss would be on the Task Force as a representative of the Commissioner of Public Health, Rich Kamin responded she would not, the two DPH representatives are Mehul Dalal and Richard Kamin. Dr. Kamin reported Raphael Barishansky is no longer in state service and will not be replaced on the Task Force.

4.0 Old Business

4.1 Follow up on action items

John Quinlavin shared information he has obtained from hospital coordinators about the stroke assessment tool they are currently utilizing. John Quinlavin reported the following results to date. Yale utilizes the LA scale. The Cincinnati scale is utilized by Stamford, Griffin, Greenwich, Hospital of Central Connecticut, Bradley Memorial, Midstate, Norwalk, Region 3, Bristol, and Region 5. Dr. Schindler confirmed that Yale has always used a modified LA tool since he has been there.

Dr. Wira brought up the membership list for Task Force members that has been under discussion for posting to the DPH site. Members that have responded were agreeable to having their contact information posted with the exception of Sanjay Mittal and David Goldwag who have not responded. Dr. Wira will verify their contact information (e-mail) is correct. Dr. Wira commented that Dr. Mittal has been responsive to emails and has attended.

4.2 Disclosures of task force members

Dr. Kamin spoke on disclosures noting there is no specific guidance and there is nothing in the enacting legislation, it is a good transparency and can be done now or when the report is written. Disclosures would state there are no academic or financial considerations for Task Members. Discussion followed use of the disclosures.

4.3 Other

Dr. Wira reviewed discussion/work done at September 10th meeting which was primarily a working meeting. Discussion on Task 3 included a potential QI process and Task 4 discussion centered on a designation program overseen by DPH.

Dr. Dalal began discussion on data capabilities at DPH. Dr. Kamin commented the current status of the Connecticut EMS data system in his opinion is in its beginning stages of abilities. He outlined the data collection process for EMS providers in Connecticut and mandated NEMSIS compliance (National EMS Information Systems) which sets national data collection standards. Dr. Kamin briefly reviewed a recently completed report "State of Connecticut Department of Public Health Office of Emergency Medical Services Data Report 2014" containing basic data information on Connecticut's EMS system. The report does contain a disclaimer as to accuracy. Dr. Kamin spoke about the New Hampshire data collection system and its abilities. Ann Kloter, Epidemiologist, was recently hired to work through the data collection system issues and is working toward developing a usable system.

He commented on accurate data being essential to the ability to conduct QA and make system improvements. He feels the Task Force should point out the ongoing importance of having a mature EMS data collection process and an improved stroke data collection process. Initiatives like the Stroke Task Force stress the importance of the data collection and analysis process. Discussion followed on funding issues and electronic patient care reporting by services both volunteer and commercial. Compliance with epcr reporting was discussed with John Quinlavin commenting that it was reported at a recent EMS Advisory Board meeting that one service in the state is non-compliant. The variety of vendors for epcr's presents additional challenges. Local quality data collection is important to being able to produce accurate reports and analysis.

Dr. Kamin commented on the NEMSIS data sets having defined fields for stroke and he would not expect there would be data fields for acute stroke care that are not already included. A gap exists in receiving the patient care report at hand off. Trauma patient care reports by law are the only ones that require turn over immediately on handoff of the patient.

NEMESIS data reporting limitations were discussed. Each patient may generate multiple reports by different agencies involved in one patient transport. There was a question on how far down you could drill the NEMESIS data, Dr. Kamin is unsure.

Dr. Kamin reported AHA is working on an analytical process specific to stroke care.

Dr. Wira stated Wendy Furniss had commented at the last meeting the goal of the Task Force end product will be outlining general broad-spectrum recommendations but also continuing with the idea of a steering committee in the future.

Dr. Schindler noted the concept of establishing a platform for data collection is too complicated to simplify, our goals will be to make recommendations for a future platform. Going forward an acknowledgement of what we currently have and where we want to go in the future will be important. The group may make recommendations on technology interface with medical records, taking into account, reliability and accessibility. He questioned if there are any programs that we can model after. Dr. Kamin stated there are programs and states that are doing this efficiently. He feels we need to be able to track every patient through the system. Discussion followed on building a system that could accomplish this type of tracking.

Dr. Wira questioned if Dan Giungi was familiar with Rhode Island's efforts, specifically did recent legislation passed have a prehospital component. Dan will review the recently passed legislation for that component. There was discussion on the effectiveness of local efforts in the prehospital phase, Dr. Kamin noted resources and funding are important; he reviewed the process at UCONN Health Center. The difficulty in acquiring funding was discussed, with Kristen Hickey commenting the group needs to be fiscally responsible as they draft recommendations in the current fiscal environment. Dr. Wira suggested looking at successful processes throughout the state to learn from them.

There was extended discussion on possible projects for a future steering committee including multi center QI projects, tracking of data and a prehospital statewide accessible data bank with the ability to query. Dr. Nouh feels there is a need for baseline information. The importance of quality data for tracking outcomes was stressed. Dr. Kamin is unsure whether NEMESIS can be queried for the data needed.

Kristen Hickey commented that the senate bill charges the task force with the feasibility of adopting a nationally recognized stroke assessment tool not a data quality tool. It also calls for establishing care protocols for EMS relating to assessment, treatment and transport of persons with stroke. She recognizes the importance of a data quality tool but doesn't want to lose track of the charges.

Dr. Kamin is unsure we can promote to the vast majority of independent EMS services or small hospitals the importance of investing in this if they don't deal with this frequently, without quality data aggregation and ability to look at data from the local level to the state level. Dr. Kamin commented the already established acknowledged goal is a data base from within the State of Connecticut that can aggregate the local data being obligated to be put in now, and intelligently and articulately query that data base when there are questions, as long as those question are based off of NEMESIS data points we should be able to make those queries as soon as we have a fluent statewide data base. Ann Kloter (OEMS Epidemiologist) is working on that. Dr. Kamin is unsure when that will be available.

Dr. Amre commented he would like to encourage facilities that care for stroke patients to have a quality implement project looking at outcomes, how the state is doing and data points. Other items are to make sure we have the right protocol for transfer and the right prehospital assessment tool. He asked if the key data points for assessment are the same for every EMS provider. Dr. Kamin commented that the epcr vendors are all NEMSIS gold compliant which means the platform upon which the electronic patient care report is created has the ability to utilize all the NEMSIS gold data points. NEMSIS is the aggregate of all data points, the vendor is obligated to provide a product that utilizes those data points, whether all services are utilizing that the same is unknown. Discussion followed on the differences between the LA and Cincinnati assessment tools in relation to data input. Dr. Amre feels if the task force can come up with a minimum amount of data points that have to be collected that would be a start to ability to do statewide analysis.

Dr. Wira commented that Task 3 overlaps with the other three tasks in relation to data. Kristen Hickey stated as the group considers Task 4 and the certification process is looked at and developed through that process the hospitals should be required to provide quality of care and data. The hospitals working with EMS should have to gather that information as part of their certification process. Nationally accrediting institutions are going to require not just the basic core measures are met but will push the programs year to year to develop advanced levels of care. She spoke about the development of the program and how it has grown at her hospital. She wants the group to remember that the reason behind starting this process was the standard of stroke care throughout the state differs and realization certification helps and research shows that better care is provided. Pam Provisor stated we need to clearly demonstrate to the state tangible benefit.

Dr. Wira spoke about the group having the latitude to make suggestions and recommendations and pass tasks on to a future steering committee to continue to move forward.

Discussion continued on the certification process and the need for an outside verifier. Dr. Kamin commented data collection, analysis and quality assurance are all part of the verification process. The group is here to make recommendations within the task force assignment and to look at best practice and what is most implementable, that will rely on what evidence we have our recommendations will make a difference.

Dawn commented on the importance of data relating to pre-arrival notification, on scene time and scale used.

Dr. Nouh reviewed a document he sent to the group "3. Establishment of a plan to achieve continuous quality improvement in the care provided to persons with stroke and the system for stroke response" Amre Nouh MD, September 2015; which will be added to the document repository. Discussion followed on the content of the document, what is needed for legislation and possible review by CEMSMAC. Dr. Kamin commented on how to not only set the standard but to accomplish compliance, although in the current system it would be difficult to set mandates. Kristen stated once we establish which hospitals are giving good stroke care, how do we mentor those that are not. Discussion followed.

Dr. Dalal commented legislative language would be different from the document; his suggestion would be to break out the literature review piece from the recommendation. Frequency of meetings and reporting frequency can be determined by a steering committee. John Quinlavin offered to forward for review the National Highway Traffic Safety Administration 2013 report "State of Connecticut - A Reassessment of Emergency Medical Services", which contains analysis of the EMS system status.

Discussion followed on how to present information. Dr. Kamin suggested presenting it to the legislature in a succinct format, possibly bullet points, in language that can be understood without extensive medical background. Dr. Dalal suggested a possible formal background document or appendix. Dr. Noh suggested an introduction to each task item followed by the bullets.

Pam Provisor questioned who will make the decisions on who serves on a future steering committee. Dawn Beland feels the representation should be similar to those serving on the task force, Dr. Wira added it should represent the entire spectrum of care including EMS and through the rehab phase. Dr. Dalal commented there needs to be a strong central coordinating organization. There was discussion on whether the Connecticut Department of Public Health would take that lead. Dr. Kamin and John Quinlavin gave examples of past steering committees that have had success.

Dr. Dalal submitted a document to the group summarizing past discussion on Task 4; "DRAFT – DISCUSSION DOUMENT ONLY, Leg Stroke Task Force Meeting 9/24, Workgroup for Task #4" which will be added to the document repository. Discussion followed on the key points of the document. Pam Provisor commented on the past designation program and the loss of funding, she questioned the feasibility of going back to that type of program. She spoke about an aggregator of data and possible resources to assist hospitals in obtaining certification. There was discussion on the options presented in the document.

There was discussion on CT DPH future involvement.

5.0 Adjournment

The meeting adjourned at 2:00PM.

Respectfully Submitted:

Judith A. Reynolds
Region 2 EMS Coordinator