

**Illinois Stroke Task Force
Meeting Minutes
June 13, 2008
11:00 a.m. - 2:30 p.m.**

I. Call to Order and Welcome

Michael Gaines welcomed Illinois Stroke task force members and public guests.

II. Roll Call of Members

Attendance

Mark Alberts, MD – Represents medical doctor at a research university
Carolyn Brown Hodge employee representing - Represents the IL Rural Health Assn.
Michele M. Clancy – Represents the general public
Philip Gorelick, MD, MPH – Represents the National Stroke Association
Joseph M. Harrington – Represents minorities
Richard L. Harvey, MD—Represents the Illinois Association of Rehabilitation Facilities
Sylvia Mahone, MD – Represents the Illinois Academy of Family Physicians
Dilip K. Pandey, M.D., Ph.D., M.S. – Represents the Illinois CAPTURE Stroke Registry
Rosanne Thomas – Represents the Illinois Physical Therapy Association
Michelle Zemsky--Representative for the Illinois Speech Language Hearing Association

Members Absent

William A. Adair, MD – Represents the Illinois Hospital Association
Damon T. Arnold MD, M.P.H. -- Represents the Illinois Department of Public Health
H. Hunt Batjer, MD – Represents the American Association of Neurological Surgeons
Barbara Bollenberg, Ph.D. – Represents the Illinois Nurses Association
E. Bradshaw Bunney, MD, FACEP – Represents the IL College of Emergency Physicians
Brian Churchill – Represents emergency medical technicians
Christina Kavelman – Represents stroke survivors
Representative for –The Pharmaceutical Manufacturers Association of America
Gregory J. Mishkel, MD – Represents the Illinois State Medical Society
Michael R. Murphy – Represents the Illinois Life Insurance Council
Jim R. Nelson – Represents the Illinois Public Health Association
Representative for--The IL Chapter of the American College of Cardiology
Edmund G. Lawler, MSHA, LCHE--- Represents Illinois Chapter of American Association of Retired Persons
David Z. Wang, D.O. – Represents the American Stroke Association

Ex-Officio Members Absent

Representative Mary E. Flowers – Chicago, Illinois
Representative JoAnn Osmond – Antioch, Illinois
Senator Dale A. Righter – Mattoon, Illinois
Senator Carol Ronen – Chicago, Illinois

Public Attendees

American Heart Association- Greater Midwest Affiliate/American Stroke Association

Peggy Jones, Director, Heart and Stroke Initiatives
Mark E. Peysakhovich, Senior Director of Advocacy, Midwest Affiliate
Bridgett McCarte, Illinois Hospital Association
Kathleen O'Neal,
Lisa Steelamin, Illinois Pharmaceutical Association
Deb Lawrence, Ingles memorial Hospital Harvey, Illinois

Illinois Department of Public Health Staff

Michael Gaines, MPA Program Manager

Lynette E. Shaw, MSED, CHES – Health Educator

Danucha Danny Brikshavana, MPH – Data Analyst

III. Approval of March 14, Meeting Minutes

Dr. Sylvia Mahone was in attendance at this meeting and it is marked that she was absent. Minutes were approved with this change being made.

IV. Mapping Primary Stroke Centers

Peggy Jones, Director, Heart and Stroke Initiatives—Mapping the hospitals and their responsibilities was on the goals that the AHA had set for all of those who work on stroke to get done this year. All hospitals were surveyed with the exception of mental health and Children's Hospitals. Now have a map of Illinois that show us what hospitals are joint commission primary stroke centers, there are 23 of those hospitals. The purpose of this map is to tell us where we need to focus our efforts. By June 30 there will be a corrected map, there are a few hospitals that got left off the map, and this will be e-mailed out to everyone. The map will have an overlay of other important information i.e. greatest mortality rate and shortage of neurologists.

Dr. Mark Alberts MD--- stated that this is a very valuable resource to know where all the hospitals are located through out the state. On the overlay of the stroke incidence and mortality would be very to have on the map.

Joseph Harrington ---indicated that regional boundaries would be helpful, could use the EMS regions, if map also reflected the population relative to the burden.

V. Illinois CAPTURE Stroke Registry

Dilip K. Pandey, M.D., Ph.D., M.S ----- There has been improvement in working with the hospitals, monitoring the care and receiving feedback is helping the quality of care for the stroke patient. Patients are screening to find out if they are eligible for TPA or not and this is being documented better. Hospitals monitor stroke care of any patient and get the necessary feedback to enter into the database to date there are 11,000 records into this database, and this is helpful in providing information to the hospitals at the national level the CDC has a chart to map the patient care, and we are working on getting this same type of charting system at the state level as well.

The disease performance measure in CAPTURE sound very similar get with the guidelines, everyone is capturing similar information so no matter who is using this everyone across the country will have the same information.

The registry did not get funding this year, what we have is carryover funds, what the registry is doing is being done with no funding and showed just as much as other states, consider looking at other potential resources.

VI. Great Lakes Regional Stroke Network

Michael Gaines, MPA Program Manager —The burden document for the GLSRN is in its final stages it will be completed at the end of June and available at the end of July. The EMS notification and response workgroup has finished its inventory for the EMS policy and procedures Great Lake region, the states are providing data two states have submitted this data, the other states will be submitting this report by the end of June once it received it will be reviewed and analyzed as to the next steps. The Network is hosting a post stroke depression call that will take place Thursday, June 26th at 1:00 pm central time. The Network is pleased to partner with the National Stroke Association for the Midwest regional meeting in Minnesota from September 22-24. The stroke action alliance conducted a blood pressure conducted blood pressure screening at O'Hare airport on stroke alert day which took place on May 6th. The Network is working with a group from Ohio on completing a mock stroke check list. GLSRN is funded by the CDC and this year on of a 3 year funding plan.

VII. Promotional / Marketing of the Stroke Task Force

Michael Gaines, MPA Program Manager ---- A lot of times we get asked to put together promotional items for the Governor's office or for the State Fair for example. The Stroke Task Force does not have any promotional items so it would be nice to have a committee that would be able to put together promotional items that come from the Task Force itself.

One problem with this is that market place may get confused/crowded with too many mixed messages. We want a promotional theme for the STF to help get us on the forefront and give us an identity help get the attention of the general public, and legislators.

Will need volunteers for the committee, Lynette will send out an e-mail asking who wants to be on this promotional/marketing committee. AHA has offered to cover travel, what we can do, and we can speak.

VIII. Illinois Heart Disease and Stroke Prevention Program Activities

Lynette E. Shaw, MSED, and CHES – Health Educator: On January 8, 2008 we presented a satellite program for the diabetes program called the Heart of Diabetes, the satellite program aired in 11 states and various places in Illinois, with the target population health care professionals, this is the best response that they have ever had. Along with Office of Women's Health and AHA, we have done blood pressure trainings and workshops, our target audiences were nurses, health educators, CNAs, and LPNs, these trainings took place in Olney, IL and the Southern 7 Health District in April 2008 as well as two more trainings coming up in Henry and Stark Counties Health Departments in June and July. Everyone learned something new in these trainings; these trainings have proved very helpful to all health care providers and health educators. The Heart Disease and Stroke program and the Arthritis program to do satellite program in Springfield, Naperville, Alton, and Pinckneyville, to talk about heart disease, and arthritis, in rural communities, and well as high blood pressure in children. We have been working with the Coalition of Limited English Speaking Elderly (CLESE) in getting fact sheets translated in the Greek and Vietnamese, and these will hopefully be on the web-site by fall. With Chicago Department of Public Health we did trainings on the new guidelines for hypertension. We also worked with EMS and Illinois Rural Health Association and did trainings on Acute Stroke and Pre-hospital care, providing training materials to the rural health association who will then facilitate the training to them are EMS/EMT.

Joseph Harrington gave updates on the upcoming project in Chicago that he is working to give Doctors recognitions for their work with Heart and Stroke, and that is being looked at as a quality assurance measure, if the Physicians meet those rigid guidelines then we will be able to assume that our Physicians are performing at a certain level. A series of training will be developed for those who measure Blood Pressure. Those who measure blood 1st will be required to take the course and for the others it will be suggested.

IX. Chicago Area Stroke Task Force (CAST)

Mark Alberts, MD: CAST started in December 2007, is to serve the Chicago and surrounding and triaged in the field and taken to the appropriate stroke center. Most of the people in city and in hospitals think this a very good idea. There was a city council hearing a few weeks and they were very upset to know that EMS taking patients to hospitals that can't treat them. The city of Chicago has decided to pass an ordinance on how to handle stroke patients. Every hospital in the city of Chicago will have the opportunity to become at least a receiving hospital.

What are some of the concerns that EMS had? One was how to handle patients with asthma another was just simply how to execute the program.

X. Primary Stroke Centers-Legislation Update

Mark E. Peysakhovich, Senior Director of Advocacy, AHA Midwest Affiliate:

There has been some misinformation as to what the legislation does, for example that the law mandates a stroke victim must be taken to a stroke center, and the law does not mandate anything other than getting people to come together in preset EMS regions to work out systems that are a good fit for those regions. Legislation has encountered opposition from the EMS region eleven consortium medical directors with the Chicago fire department leading the way, that cause significant hold ups in the house region eleven came in with some additional amendments they would like see brought to the bill. In order to meet the legislation deadline some of the controversial language was taken out, but placeholder language was left in. HB4699 has passed the House in its placeholder manner, and will go onto the Senate amended bill will go back to the House with the language that everyone will agree on. HB4699 was amended on a shell bill a bill that was controlled by the Senate President and is now known as SB2708. SB2708 is the new HB4699. At this point we are waiting on Illinois Hospital Association to give their comments on SB2708. Time line for this bill is to pass SB2708 before the 95th General Assembly adjourns.

XI. Telemedicine

Peggy Jones, Director, Heart and Stroke Initiatives, Midwest Affiliate:

On hold until we are able to get our 3million in matching funds. Dr. Kapman is working on purchasing 3 robots; one for sure was going to be going up around Galena. Tiering of stroke centers comprehensive, primary, nothing at this point on the third tier, one of the requirements for this is you have to have telemedicine capability.

Some hospitals are not interested in becoming a stroke center, but if they have a telemedicine link they will be able to do some work on the patient before sending them to a primary stroke center.

XII. Other Business

None

XIII. Future Meeting Dates

September 12, 2008 10:00 A.M. via conference call.

XIV. Public Comments- Michael Gaines

None

XV. Closing Comments and Adjournment

Michael called for the meeting to be closed. It was proposed by:
and seconded by: