

**Illinois Stroke Task Force Meeting**  
**American Heart Association, Greater Midwest Affiliate**  
**208 S. LaSalle St., Suite 1500 – Conference Room ABC, Chicago, IL 60604**  
**June 12, 2009**  
**11 a.m. – 1:30 p.m.**  
**Meeting Summary**

**I. Call to Order and Welcome**

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

**II. Roll Call of Members**

**Attendance via Conference call**

Mark Alberts, MD – Represents medical doctor at a research university

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

Holly Novak, MD – Represents Illinois Chapter of the American College of Cardiology

Dilip K. Pandey, M.D., Ph.D., M.S. – Represents the Illinois CAPTURE Stroke Registry

Rosanne Thomas, MS, PT, PhD – Represents the Illinois Physical Therapy 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

Barbara Bollenberg, Ph.D. – Represents the Illinois Nurses Association

H. Hunt Batjer, MD – Represents the American Association of Neurological Surgeons

Carolyn Brown Hodge – Representing the Illinois Rural Health Association

E. Bradshaw Bunney, MD, FACEP – Represents the Illinois College of Emergency Physicians

Brian Churchill – Represents emergency medical technicians

John Gill, MD – Represents the Illinois State Medical Society

Christina Kavelman – Represents stroke survivors

James R. Nelson – Represents the Illinois Public Health Association

Lisa Steelman – Represents Pharmaceutical Manufacturers Association of America

David Z. Wang, D.O. – Represents the American Stroke Association

Michelle Zemsky – Represents Illinois Speech Language Hearing Association

**Ex-Officio Member Present**

Representative Elizabeth Coulson – Glenview

**Ex-Officio Members Absent**

Representative William Davis – East Hazel Crest

Senator William Delgado – Chicago

Senator Dave Syverson – Rockford

**Public Attendees**

Heather Gavras - American Heart Association- Greater Midwest Affiliate/American Stroke Assoc.

Peggy Jones

Judy King

Bridget McCarte – Illinois Hospital Association

**Public Attendees**

Deena Mosbarger, HR/Special Projects Coordinator – Clay County Health Department  
Kathleen O'Neill - American Heart Association - Greater Midwest Affiliate/American Stroke Assoc.  
Mark E. Peysakhovich - American Heart Association- Greater Midwest Affiliate/American Stroke Assoc.  
Judy Poe, Stroke Coordinator – Carle Foundation Hospital  
Kathleen Pankau – Illinois Hospital Association  
Angela Bray Hedworth – Great Lakes Regional Stroke Network

**Illinois Department of Public Health Staff**

Danny Brikshavana, MPH, Epidemiologist – Cardiovascular Program  
Michael Gaines, MPA, Program Manager – Cardiovascular Program  
Cheryl Lee, MS – Division Chief, Division of Chronic Disease Prevention and Control  
Lynette E. Shaw, MEd, CHES – Health Educator – Cardiovascular Program

**III. Approval of March 13, 2009 Meeting Minutes**

March 13, 2009 minutes were approved.

**IV. U.S. Centers for Disease Control and Prevention – Division for Heart Disease and Stroke Prevention**

Cynthia M. Morrison, M.S.P.H., Project Officer, was not attending the meeting.

**V. Chicago Area Stroke Task Force Update (CAST)**

**Mark Alberts, M.D.**

The CAST effort continues to move forward. In general, there has been broad agreement on the need to move forward with a program to get EMS to divert acute stroke patients to the nearest Primary Stroke Center. This has gained momentum with approval of the Illinois Stroke Center bill. While the vast majority of medical leaders, hospitals, AHA, MCHC, and even EMS personnel agree with acute diversion, there remains a small group of people who are opposed to this effort. Legal counsel from the Chicago Fire Department/City of Chicago have become involved and have apparently voiced concerns about certain liabilities related to such a program. The CAST leadership is hopeful that passage of the Illinois Stroke Center bill will address many of these concerns. We also are reaching out to city government personnel and other stakeholders to move this effort forward by directly contacting city leadership. We are hopeful that issues can be addressed and that this program can move forward in the next three to four months.

**VI. Illinois CAPTURE Stroke Registry Update**

**Dilip K. Pandey, M.D., Ph.D., M.S.**

Illinois CAPTURE Stroke Web-based application enhancement, update and medication – Enhancement of application, including update and modifications of data elements, is completed, tested and deployed in April 2009.

The Illinois CAPTURE program established a partnership with the American Heart Association's Get with the Guidelines (GWTG) program. GWTG provides an online stroke patient management tool that collects Coverdell and Joint Commission data elements related to stroke care.

Fourteen hospitals have been enrolled in the CAPTURE Stroke program due to the collaboration with the GWTG program. Four hospitals were new GWTG users and ten hospitals were existing GWTG users that added the Coverdell data elements to their patient management tool.

### Page 3 – Illinois Stroke Task Force Minutes Summary – June 12, 2009

The funds allotted for GWTG recruitment from the CDC and IDPH were exhausted in the recruitment and enrollment of these fourteen hospitals. One additional hospital enrolled in the CAPTURE program using the IL CAPTURE Web-based application.

Efforts are being made to recruit more hospitals. Some of the recruiting challenges have come from the uncertainty in funding of the CAPTURE Stroke program. Hospitals are hesitant to use the CAPTURE Stroke run data application if support services will be unavailable if funding is not continued. Also many hospitals were interested in using the GWTG Coverdell patient management if provided at no cost. The CAPTURE Stroke staff feels confident that at least ten additional hospitals could be enrolled in the program if continued support was available. The majority of the current participating hospitals are located in the Chicago metropolitan area with one hospital in the Bloomington-Normal area.

The quality improvement coordinator and the program coordinator have had conference calls with several of the hospitals to discuss the logistics of the partnership between Get with the Guidelines(GWTG) and the Illinois CAPTURE Stroke study. Timelines for data collection and reporting were established and discussed as well as expectations of both the hospital and CAPTURE Stroke staff. Bimonthly reporting of quality of stroke measure including information on non-compliance on QOC measure are provided to the hospitals for QI.

#### Data Collection

<b># of patient data records entered from October 2008- May 29, 2009</b>	373 IL Capture, 1448GWTG
<b>Total # of patient data records entered into the system as of May 29, 2009</b>	11958 IL Capture, 1448 GWTG

One of the challenges facing data collection over the past six months has been the length of time that it has taken hospitals to enroll in the both the GWTG program and the CAPTURE Stroke program. While most hospitals made verbal commitments to participate in the program in late December and early January, it took several months in getting institutional approval (from hospital's compliance officer) including data user agreement at the individual hospitals, UIC and Outcome Sciences. For the ten hospitals using GWTG, training was not completed until March and data was not accessible to the CAPTURE Stroke staff until the first week of April.

### VII. General Assembly Report

The General Assembly report was shared with the members of the Task Force. Members were asked to share any activities that their organizations may be facilitating or sponsoring related to stroke. Members were also asked to review this information and provide feedback at the September meeting.

**VIII. Great Lakes Regional Stroke Network**

**Angela Bray Hedworth**

The Network unveiled a new orientation program in May which was well received. The Network plans to present the orientation twice a year and the next orientation call is scheduled for December 17 at 1:00 p.m. central time.

EMS Primary Stroke Center map was created and is housed online. States in the GLRSN created a letter and sent it to their EMS contacts. An EMS Training Policy has been created and also shared with state EMS contacts.

The Network is working on some additional mapping projects including maps of Critical Access Hospitals and drive time maps. That is a focus for 2009-2010.

The next GLRSN Quality of Care call will be on August 13, 2009 at Noon central time. The topic is Approaches to Dysphasia Screening. Sue Wehner, a PSC site reviewer for TJC will be presenting. The goal is to have this as the first part of a two part presentation. The second presentation will be held in September and will focus on different screens published in the literature and the findings of the GLRSN dysphasia work group. CEUs for nurses are available and there is a new online registration process.

The dysphasia workgroup has completed their review of all of the dysphasia screens and a literature review. They have their first set of “expert consensus statements”. If you are interested in these, you may contact Angela. A second set of agreements, which is similar to a “Pre screen”, has been discussed and the workgroup is in the process of expert consensus of that. Another call was hosted by the Network with the creators of the TORBSST to learn more about their training program and obtained several letters detailing the changes hospitals have implemented as a result of their participation in this work group.

The Network has mapped all of the CARF accredited stroke rehabilitation programs in the region and surrounding states. There has been a conversation with UDSMR for rehabilitation data for stroke which is very difficult to find. Resdac which is the house for CMS data was going to charge for access to their data. The Network is waiting on a user agreement from UDSMR.

The Network submitted a manuscript proposal to Dr. George Howard to obtain REGARDS data for the region to get a better idea of risk factors in the Great Lakes Region including urban/rural and racial differences.

The Network’s Rehabilitation Inventory has been released and will be posted on the Web site.

An outline of a telemedicine feasibility study has been provided to all states in the GLRSN. All states will be conducting a telemedicine feasibility study in their state. All GLRSN state epidemiologists have met to ensure consistent data collection and look forward to working more with the NWRSN on the telemedicine issue.

## **Page 5 – Illinois Stroke Task Force Minutes Summary – June 12, 2009**

The Network continues to coordinate with the Coverdell projects in the region and have released the 2009-2010 schedule. Calls are based on the results of aggregate Coverdell data. Coverdell Managers have assisted the Network in identifying hospitals that are performing well so that they can share their how to stories with other hospitals in the region.

Success stories – the Network is still working on these types of articles and there is a screen on the Web site where anyone can submit a success story to the Network.

A Great Lakes Regional Stroke Network disparity fact sheet was created.

Tobacco Cessation Initiative – packets have been mailed in Illinois, Indiana, and Wisconsin to all Primary Stroke Centers. An online evaluation has been conducted in Illinois. Michigan has completed a conference call with all Primary Stroke Centers and Coverdell Hospitals about tobacco cessation materials. Ohio plans are underway.

A speaker is confirmed speaker from Healthcare Facilities Accreditation Program of the American Osteopathic Association for July 17<sup>th</sup> conference call. The Network is coordinating with Ohio Department of Health for this call and when details are confirmed a message will be sent out on the list serve.

### **IX. Clay County Stroke Media Campaign Pilot Project Presentation**

Deena Mosbarger, HR/Special Coordinator of the Clay County Health Department, presented information on the stroke media project. The pilot project began in February and will end June 2009. Clay County is 470 square miles and the population is 13,700. This county was chosen because of the high stroke mortality rate according to the Cardiovascular Program's Burden Document. The scope of the pilot study was to utilize effective education and promotion to improve the stroke mortality rate of the county. The teaching objectives included: what is stroke; what are stroke warning signs; how to react to suspected stroke. There were 420 surveys randomly mailed out to residents of Clay County and there was a 24 percent response rate. Deena went over some of the questions of the survey and the responses that were given by the respondents. After the pre-surveys were mailed back in then it was time to get the message of stroke out into the community of Clay county. Clay County Health Department participated in four health fairs handing out information on the Give Me 5 Campaign of Stroke. Also the county health department and American Heart Association participated at an event for women during Heart Month and on a R&B Talk Show that about 15,000 residents listen to. There were also events at the Teen REACH program, radio PSAs, print media, potty trainings and waiting/exam rooms of health facilities in the community. Now the Clay County Health Department is at the stage of the Post-survey to see if the media campaign increased the knowledge of the residents of Clay County.

### **X. Letter/Data to Legislators from Task Force Update**

This activity has been tabled and will be looked at again in August by the Marketing Committee.

### **XI. Primary Stroke Centers Legislation Update**

The legislation should be going to the Governor's Office soon for signature and then there will be work necessary for the appropriate rules and regulations.

**XII. Telemedicine Presentation**

Kathleen O'Neill, M.H.A, Director of Quality Improvement Initiatives for the American Heart Association Greater Midwest Affiliate presented on Telemedicine in Illinois: Enhancing Stroke Systems of Care and Quality". The presentation discussed the applications and models of telemedicine; current activities in Illinois regarding telemedicine; programs and projects that are occurring in Illinois specifically related to stroke and what should be done in the future with telestroke in Illinois. It was decided to create a work group that would consist of members from the Illinois Stroke Task Force and interested public members to move forward with Stroke in Illinois. Those interested in serving on this committee should contact Michael Gaines.

**XIII. Other Reports/member Organization Updates**

None

**The next meeting will be September 11, 2009 at 10 a.m. CST via conference call. The meeting was adjourned at 1:30 p.m. by Michael Gaines.**