

Item	Discussion	Decision
<b>Meeting Minutes            Tuesday July 24<sup>th</sup>, 2012            11:00 p.m. – 3:00 p.m.            ILEAS Training Center            Urbana, IL</b>		
Meeting Locations	Sept 25, 2012 11a-3p Morton Fire Department Nov 15, 2012 11a -3p Morton Fire Department	Take a look at possible meeting locations for next year.
May 8 <sup>th</sup> Minutes Approval Vote	Motion – Jack Franaszek Second – Kevin Bernard	
Membership	House Bill discusses membership. 7 memberships will expire in November 2012 and 7 in November 2013. The remaining members are appointed for a term of 3 years. The terms of subsequent appointees shall be 3 years. A new Director has been appointed, so the appointment process should now move quicker.	John Brennan has volunteered to serve a single year term. A couple members have already resigned their positions. Lesley Cranick will discuss with Tammy Moomey. Reappointment may be possible. How are membership expirations determined?
Open Meetings Act	Moving a meeting location after the date and location is set requires a notice in the newspaper. A local newspaper notice is required for the new site.	Jack Fleeharty will provide further clarification: 1) is a newspaper notice is required for the old site as well the new site 2) is funding is available for newspaper notices
Dr. Alberts Presentation	CSC Presentation tabled.	
DNV Presentation		
Draft Rules	This session began on page 35, section titled “Emergent Stroke Ready Hospital (ESRH) Designation of the Draft Rules.  a), b), c)  d)	No changes  Add: <a href="#"><u>The Department, or designee, shall conduct an onsite visit and data audit on at least, but not limited to, 15% of Emergent Stroke Ready Hospitals per</u></a>

year.

e)

No changes

f)

Change: '60 days' to "45 days"

Change: 'thirty days' to "45 days"

Add: along with any necessary supporting documentation within 45 business days "from receipt"

Written attestation is not enough. Data submission should be required.

Delete: When applying for ESRH designation in subsequent years, hospitals may submit the attestation form only, unless documents supporting ESRH designation have significantly changed.

g) & h)

No changes

ESRH Designation Criteria

a) & b)

No changes

c) 1.

Add: related to emergent stroke care, "including transfer criteria:"

c) 2.

'Treatment' is considered tPA for stroke, like a drip and ship model. The goal is to develop protocols with a receiving hospital for transfer criteria. ESRH's can keep patients that won't benefit from transfer.

Delete: "If in the reasonable medical judgment of physician, advanced practice nurse, or physician assistant the patient can receive medically appropriate treatment at an Emergent Stroke Ready Hospital, the patient may receive treatment at the Emergent Stroke Ready Hospital"

c) 3.

Add: policies, “protocols, or” procedures

c) 4.

No changes

c) 5. & c) 6.

Add: reflect ‘current’ nationally-recognized

c) 7.

Change: The Stroke Patient Log is available to be used for internal hospital quality improvement purposes. Hospitals may alternatively participate in a nationally-recognized stroke data registry.

For the State of Illinois to have access to Get With the Guidelines, the cost is \$3,700.

Add provisions to determine who is entered into the log. Discussion surrounded which patients should the log include. The PSC certifying body has differing models: 1) all patients who present to the ED with possible stroke; 2) only patients that have a primary discharge diagnosis of stroke. This will need revisited. It is possible to allow the ESRH to follow the model of the certifying body of their choice.

Hospitals may submit data from their Stroke Patient Log or nationally-recognized stroke data registry to the Department, their EMS Region, and/or EMS System.

The Stroke Patient Log shall contain at a minimum.

Replace: ‘symptom onset’ with ‘Last Known Well’

Add: ‘Baseline initial stroke severity score upon arrival to the hospital (ie NIH Stroke Scale)

Add: Time of blood coagulation results available

Add: Time of brain imaging ‘results available’

Replace: ‘reprofusion’ with ‘thrombolytic therapy, or nationally-recognized evidence based exclusion criteria’

Request for IDPH ESRH Designation Form

a)

Change to read: **'Transfer/discharge diagnosis and destination'**

No changes

b) 1, D

Change to read: **"Hospital Stroke Director, typed name, clinical credentials, and signature"**

b) 2.

No changes

\*IDPH states: Try to keep requirements on the form to a minimum. Elements may have to be added depending on the type of database added. State forms go through legal review and publication.

\*Suggestion by Kevin Bernard to develop a subcommittee to develop the form.

\*Suggestion by Kevin Bernard to develop a stroke plan, like the regional trauma plan, submitted annually. Purpose is to use a like plan, a format everyone is used to. Use the parameters in the plan to fulfill the requirements, like a feedback system. Develop the plan, submit the plan, follow the plan.

Discussion: Everyone would use the same format for consistency. If the plan were used, it would only be for the ESRH, which then puts the PSC and ESRH in different formats. The goal is to make the designation criteria as simple as possible. Plans are more cumbersome than the attestation format. Many people in the room are unfamiliar with trauma plans.

\*DNV offers a three-year stroke certification with annual visits. TJC & HVAP offer a two-year stroke certification.

c)

No changes

d) 2.

Change to read: 'Copy of transfer agreement and policies, procedures, or protocols related to the transfer'

d) 5.

Change to read: "A letter from the Stroke Director or hospital administrator indicating how the facility performs and interprets brain image tests..."

d) 6.

Change to read: '...nationally-recognized accrediting body'

d) 7.

Change to read: 'Sample stroke log form or verification of utilization of a nationally-recognized stroke data registry that meets the minimum requirements (see 515.XXX)'

e)

Revisit this section at next meeting.

'...If the hospital has not made significant changes to stroke program/care, stroke quality measures or outcomes, or supporting documentation... Emergent Stroke Ready Hospitals must submit a full application every three years.'

Stopped at pg 40 at the end of this section.  
Meeting adjourned at 3pm.

EMS Stroke Assessment Survey	Tabled
Next Meeting	<p>Restart review of draft rules at pg 40 section 'Suspension and Revocation of Emergent Stroke Ready Hospital Designation'</p> <p>Invite TJC and HVAP to present in Sept or November. One agency per meeting. Elizabeth Kim to contact agencies.</p> <p>Review bylaws to possibly change annual meeting date.</p> <p>Review membership appointment guidelines and reappointment availability.</p>

Name	Position	Attended
Mark Alberts	<b>Neurologist from Primary Stroke Center</b>	X
Kevin Bernard	<b>Representative from State EMS Advisory Council</b>	X
Robert Biggins	<b>Acute stroke patient advocate</b>	X
John Brennan	<b>Region 3</b>	X
Mary Brethor**		
Keith Buhs	<b>Region 7</b>	X
Cheryl Colbenson	<b>EMS Medical Director</b>	X
Lesley Cranick	<b>Region 5</b>	X
Cyd Gajewski	<b>Region 11</b>	
Randy Faxon	<b>EMS Coordinator</b>	X
Jack Franaszek	<b>Region 10</b>	X
Angela Holbrook	<b>Region 4</b>	X
Missy Mallory	<b>Region 2</b>	X
Maureen Mathews	<b>RN from Primary Stroke Center</b>	X
Mary Ann Miller	<b>Representative from private ambulance provider</b>	X
Michael Schneck	<b>Region 8</b>	
Leslee Stein-Spencer	<b>Fire Chief, or designee, from an EMS Region that serves a population of over 2,000,000</b>	
Sharon Summers	<b>Hospital Administrator, or designee, from a hospital capable of providing emergent stroke care that is <u>not</u> a Primary Stroke Center</b>	
Sarah Vela**		
Bradley Wood	<b>Emergency Department Physician not a Primary Stroke Center</b>	

\*Non-voting member awaiting Director's Appointment

\*\*Non-voting member awaiting Governor's Appointment