Maine Stroke Alliance Meeting

October 23, 2018 ~ 9:30 – 11:30 am ~ Maine EMS

MINUTES

Present: Kate Zimmerman (MEMS), Matt Sholl (MEMS/MMC), Shaun St. Germain (MEMS), Tim Nangle (MEMS), Diane Campbell (MCDPH/MCHC), Dottie Carroll (MGMC), Gillian Gordon-Perue (EMMC), Angela Wheelden (EMMC), Corey Flavert (MMC), Norm Dinerman (EMMC/LFOM), Pete Tilney (CMMC/LFOM), Jane Morris (MMC), Becky Smith (AHA)

On Phone: Sally Taylor (APEMS), Lisa Bemben (AHA), Loren Doren (Mid Coast), Vicky (Bridgton), Beth Bordeau (Rumford), Elizabeth (CMMC), Greg Parent (MeCDC)

Agenda Item	Discussion	Follow-up/ Recommendations
Welcome/Introductions	Tina couldn't be here today because of clinical. Matt will chair the meeting.	
Approval of Minutes	A motion was made and seconded to accept the July 24, 2018 minutes as written with one correction – on top of last page it is MASH not Nash.	
Follow-Up from July Meeting - agree upon a screening tool for prehospital providers for LVO	• Maine EMS has been trying to follow the literature and experience of other states in screening for LVO. • Jane & Gillian developed a draft stroke triage (severity and time based) based on AHA current guideline. AHA's would be most useful in an urban setting (15 minute distance determination) where there are multiple hospitals in close proximity and you can choose from multiple hospitals to get to an endovascular capable center. This group recognizes that 15 minutes is a good starting point but may not meet our needs as a rural state where a 30 minute window might be better. • Discussed RACE (screening tool) – in reviewing the literature there are many screening tools that all perform pretty well, one not out performing another. • AHA has been an advocate of FAST ED. There is some thought that its performance is a bit better than RACE or other tools. Massachusetts, Vermont, and New Hampshire have adopted FAST ED or are in the process of adopting it. There have been discussions in July with questions such as: How tethered Maine is to RACE? Would the adoption of FAST be good for us interoperational-wise especially for our communities along the border since New Hampshire is adopting it? Could it provide for streamlined communication? • Gillian and Jane find it acceptable – so we are now looking at FAST ED as our screening tool – it is more inclusive and easy to use – originally selected RACE as it is the only one that had been tested in a pre-clinical setting. • Every 2 years Maine EMS updates their guidelines - along with the conversations that have been	 Flow Chart for Positive LVO Screen.\

	happening with this group, the Medical Direction & Practice Board, which is the group that has legislative authority over the Maine EMS protocols, has been meeting and updating the protocols. • Out of the conversations we have had, it is clear we need to be a little bit direct in the way we teach to use the screening tool – what we have taken for granted with Cincinnati is that it is a very, very simple test not only to teach but easy to score and perform – we want to make the test as simple as possible by interpreting some of these things for our providers. • For Maine EMS, the Medical Direction and Process Board build and revise protocols. They would work with the Education Committee to put together a Train the Trainer. Training will include thinking about what we are going to do with this information – we need to instruct EMS what we want them to do with these positive scores. • Physicians are notified of changes by the Medical Direction & Practice Board, who develops an orientation for all physicians. Invite is sent out through EMS Regional Medical Directors to distribute to all of the hospitals within their region. After which there is a meeting with Maine ACEP in the months before go live to share that same information with them. In the past a formulary change document was created, along with another document that highlights the major changes for those not attending the presentation. • MaineHealth is in the process of identifying a stroke champion, a physician and a nurse in every ED, to serve as the representative to disseminate information. They are being invited to the Telehealth Workgroup (name is being changed to a MaineHealth Acute Stroke Committee). This may be a model for other hospital orgs. • AHA hired American CME to create an online learning tool for FAST ED. The final version should be available by the end of November. It is a 30 minute video and will be free of charge to providers.	Lisa will share the link with Matt and he will pass it on to the group for review.
Stroke Triage Algorithm	• The first guideline updated to include FAST, question was how do we interpret this one step that states "transport to EVC will preclude an eligible person from receiving IV tPA." What does this really mean? • A discussion took place around the Stroke Triage Algorithm for Maine EMS flow charts that Jane had developed. (see attached) • The only Endovascular center right now is MMC. • Agreed, need to have one algorithm that everyone uses, otherwise it will be too confusing. • Maine EMS would like to proceed with this. Roll out will be key. As a group should create talking points. • As the Maine EMS Education Committee starts to craft its messages, would like to bring them here for consideration and make sure that everyone is comfortable with what we will be teaching the 6,000+ providers of Maine EMS. • Need to talk with smaller EDs and physicians as to what they would like to do with this information – what the ED education should look like – trying to figure out where are the vulnerabilities in our system and what are the needs of small hospitals - what would non-endovascular centers like to do	 Statewide Triage Algorithm for Maine E  Statewide Triage Algorithm for Maine E  Triage Flow Chart for Maine EMS.v3.0.pdf

	with this information that is coming to them around LVO and FAST ED and maybe it's a good opportunity to start inviting the folks we are talking about – Suggested to add this as an agenda item for the January meeting • The group's aim is for inclusivity – there are 35 hospitals in the state, ideally should have representation from all hospital organizations. • Two components to the education – making the tPA decision and then the decision to send for intervention, keeping them at your hospital or transferring to another.	
Next Steps	1. Put what to do with LVO screening results on agenda for January meeting. 2. All of us reach through our clinical networks around stroke and put out the word that we want to talk with all hospitals about how to react and respond to EMS coming forth with a positive or negative LVO stroke score – what that might mean for you. We need a starting point and some model guidelines for folks to think about – these are some ideas, how would they work in your institution, is this something that you could do, is there something else that would be beneficial to you? 3. As a starting point -Jane & Gillian and whoever else is interested, will discuss how to use this information and will create a starting point for us. 4. Norm's vulnerability analysis – where are our systems vulnerable? –Norm, Matt, Kate, and Pete will discuss and think about where we should be placing our attention.	
Other	• Discussed creating subcommittees – Subgroups such as legislative, grant opportunities, out of hospital, in hospital, rehab, home care, public health /prevention. Subgroups will reports up to larger group. • New Governor and legislature as of Jan. 2019. Look for legislative options. There may also be some opportunities from the Heart Association -looking at a possible bill that would be a fiscal bill that could fund certain things that have to do with cardiovascular health. The AHA Advocacy Committee has been discussing a possible bill to supplement what the Maine CDC does around cardiovascular health – right now their program has limited staff to carry out the work. Ideally a funded position, such as a project manager or coordinator for the MSA, who could oversee this group and make contact with all 35 hospitals to make them feel included. In addition to providing resources and getting data collected. Essentially a bridge to MSA. Becky shared that there may be some funds available but it will depend on the new Governor's and legislature's priorities. It could possibly be a state employee or a contracted position. • Discussed the need to evolve our technology for these meetings so that everyone around the state can see the slides and documents presented at the meeting.	Diane and Shaun will look for a new location with internet meeting capabilities.
Next Meeting	Next meeting will be January 22nd, 2019, from 9:30 to 11:30 am at MCD Public Health, 11 Parkwood Drive, Augusta and via Zoom. Invites to be sent out. Please contact Diane Campbell at dianec@mcdph.org or 207-622-7566 EXT 230 with any questions regarding the group meetings.	