



Oregon Stroke Care Committee Quarterly Meeting Minutes

2022 Quarter 2 | April 6, 2022

Chair Barri Stiber | Vice Chair Ted Lowenkopf

Appointed Committee Attendance

Present	Theodore (Ted) Lowenkopf, MD	Neurology physician specializing in stroke care
Present	Elaine Skalabrin, MD	Neurology physician specializing in stroke care
Excused	Ritu Sahni, MD	EMS Medical Director
Present	S. Christian Smith, MD	Physician specializing in emergency medicine
Vacant	VACANT	Hospital Administrator (or delegate)
Present	Barri Stiber, MSPT, MBA	Hospital Administrator (or delegate)
Excused	Dallas Holladay, DO	Hospital Administrator (or delegate)
Present	Abigail Finetti, BSN, RN	Nurse with experience treating stroke
Excused	Shawn Baird, P	EMS provider who works for a licensed ambulance service
Present	Viviane Ugalde, MD	Practitioner who specializes in rehabilitative medicine
Present	Anne Tillinghast	Advocate for stroke patients who is not a health care provider
Present	Dustin Joll, P	Rural Healthcare provider who provides emergency care of stroke

Oregon Health Authority Attendance

Dana Selover, MD; David Lehrfeld, MD; Elizabeth Heckathorn, P; Stella Rausch-Scott, EMT; Peter Geissert, MS, MPH; Julia Buss

Public Attendance

Carol Wilson, Steven Goins, Sierra Ford, Sarah Jamieson, Natalie Swearingen, Holly McClung, Stacey Holmes, Rom Loomis, Kailey Cox, Kalissa Dubois

(1) Call to Order – Barri Stiber
 Meeting was called to order and quorum was met.
 New committee member was introduced:
 Rural healthcare provider who treats stroke patients: Dustin Joll, Paramedic – Life Flight Network

(2) Membership Review / Officer Election – Stella Rausch-Scott / Barri Stiber		
Officer Election: Vice Chairperson		
Vice Chairperson election shall be held on a biennial bases (even years) during the first meeting of the first quarter. The 2022 Quarter 1 meeting was canceled. Dr. Ted Lowenkopf has served two consecutive terms as Vice Chairperson and is not eligible to serve any more terms per the bylaws (Article V – Officer). Dr. Ritu Sahni had confirmed before the meeting that he would be willing to serve as Vice Chairperson, since he was an excused absence. The floor was opened for nominations. No other nominations were made. A vote was taken:		
Yes	Theodore (Ted) Lowenkopf, MD	Neurology physician specializing in stroke care
Yes	Elaine Skalabrin, MD	Neurology physician specializing in stroke care
Excused	Ritu Sahni, MD	EMS Medical Director
Yes	S. Christian Smith, MD	Physician specializing in emergency medicine
Vacant	VACANT	Hospital Administrator (or delegate)
Yes	Barri Stiber, MSPT, MBA	Hospital Administrator (or delegate)
Excused	Dallas Holladay, DO	Hospital Administrator (or delegate)
Yes	Abigail Finetti, BSN, RN	Nurse with experience treating stroke
Excused	Shawn Baird, P	EMS provider who works for a licensed ambulance service
Yes	Viviane Ugalde, MD	Practitioner who specializes in rehabilitative medicine

Absent*	Anne Tillinghast	Advocate for stroke patients who is not a health care provider
Yes	Dustin Joll, P	Rural Healthcare provider who provides emergency care of stroke

Dr. Ritu Sahni will serve as the Vice Chairperson for 2022-2023.

*Joined the meeting after the vote.

Current Membership Update:

- Hospital Administrator – OHSU leadership has responded and stated they would like to serve in this position.

(3) 2021 Quarter 3 and Quarter 4 Minutes – Barri Stiber

2021 Quarter 3 and 4 meeting minutes were reviewed and a motion to accept was requested. Dr. Ted Lowenkopf motioned to approve the minutes and Dr. Vivian Ugalde seconded the motion. The motion passed.

(4) Mission Lifeline Stroke – Steven Goins, MD

Dr. Steven Goins presented [American Heart Association – Mission: Lifeline Stroke](#).

Mission: Lifeline Stroke is a program for transforming stroke care by focusing efforts on connecting all of the components of acute stroke care into a smoothly integrated system that reinforces use of evidence-based guidelines, measures performance, identifies gaps, and engages in improvement projects at a systems level.

The Oregon Stroke Care Committee Report to the 2017 Legislature stated:

In 2014, nearly 8,000 people were hospitalized for strokes in Oregon, with an estimated cost of \$146 million for hospital care. This does not include the cost of follow-up, long-term care and nursing home costs, loss of employability and income.

Dr. Goins transitioned to Bend, Oregon and became the first St. Charles Stroke Medical Director. He also collaborated with others in the area to start a grassroots stroke coalition, Stroke Awareness Oregon (SAO). Tissue Plasminogen Activator (tPA) at St. Charles was approved. Physicians identified that patients were not receiving TPA in the area because they were not getting to the hospital in time. Stroke identification training to the committee continues to be a goal of SAO. There is not enough stroke patient outcome data currently to identify if creating stroke protocols to bypass critical access hospitals for Stroke ready hospitals. Dr. Goins presented some possible goals for improved Oregon Stroke Care:

- The committee should decide whether the proposed project is worthwhile to support.
- This project would require large up front and then would require continuous maintenance funding for ongoing administration. It is unclear where the initial funding would come from. Direct requests to foundations and philanthropists could be considered. Partnership with the American Heart Association might allow access to larger number of funding sources.
- Engagement with the Governor’s office or legislature seems essential. Only the State of Oregon would have the capability to manage a large grant like this. And the legislature would need to approve ongoing maintenance funding. Currently the Oregon Stroke Committee does not have a champion in the legislature, and this would need to be remedied. A nonpartisan small group of legislators could be extremely helpful.

Dr. Sierra Ford, Legacy Emanuel, stated that if bypassing a hospital that can stabilize the patient and then transferring to a higher level of care may create a disservice to patients in rural and frontier areas. Stroke patient data is not currently accurate, which is needed to track projects, such as presented.

Abigail Finetti, Lake District Hospital, stated that her hospital received the training from Dr. Goins, and it improved the stroke care in their region. The hospital continues to identify ways to support EMS, including incorporating EMS providers as paid staff to support training and continued hands-on care.

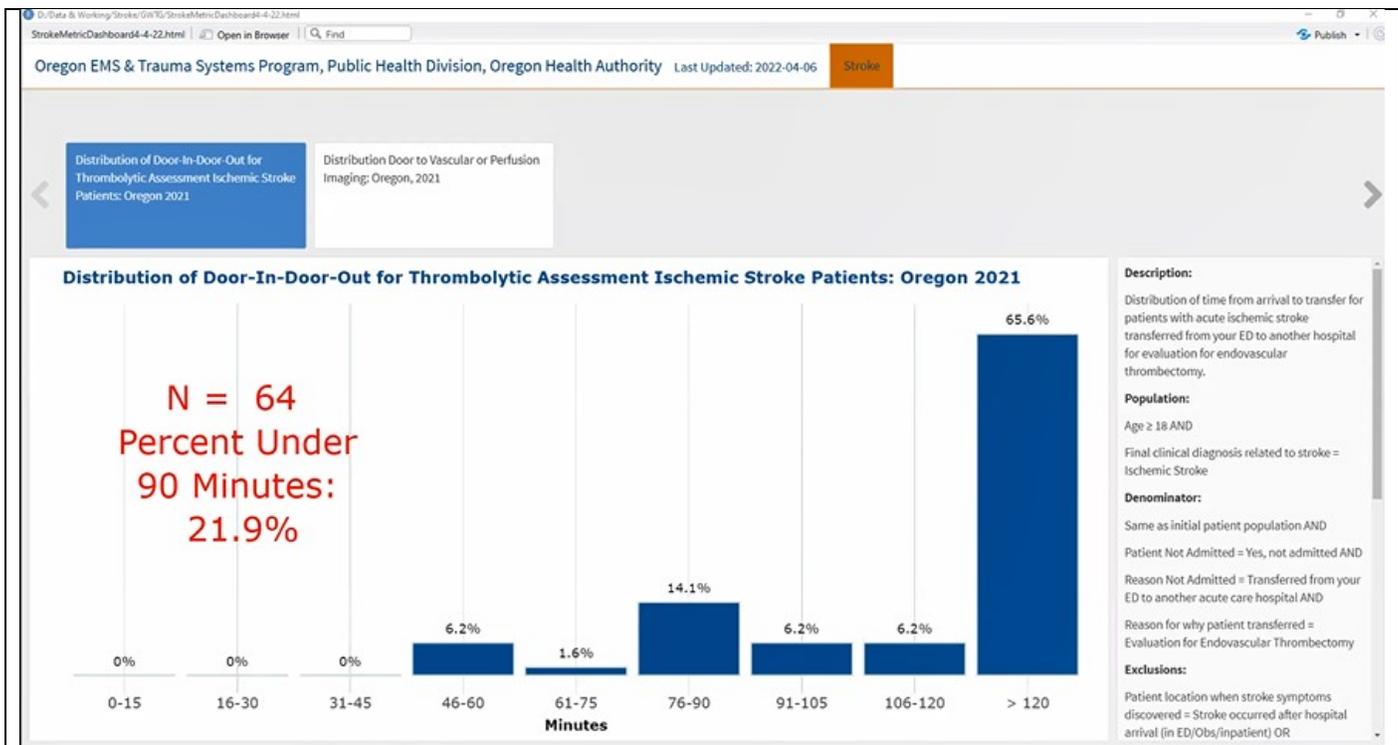
C-STAT is an imperfect tool, 70-80% of Large Vessel Occlusion (LVO) are captured but the specificity is not high. Rural and Frontier areas that must travel a farther distance would consider stabilizing the patient to the closest hospital. The data is lacking for bypassing hospitals. A project to create a stroke network in Oregon’s non-metropolitan areas should be considered.

Arranging transportation and bed placement for patients from smaller hospitals is difficult. If patients bypass smaller hospitals, they are guaranteed a bed at the capable hospital.

Dr. Selover confirmed that the section is reviewing legislation for stroke care and other time-sensitive emergencies.

(5) Oregon Get with the Guidelines – Stroke – Peter Geissert

OHA stroke team, AHA Get with the Guidelines support staff, and identified representatives that volunteered at the last meeting, met to review the state GWTG stroke data.



Numerator

For all patients in the denominator, calculate time in minutes:

Discharge Date/time MINUS Arrival Date/Time

Plot bars as a percent of total denominator after all exclusions are applied.

Total of all bars will = 100%

Hospitals noted the GWTG stroke data does not clearly delineate transfer for standard-of-care versus the true emergent transfers. If a hospital has the bandwidth, the cases are manually reviewed to identify whether more urgent care is needed and then decide if the urgent times are meeting the hospital goals. Other hospitals are having the same issue. Evaluation for endovascular intervention for transferred patients was discussed at the data review workgroup. The presented information is the closest way to identify the urgent patients from the Get with the Guidelines data.



The workgroup will meet to review data further to present at the next quarter.

Requested data to review:

- Review the first door to treatment time
- IV Thrombolytic
- First door to endovascular treatment time
- Door to imaging
- Geographic distribution
- Time to imaging/ED arrival broken out by geographical distribution

(6) EMS/TS Director Update – Liz Heckathorn, David Lehrfeld, Dana Selover

[EMS and Trauma System Office Update 2022 Quarter 1](#)

HB 2076 EMS Modernization (Legislative session for 2023): A workgroup will be created to analyze the current emergency health care system and recommend framework for modernization and set evaluation criteria.

Part of the bill would include regionalized disaster response and EMS Mobilization. This would be more support than mutual-aid contracts and would help deploy staff and resources to areas of disasters/public emergencies. Funding will also be defined to support the system.

[SB 1549 – License Temporary Staffing Agency](#)

Requires OHA Health Licensing Office to issue temporary staffing agency authorization to qualified applicants. Defines "temporary staffing agency." Prohibits unauthorized operation of temporary staffing agency. Allows a temporary staffing agency to charge to entity fees and amounts associated with entity's hiring of temporary staffing agency's personnel or pay to entity those fees or amounts associated with temporary staffing agency's hiring of entity's staff members, under specified circumstances. Exempts temporary staffing agency from regulation by Bureau of Labor and Industries. Imposes civil penalties for specified violations. Becomes operative on July 1, 2023. Directs Oregon Health Authority, in collaboration with specified stakeholders, to create reports that include at least policy proposal and certain priorities and submit report to interim committee of Legislative Assembly related to health care not later than December 31, 2022. Declares emergency, effective on passage.

Pandemic Wind Down

EMS providers with an Emergency Initial Provisional License (EIPL) will not have the option to renew. The office is transitioning back to regular licensing options.

Oregon's COVID-19 emergency declaration has expired but the Federal emergency declaration is still in place. Hospital waivers are set to expire April 16th but there is intention that the expiration will have another 90-day interval as most hospitals are not ready for the waiver to expire. Fee waivers for ALS/BLS treat in place are in review and it is unknown when this will expire.

Permanent Rule

[Masking in healthcare facilities](#)

[Vaccination in healthcare settings](#)

Office Update

EMR licenses are renewing April-June as well as EMS agencies and Oregon licensed ambulances. Staff are focused on supporting the renewal process.

Two Administrative Specialist positions recruiting is taking place. Once hired, the EMS and Trauma System office will be fully staffed.

(7) 2022 Goals – Barri Stiber and Stella Rausch-Scott

Website Update

The stroke website, which was requested by the committee, is still in development. The intention is to have resources for hospitals, stroke patients, and to collaborate with Oregon Stroke Network to list resources.

Stroke Hospital Resource List

An email was sent to all contacts for Hospital Stroke Managers to update the resource list. This list is similar to the trauma hospital contact list and is updated by the hospital when a change takes place, such as a new manager. This list will provide the updates for stroke hospital certifications.

[Stroke Program Manager Hospital Resources List](#)

Stroke Rehabilitation Survey

Dr. Vivian Ugalde is working with OHA to send the updated survey. She is attempting to consolidate information received from rehabilitation contacts. Response from services is limited; this may be due to the pandemic and limited staffing. Dr. Ugalde is hoping she can develop the resource information in the next six months.

Legislature Report

The Oregon Stroke Care Committee Report to the 2022 Legislature is ready to present. OHA is working with their government relations team to schedule this presentation. In the past the Stroke Care Committee officers were available to present to the legislature. Our office will contact the officers with information when available.

Public Comment – Barri Stiber

No comments

Meeting was adjourned.

These minutes were approved 07/06/2022