



**Stroke Care Committee Minutes**  
*Thursday, July 11, 2019*  
*7:00 a.m. - 8:30 a.m.*

Vice Chair	Ted Lowenkopf, MD
Members present	Ted Lowenkopf, MD; Noah Jacobson, RN; Barri Stiber; Ritu Sahni, MD; Noah Jacobson, RN
Members not present	Hormozd Bozorchami, MD; Shawn Baird, P
Guests present	Diane Zhitlovosky; Keisha Bigler; Abigail Finetti, RN; Kailey Cox, RN; Molly Archer; Christina Bodamer; Heather Hurst
OHA staff present	Dana Selover, MD; Stella Rausch-Scott, EMT; David Lehrfeld, MD
Members on the phone	Elaine Skalabrin, MD; Andy Hoedt; Vivian Ugalde, MD
Guests on the phone	Andrea Calarco; Natalie Swearingen; Amy Caster; Jennifer Right, RN
OHA Staff on the phone	Laura Wendel

<b>Agenda Item</b>	<i>Call to Order – Dr. Ted Lowenkopf</i>
The meeting was called to order and roll call was taken.	

<b>Agenda Item</b>	<i>Review April 2019 Minutes – Dr. Ted Lowenkopf</i>
Ted Lowenkopf requested the committee review and approve the April 2019 minutes. Noah Jacobson motioned for the approval of the minutes and Ritu Sahni seconded the motion. The motion passed.	

<b>Agenda Item</b>	<i>Membership / Chair review – Dr. Dana Selover</i>
<p>The committee reviewed the membership appointment list.</p> <p>Current vacant positions are:</p> <ul style="list-style-type: none"> <li>- (3) Hospital Administrator or Delegate (Telehealth)</li> </ul> <p>Members should consider which hospitals and contacts may be the best fit for the Hospital Admin position.</p> <p>The state completed a new electronic process for committee application and reappointments. The new process encompasses the work of OHA to diversify and create an inclusive</p>	

committee. Information, open committee appointments and link to the application are live on the <a href="#">EMS/TS committee website</a> .	
<b>Action</b>	Apply for appointment or reappointment through the new process. Dr. Ritu Sahni will contact OCEP for an ED Physician. OHSU and Providence will contact their affiliates in ATAB 6/9 for any interested Hospital Admin representatives.

<b>Agenda Item</b>	<i>Rehabilitation Workgroup – Vivian Ugalde</i>
<p>The workgroup was created to identify which areas in the state that do not have the rehabilitation networks or support systems that many of the urban communities have. The workgroup has lost members and now is in the process of attempting to finish the assigned task.</p> <p>It was recommended that the following question be included in the survey:</p> <ul style="list-style-type: none"> <li>• Does your hospital have a Nurse Navigator?</li> </ul> <p>The EMS/TS office is supporting the survey, through survey monkey, that was created to send to an identified list.</p> <p>Laura Wendel, OHA Chronic Disease, will review what support their office could give. Noah Jacobson volunteered to support with the contacts and Kailey Cox will support with Physical Therapy. Barri Stiber will help with the analysis of the survey response.</p>	
<b>Action Item</b>	Stella will connect the volunteers to start the workgroup.

<b>Agenda Item</b>	<i>Telehealth CMS Reimbursement – Dr. Ted Lowenkopf/ Diane Zhitlovsky</i>
<p>Telehealth and Stroke care services for free, in Oregon, are not in violation of the <a href="#">Stark Law</a>. This was negotiated with a state entity. Providence legal network internally reviewed the process. This is clarification from the April meeting.</p> <p>A guide was reviewed that was created to support billing and coding for inpatient and outpatient codes with ICD10 tips. These are all relevant to Stroke care.</p>	

<b>Agenda Item</b>	<i>2018 Oregon GWTG Data – Dr. Ted Lowenkopf</i>
<p>Dr. Lowenkopf presented the 201718 GWTG data to the committee.</p> <p>Data Presentation:</p> <ul style="list-style-type: none"> <li>• Prehospital data included: <ul style="list-style-type: none"> <li>○ Arrival Mode to ED</li> <li>○ Time from Dispatch to EMS arrival on scene (shorter than the national time) and is 62% on scene time is less than 15 minutes. Compared to 43.8%.</li> <li>○ EMS to ED Prenotification time is 72.3% for Oregon. All Hospitals 60.8%</li> <li>○ Last Known Well (LKW) to ED arrival median time is 196.5 minutes (All Hospitals is 236.0 minutes.)</li> <li>○ Door in Door Out (DIDO) minutes 170 minutes (153 minutes for all hospitals). The data is all types of stroke in the minutes.</li> </ul> </li> </ul> <p>When hospitals give feedback to agencies please include if C-stat is reported.</p> <ul style="list-style-type: none"> <li>• ED and treatment data</li> </ul>	

- o Door to CT less than 25 minutes is 68.6% of patients arriving less than 3 hours from LKW. All hospitals is 74.6%.

Data: Deeper dives

Task force items for quality improvement

The committee would like to review a granular review of the data.

Identify what modes patients are arriving to the hospital in what regions of the state.

Could the data presented at the meeting be available to the public? A request must be made to the AHA for approval to post reports.

<b>Action Item</b>	Next steps: Review de-identified data from individual reports Report to individual reports Quality Improvement in the committee Target education to community
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<b>Agenda Item</b>	<i>Stroke Report update – Dr. David Lehrfeld</i>
The report is still in draft. AHA has sent a pricing guideline on what superuser account add-ons can be created. The committee is available to support conversations and identify what would be received in GWTG. Currently the GWTG patients cannot be linked. This could be fixed with banding patient.	
<b>Action Item</b>	

<b>Agenda Item</b>	<i>Meeting adjourned</i>
October 10, 2019	

Minutes were approved at October 2019 meeting.