



Stroke Care Committee Minutes
Wednesday, January 6, 2021
9:00 a.m. – 12:00 p.m.

Chair	Hormozd Bozorgchami, MD
Members present	Noah Jacobson, RN; Barri Stiber; Hormozd Bozorgchami, MD; Vivian Ugalde, MD; Elaine Skalabrin, MD; Ritu Sahni, MD; Anne Tillinghast
Guests present	Tim Case; Edlyn Lopez; Christina Bodamer
OHA staff present	Stella Rausch-Scott, EMT; Elizabeth Heckathorn, P; Peter Geissert; John Crabtree, NRP; Dana Selover, MD; Prachi Patel; Rebecca Long
Members not present	Ted Lowenkopf, MD; Shawn Baird, P

Agenda Item	<i>Call to Order – Dr. Hormozd Bozorgchami</i>
The meeting was called to order and quorum was met.	

Agenda Item	<i>Review October 2020 Minutes – Dr. Hormozd Bozorgchami</i>
<p>Dr. Hormozd Bozorgchami requested the committee review and approve the October 2020 minutes.</p> <p>Changes to minutes:</p> <ul style="list-style-type: none"> • Hormozd Bozorgchami name error. <p>Anne Tillinghast motioned to approve the minutes and Barri Stiber seconded the motion. The motion passed.</p>	

Agenda Item	<i>Membership / Officer Vote – Stella Scott</i>
<p>The committee reviewed the membership appointment list.</p> <p>Current vacant positions are:</p> <ul style="list-style-type: none"> • Hospital Administrator or Delegate (Telehealth) • Emergency Department Physician • Rural Health Care Provider involved in Emergency Stroke Care <p>Officer Vote</p> <p>Bylaws (January 7, 2019) Article V – Officers</p> <p>(B) The Committee shall elect the Chairperson from its membership. The Chairperson shall hold office for a period of two years, and may be re-elected for a maximum of two</p>	

consecutive terms. Elections shall be held on a biennial basis (odd years) during the first meeting of the first quarter.

Dr. Hormozd Bozorgchami stated he was not available for a second term as Chair. Dr. Bozorgchami opened the floor for nominations.

Noah Jacobson nominated Barri Stiber. Barri Stiber accepted the nomination. Dr. Hormozd Bozorgchami seconded the motion. All were in favor. Barri Stiber will serve as Chair for 2 years starting 2021 Q2 meeting.

Action	<p>Recruitment for open positions:</p> <p>Stella Scott– Prepared a recruitment letter with information for interested parties to apply.</p> <p>Dr. Lehrfeld will send to the Oregon NAEMSP group.</p> <p>Dr. Hormozd Bozorgchami will contact an advocate outreach group.</p> <p>Barri Stiber will email the associations to follow up on request.</p> <p>Health Care Systems will reach out to their Telehealth partners and inquire about interest from ED Physicians in rural areas.</p>
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Agenda Item	<i>Stroke care and COVID-19 – Hormozd Bozorgchami</i>
<p>Two reports (Report 1 and Report 2) discussed managing patients during COVID-19 response. Depending on the type of Stroke not all patient care needs to be managed in the ICU. This will free up ICU beds for other types of care for patients. Study on RACECAT (Study 1 link) reviewed diversion protocols. The study showed similar functional outcome for patients suspected of a large-vessel occlusion stroke.</p> <p>Dr. Elaine Skalabrin presented a Stroke grandrounds on Neurological manifestations in COVID-19 patients. She will send to Stella Scott to send to those in attendance.</p>	
Action Item	<p>H. Bozorgchami – link for discussion study</p> <p>Elaine Skalabrin – Send a pp to Office for sharing.</p>

Agenda Item	<i>Rehabilitation Workgroup – Vivian Ugalde</i>
<p>It has been difficult to receive responses. 10 completed surveys had representation of both rural and frontier hospitals. Therapies appear to be available for patients, but support groups are not in all areas of the state.</p> <p>The largest issue documented was getting access for patient services based on transportation, co-pays for patient out care, authorization procedures, under or uninsured, Medicare reimbursements share rehab funding and patients must choose.</p> <p>Next steps:</p> <ul style="list-style-type: none"> • Survey for patients • Enough response could publish outcomes • Recommend policy choices to remove barriers • Request formal analysis of survey <p>Cardiovascular program at OHA to review the survey and analyze the data.</p>	
Action Item	Noah Jacobson has requested the survey responses to review.

	<p>Advise Cardiovascular program at OHA to review the survey and analyze the data. Stella will send Vivian Ugalde a contact in the cardiovascular program at OHA and help facilitate the meeting.</p>
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Agenda Item	<i>EMS & Trauma System Program update – Dr. David Lehrfeld, Dr. Dana Selover, Elizabeth Heckathorn, NRP</i>
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EMS Modernization
Purpose: Create a comprehensive integrated Emergency Healthcare System that recognizes problems, determines which services are needed and then delivers the patient to those resources.
 EMS Prehospital & Emergency Healthcare:
Right care
Right place
Right time
 The Legislative Concept was designed to achieve:



Better health and healthcare through the regionalization and coordination of emergency healthcare (e.g. reduced morbidity and mortality for trauma, stroke, cardiac emergencies and other Time Sensitive Emergencies (TSE))



Stronger quality improvement and data systems



Coordinated and targeted EMS transport of TSE patients to specialty care centers



Improved triage, stabilization, and transfer, from small general hospital to regional referral centers

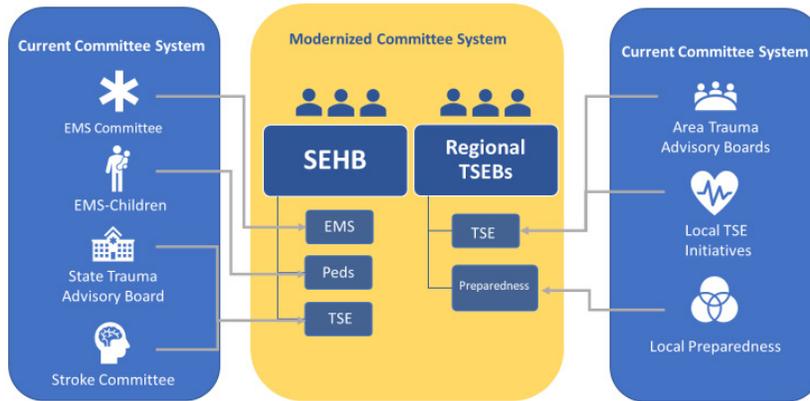


Enhanced quality of care and access to care for rural and minority populations that experience disparities in emergency medical care

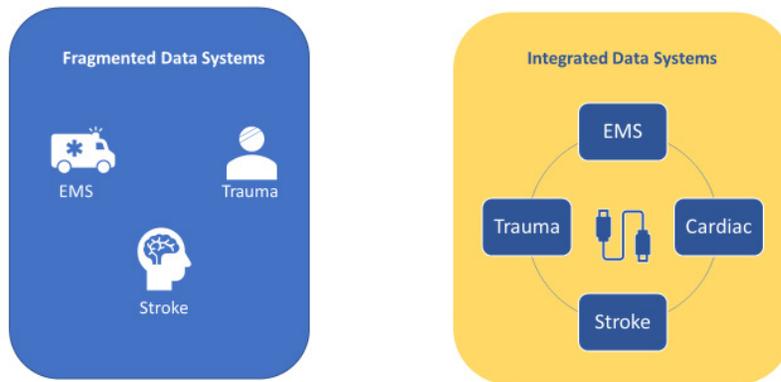
- Over 30 years ago, Dr. Daniel Lowe, MD at OHSU noted large disparities in trauma treatment depending on where patients were treated.
- Oregon then established the largest statewide trauma system to address disparities in trauma care and to lower the trauma mortality rate
- A patient should receive quality care no matter who they are or where they live
- In 2010, the Oregon Emergency Healthcare Task Force recommended transforming trauma system into emergency healthcare system, which resulted in the partial adoption of a stroke system in 2011
- Other interim progress:
 - *Established cardiac arrest network*
 - *Local AMI programs*

In 2020, systems have developed as far as they can without further infrastructure changes to create a modernized emergency healthcare systems.

An integrated Emergency Healthcare System would consider (**Blue is current system**):



Future Data System would include:



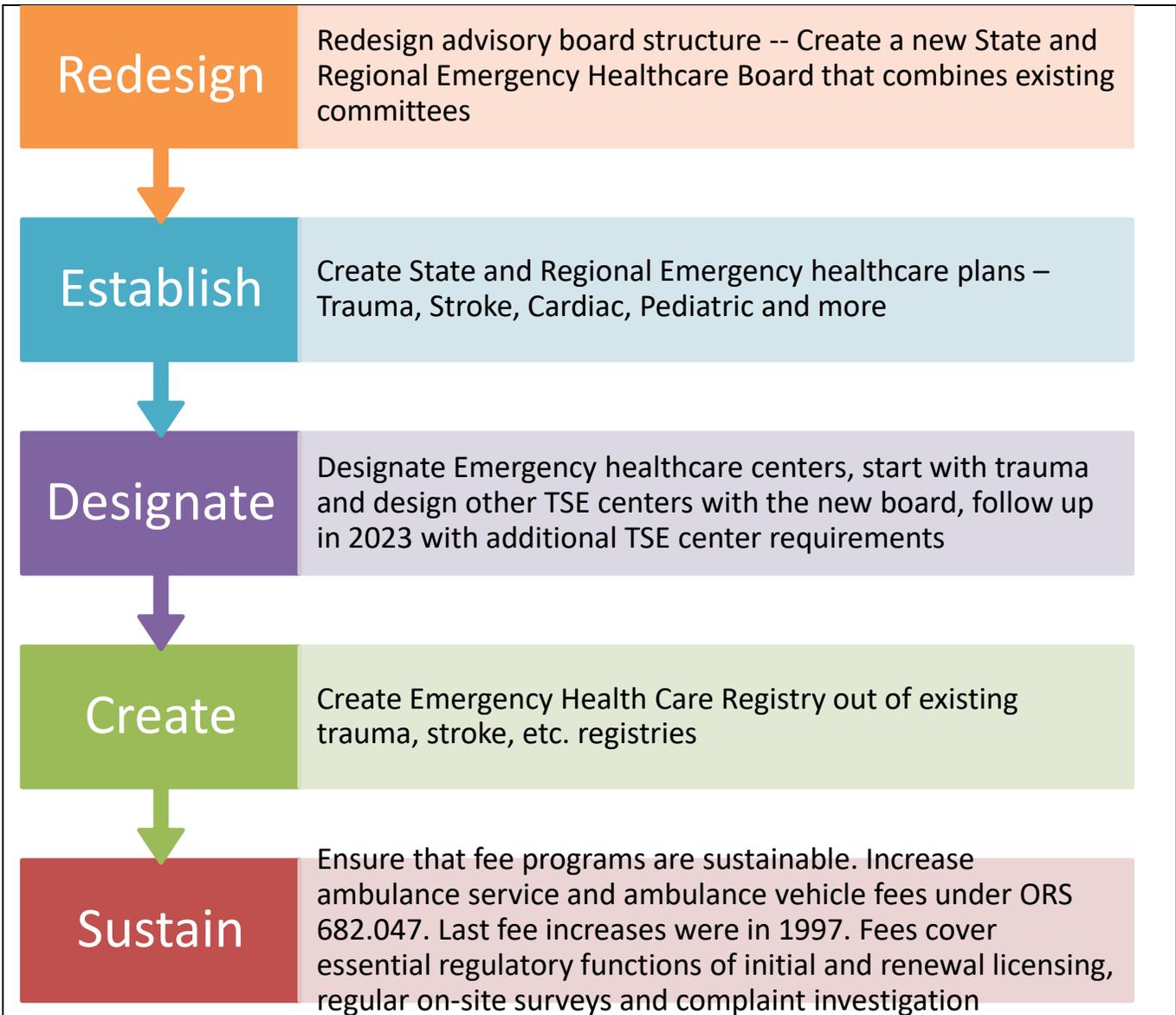
Future EMS Regulatory System:



EMS Mobilization for Disaster Response Current and Future:



Phase 1 – 2021 will include:
New Oregon Emergency Health Care System that will include:



Phase 2 – 2023: New Time Sensitive Emergency (TSE) Centers and Comprehensive Licensing:

- Add new types of TSE healthcare centers beyond existing trauma centers. Formalize details for other TSE centers with the new board, follow up in 2023 with additional TSE center standards in statute.
- Transform ambulance regulation into an EMS regulatory statute ORS 682 – Modify to establish comprehensive EMS licensing and regulation that includes EMS providers, transporting Ambulance Agencies and non-transporting EMS Agencies. State Emergency Healthcare Board to recommend follow-up legislation in 2023.

Regional plans include transportation guidelines. The Regional TSE would create a plan to include prehospital transportation.

Legislative Concept 397

- Stroke System Focus
- Maintain existing Stroke system
- Phase in changes over 4-5 years
- Note correction in draft bill section 9, 28 and 35

Develop Stroke as a TSE

- Set standards for stroke center levels
- Categorization and designation plan
- Data system and performance measures
- Draft administrative rules
- Implementation Plan

Will there be funding for new data systems?

Bill, as drafted, is reformatting the current structure. No funding is allocated specifically for TSE bill.

Has COVID-19 response enlighten Public Health’s thoughts or discussions for EMS to improve incentives for local public health and EMS collaboration.

Response from EMS and PSAPs have brought to light the opportunities that these groups can bring to the table to support public health responses.

The 5 books of work that were identified will include the board restructuring. TSE will include a new version of the Stroke Care Committee. Existing board members will have the opportunity to transition into new board roles if they want to.

Next step from the Stroke Care Committee is to continue to focus on generic support of the bill.

Action Item	
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Agenda Item	<i>Committee Legislative Report – Stella Rausch-Scott</i>
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The Stroke Care Committee is required to present a Legislative Report. The Legislative report is a maximum of two pages and includes updates to Legislation on the work that is taking place through the Stroke Care Committee.

A draft of the committee report has already been created. The state has requested a workgroup to support and help with the 2021 Legislative Report.

- Ted Lowenkopf
- Noah Jacobson
- Ritu Sahni
- Hormozd Bozorchami
- Barri Stiber

Stella Scott will send the drafted report to the workgroup.

Action Item	Workgroup email to include next step and the drafted legislation report.
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Agenda Item	<i>Future Goals – Dr. Hormozd Bozorchami</i>
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<i>Future Goals – Dr. Hormozd Bozorchami</i>	
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The committee was given a list of the 2020 goals. These included:
2020 Goals:

- Recommendations around improvement of stroke

- Rehab component champion triage bill around acute stroke care
- Review the literature around transport policy
- Data review session around what is taking place
- PDX Metro EMS triage group - policy have formed discussions
- Bill language was worked on did not find a sponsor, what are the next steps?
- What does the committee for 2020 for QI for Oregon?

The group discussed what would be beneficial for 2021.

It was decided that the committee would focus on:

- Supporting the OHA EMS/TS Legislative concept
- Rehabilitation workgroup
- Report to Legislature
- Bypass regional care policy
- Consider virtual support groups
- Complete the rehab workgroup goals
- OHA Stroke navigation. What to expect when you have a stroke. (1)
- Assessment of Telehealth and Telemedicine

- (1) Oregon Stroke Network – Helpful to have from the committee to link what recommendations for resources and what needs to be on the portal. Identify gaps and what could be filled in the gaps.
- (2) Large HCS understand tele-neurology services are available. Specialty neurology follow up with telehealth and rehabilitation. Patients could access remotely to services; the VA has a great program in place for this.

Action Item	
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Agenda Item	<i>Get With The Guidelines – Peter Geissert</i>
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GWTG training took place for the superuser account.

Feedback on indicators that would be useful to the committee.

Discussed:

- Geographical distribution
- Stroke scale with outcome
- (51) Door in Door
- (45) Arrival mode
- (67) Pre-notification
- (47) Discharge disposition
- (61) Last known well times
- (65) Modified Rankin scale at discharge *prenotification modified Rankin

Has it been identified what sort of public reporting that other states have established?
Consider a template from another state to eliminate extra work.

Agenda Item	<i>Public Comment</i>
No comments	

Agenda Item	<i>Meeting Adjourned</i>