Members present:

Dr. Travis Kain

Katy Hill

David Edgar

Frank Prowant

Brian Helland

Lyndsey Schwanz

Elizabeth Brandt

The meeting was called to order at 9:05 immediately following the Metro STEMI Task Force. Brian reviewed the goals for this meeting:

1. Finalize Stroke Task Force goals
2. Determine membership and meeting times

The overall goal of the Metro Stroke Task Force was described by Brian as capitalizing on the progress of the Metro STEMI Task Force with respect to unified hospital alerting criteria, routing and feedback to EMS providers regarding stroke patients. Since the vast majority of the membership is the same as the STEMI Task Force, the initial idea was to piggyback meetings, one immediately following the other, or even possibly join the two groups into one.

We reviewed the draft guidelines and all were in agreement of these (attached). There was some discussion of the growing controversy among ED physicians about tPA administration for acute ischemic stroke, but that should not influence EMS providers – the data is conclusive that stroke patients do better when cared for at a primary stroke center vs a hospital that is not certified as a stroke center. Thus, routing criteria should remain the same. Lyndsey pointed out that Unity Point does accept stroke patients at Iowa Lutheran Hospital and they currently plan to continue, even though Lutheran is not certified as a primary stroke center. These areas are good illustrations of the need for a Metro Stroke Task Force to be able to come to a consensus and disseminate information to EMS providers.

Several different ideas were discussed about meeting times and locations, and the need to involve neurologists in the discussion. Neurologists from Mercy (from Terri Hamm’s past comments) will be difficult to recruit for the committee in the specified time slot in which we currently meet. Lyndsey believes that Dr. Cal Hansen may be able to attend as part of his commitment as the stroke medical director, but Friday mornings may be a better time slot. Other members of the group have not been staying for the stroke discussions for varied reasons.

Neurology involvement was viewed as critical by Dr. Kain for several reasons including controversies in tPA administration and understanding over-triage rates from EMS activations.

Ideas for future meetings:

* Continue to piggyback meeting after the STEMI Task Force, but make sure individual invitations and agendas are sent in advance. Some may be leaving the meeting because they don’t know they are invited to stay. If this option is chosen, then additional meetings may be added quarterly at a time more convenient for the neurologists.
* Alternate months between STEMI and Stroke; same meeting time and location.
* Keep meetings at 2 hours – one hour each for STEMI and Stroke, but alternate which meeting is first. STEMI starts at 8:00 on even months; stroke on odd months.
  + These two options may allow neurologists to attend without eating into clinic time.