

Colorado Stroke Alliance Mentor Meeting

<i>Name of meeting</i>	<i>Time</i>	<i>Date</i>	<i>Attendees</i>
Mentor meeting	9:15 – 10:15	11/21/2008	Merrilee Phillips, Louise Thomas, Karen Bernard, Pam Elser, Patricia Santos, Christine Potzer, Mary Paulsen, Amy Enterline, Chris Wright, Janet Carlson, Alex Graves, Katie Leonard, Barb Newell, Kathi Patterson
<p>Next Meeting: Friday, January 16, 2009 915 – 1015 by conference call. Details at www.coloradostroke.org</p> <p>Mentor resources: http://www.coloradostroke.org/ColoradoStrokeRegistryArchives.htm</p>			
<i>Agenda/Discussion Items</i>	<i>Person Reporting</i>	<i>Discussion</i>	
Welcome	Paul Murphy	Meeting called to order. Participants introduced.	
Open discussion	Paul Murphy	General discussion:	
Orange Band	Kathi Patterson	<p>30 day follow-up form project will not be pursued at this time. Interested hospitals may contact Outcome and request that they activate the hospital's form.</p> <p>PVH went live with stroke alerts January 2008. Part of their system includes putting an arm band on the patient with the last well known time written on it. This concept was adopted by PVH after they attended a conference. Orange color was selected as it is available and not confuses with the other arm bands.</p> <p>Pros: PVHS and EMS have adopted the system. Triage RN have also adopted. Cons: Need to keep bands in stock; physician use/compliance not high.</p> <p>There was general discussion regarding this topic. Discussions included time of symptom onset versus time arriving at ED. It is unclear if band approach makes a significant difference. It was noted that a "core" group is driving this effort. The band approach was intended to assist with overall process.</p> <p>Can PVH and MCR use optional fields? After discussion, PVH will try to use optional field # 10 to answer question: Time of symptom onset band applied? Yes or No.</p> <p>It was suggested that CSA sites try to improve accurately recording onset to arrival times. PVH will review 3 months of data to see if any trends can be noted in CT time or outcomes. For more information on this system, contact Kathi Patterson at PVHS.</p>	
Interested hospitals	Chris Wright	If a hospital is not involved in CSA, can they attend CSA meetings? Yes. Meetings are open to any CO hospital.	

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AHA QA	Amy Enterline	<p>AHA will be contacting CSA sites to support the use of their GWTG reporting tool to run reports to see where opportunities may be present. If CSA sites would like assistance, please contact Amy Enterline for one-on-one consultations.</p> <p>General discussion</p> <p>Question was raised: if patient comes in with TIA, it resolves, then has CVA, do you enter patient once or twice. Answers varied. Suggested that notes be added to comments section in GWTG. This will help when presenting data to medical staff.</p> <p>Also consider looking at “stroke mimics”. GWTG does not include this in the reporting.</p> <p>Some hospitals enter every stroke case that is seen by the hospital. This can then potentially be used to justify FTE within stroke programs.</p> <p>January 2009 – CSA will hold webinar GWTG report training for CSA sites. Additional information to be emailed in the near future.</p>
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